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Interprofessional learning — it can only be a good thing

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Armed with only a British National Formulary and a drug chart, four groups of health care students were asked to investigate a clinical pharmacology problem in just 45 minutes — all in the name of interprofessional learning. In each group there were two pharmacy students, two nursing students and two medical students and together we discussed a “patient”, addressing various issues surrounding their care and in particular their pharmacological treatment. The broader objectives of the workshop, however, were for us all to gain an understanding of each other’s roles and responsibilities in patient care, prescribing and drug administration. This interaction with students of other disciplines was something new for me; the closest I had been to “working” with other professionals on the course was when lecturers role-played doctors.

The patient

Our “patient” was a 40-year-old woman with sciatica and our major problems surrounded the management of her pain. After a slow start — nobody

wanting to appear too pushy I think — we discussed the questions which had been set to provide a framework for us. First, we needed to identify any concerns that we had about the patient and her initial drug regimen. Although there was some overlap in the issues that each pair of “professionals” raised, our different backgrounds and training were obvious early on in our approach to the case and the issues that we each highlighted. The medical students were concerned about the causes of the pain, as pharmacy students we tended to focus on the drug-related issues and the nursing students were concerned in particular about the patient’s overall well-being. As well as the patient’s uncontrolled pain other initial concerns that our group raised included the indication for each drug, the appropriateness of some doses and the side effects that the patient was experiencing. As we discussed each of these problems more became apparent — once we got going there seemed to be so many things to think about. We decided that we could spend the whole time identifying problems and that it would be more productive to start work on the solutions.


decided that nurses would be the most appropriate professionals to explain the patient's condition and treatment to her and her husband since they had the most day-to-day interaction with her. However, we believed that it was important for the patient to understand the involvement of other professionals and how they could help her.

Feedback

Once all of the groups had finished their "cases" we got together for a short feedback session. We came to the conclusion that there was no definitive right or wrong answer where an individual's treatment is concerned but by working together we can achieve significantly better outcomes than any of us could if working in isolation.

Overall, the afternoon was not only interesting but also enjoyable. I think that everyone benefited from working with students of other disciplines. We were able to gain an appreciation of what each other's particular skills and knowledge are, where strengths (and weaknesses) lie and how our roles all fit together.

Multidisciplinary working will be an important aspect of our professional lives, whatever field of pharmacy we go into. To prepare us to deliver effective patient-centred care, interprofessional learning like this — both pre- and post-qualification — can only be a good thing. Our ability to communicate effectively with patients and other professionals is crucial.

Following the success of this pilot workshop all fourth year students at Bath university now have the opportunity to participate in interprofessional learning. 

Roles and responsibilities

To begin with we each described what we thought our roles and responsibilities were in the care of this patient, which helped us to understand how our different skills and knowledge complemented each other. One of the first ways in which we worked together was by the medical students explaining the patient's condition to us. This meant that as pharmacy students we could better understand the reasons why particular drugs had been selected. We were then able to explain the different pharmacology of each of the drugs and why they may or may not have been appropriate. We were all concerned about the complex regimen that the patient had been prescribed and as a group we were able to simplify this, ensuring that the combination that the patient received was safe and, we hoped, more effective in controlling her symptoms.

Alternative pain control

We also discussed other ways in which the patient's pain could be controlled. It was at this point that we

realised that it would have been useful to be able to speak to the patient herself and her husband to see how they felt about aspects of her care, both pharmaceutical and otherwise. Unfortunately this was not possible but we came up with lots of good ideas, including TENS, physiotherapy and relaxation techniques, which could have helped the patient. The nursing students explained to us how these therapies could be used in combination with "conventional" drug treatments and it became clear how the patient would benefit from the involvement of other health care professionals as well.

Monitoring

An important issue that we spent some time thinking about was how the patient would be monitored and it was clear that while she was in hospital nurses would be the most appropriate people to do this. Since pain is such a subjective experience the patient would obviously be closely involved in monitoring her own pain but the nursing students thought that her husband should also be involved because he would be caring for her when she was discharged. With this in mind we