

Shared learning is now a reality — a further update from a double agent

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Three years ago, my predecessor Lesley Diack reported on the findings of an NHS Education for Scotland funded pilot project (PJ, 5 June 2004, p702). That project's aims were to develop and facilitate shared learning between the University of Aberdeen and the Robert Gordon University, and it successfully developed a number of initiatives between the School of Medicine and the School of Pharmacy. These were overwhelmingly supported by the students involved. However, it became apparent from the literature that a number of other good initiatives over the past decade had failed to be embedded in curricula because of a lack of continued funding, lack of dedicated staff and timetabling problems. Therefore, it was decided in early 2004 to approach a number of funding bodies to gain extension monies for the project. This second stage of the project has received three years further funding from the Scottish Executive Health Department to take it forward.

Since the pilot began in 2003 there have been several changes in terminology in this area and the phrase "shared learning" has more recently been superseded by the term "interprofessional education" (IPE) which is based on the Centre for the Advancement of Interprofessional Education's definition: "Occasions when two or more professions learn from and about each other to improve collaboration and the quality of care."

Although the need for good interprofessional team working has been recognised since the advent of the NHS, most IPE programmes are still in their relative infancy and the question of their long-term impact and sustainability remains. Can IPE be sustained and if so what impact will it have on long-term patient and client care? In order to address these questions as well as to build on the achievements of the pilot, the second stage of the project aims to identify and develop a number of courses suitable for interprofessional learning and to establish these courses firmly within the curricula at both universities. Further aims are the implementation of an assessment programme and development of the programme as a model capable of extension to other IPE programmes.

Embedding the interprofessional content within modules of each of the professional areas involved has already gone some way to addressing the issue of sustainability.

In the initial project report, key ingredients for success were recognised as: adequate funding to embed shared learning in the curriculum; a dedicated, shared learning person to develop and implement the courses; senior management level support; and time to implement the courses. As the project has progressed, these factors remain key to ensuring the success and sustainability of the IPE programme.

Continued collaboration and an innovative approach to delivering what can be a logistically difficult subject area has ensured that the project has developed so that each stage of the pharmacy and medical curricula now has at least one formal interprofessional session or course. In the first and second years of all nine undergraduate health and social care courses in Aberdeen, students now take part in large scale workshops and, at later stages in the curricula, the students work interprofessionally in a variety of ways, including through an online virtual learning environment course. A website (www.ipe.org.uk) has also been developed to disseminate the findings and techniques involved in this project. The site is also used to highlight future plans, relevant resources, publications and conferences as well as providing students with information relating to interprofessional modules.

For any educational initiative it is important to begin to examine whether the desired outcomes of the programme are being achieved. In the case of IPE, issues such as whether the programme improves (i) the understanding of professional roles, (ii) appreciation of other members of the health and social care team and (iii) interprofessional communication need to be addressed.

To help give an indication of whether these issues are being tackled, data from the Readiness for Interprofessional Learning Scale questionnaire, a validated tool designed to assess the attitude of students towards interprofessional learning, is being collected from students on all courses in the programme. To date the findings have consistently shown that most students agree that learning with students from other health care

professions would make them a more effective member of a health care team and they would welcome the opportunity. These attitudes have been mirrored in the written feedback provided by students involved in the IPE sessions. These data suggest that most students find the sessions worthwhile and enjoyable, and would welcome them throughout all stages of their teaching and beyond into practice settings.

Another consideration is how to ensure uniformity of experience. Is it possible to ensure that each student is getting a clear and consistent message about the aims and objectives of IPE? A student's experience of and potential benefits gained from IPE initiatives can be influenced by how these experiences are facilitated. Therefore to ensure as uniform an experience as possible and to reinforce a consistent message of the aims and objectives of IPE, a series of facilitation training workshops have taken place. All staff involved in facilitating IPE sessions are actively encouraged to attend these workshops, which will continue to run parallel to the course for both academic and practice-based educators.

The 2004 report stated that "the development of shared learning is not a quick, simple or painless process but it is achievable". I believe that developments in the intervening years have demonstrated that this is still the case and although the project has shown such learning is achievable, continuing high-level institutional support, resources and adequate funding are needed to ensure its sustainability.

The next stage of the project is to build upon existing interprofessional classroom-based teaching by encouraging reflection of interdisciplinary experiences during placements and beyond qualification. To overcome many of the logistical difficulties that are often associated with interprofessional learning the use of a wide range of communication methods included virtual learning environments and other web-based solutions will be explored. This will provide a smooth transition from the theoretical to the practical reality of working effectively in multidisciplinary teams in the areas of health and social care. The journey is a multifaceted one and will continue to adapt to meet the needs of an ever-changing and increasingly interdisciplinary health and social care system.

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