

Benefits of interprofessional learning: an interprofessional MSc in child health

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This article addresses interprofessional education (IPE) using a case study evaluating a multidisciplinary MSc course in child health. The participants felt that the nature of the course increased their interprofessional working skills and professional confidence. They described benefits, including new insights, a balanced variety of views, development of respect and equality between professionals, improved communication and a holistic approach to child health.

INTERPROFESSIONAL LEARNING

Interprofessional learning is defined as occurring 'when two or more professions learn with and from each other with the object of cultivating collaborative practice' (Committee for the Advancement of Interprofessional Education (CAIPE), 1997). Multidisciplinary teamworking is now the norm for delivery of most health-care interventions in acute and community settings, e.g. neonatal units, intensive care units, and medicine for the elderly.

Interprofessional working requires specific skills, requiring more than 'good intentions, harmonious relations and common understanding' (Barr et al, 2000). When achieved, interprofessional education (IPE) produces better motivation to work cooperatively, changes attitudes and reduces professional barriers, improves group relationships, and establishes a common value and knowledge base (McMichael et al, 1984; McMichael and Gilloran, 1984; Halton, 1994; Tope, 1996). It is there-

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fore an appropriate theoretical basis for MSc level education in child health, where the needs of, for example, a child with cerebral palsy might require services from paediatrics, physiotherapy, speech therapy, an epilepsy specialist, special educational placement and social care support. For the child to receive integrated care, all these professionals need to be skilled in working together.

MASTER'S COURSE IN CHILD HEALTH AT CARDIFF

The MSc in Child Health was introduced as a part-time MSc course at the University of Wales College of Medicine in 1994. The course took a multidisciplinary intake from the start, with the aim of promoting interprofessional learning. This was seen as an important underpinning of interprofessional working with children to promote better health-care processes and outcomes. In practical terms it meant that course participants had to interact with each other to make the learning experience greater than the sum of its parts.

The course delivery was designed to ensure that the participants (all established professionals) could benefit from each others' experience and expertise. The six modules (epidemiology and research, child health promotion, the child with special needs, child protection and substitute care, child mental health, and child health and society) were structured over 6 days each. The first 3-day block ('preparation') consisted of a combination of expert lectures and workshops. Participants received their assessed essay task (all on different topics) and

1 month later reconvened for the second 3-day block ('synthesis'). At this time, the participants delivered their work to their fellows through a range of media (presentation, workshop, video, poster, debate) facilitated by the module director. Participants received formative feedback on their presentation and summative assessment on the submitted written work.

METHODS

During the first 4 years of the course (1994-1997), 41 participants (from a variety of health professional backgrounds) entered the course. The group comprised:

- 17 medical doctors (3 consultants, 7 training grade, 7 staff and associate specialist grade)
- 13 health visitors
- 4 physiotherapists
- 4 paediatric nurses
- 1 midwife
- 1 occupational therapist
- 1 dietitian.

Four students (all doctors) were male and 37 female. Mean professional child health experience was 10 years (range 2-32 years). Three students (all doctors) declined to participate, with an overall response rate of 92.7%.

A telephone interview was conducted by a researcher independent of the course and unknown to the students. Anonymity was assured to the participants; the researcher guaranteeing to present the findings in a way that precluded any identification of participants, including identification of gender. The interviews were conducted using a semi-structured questionnaire designed by the research team and piloted on two former

students (one doctor, one physiotherapist). The interviews were transcribed and analysed inductively into themes by the researcher

Findings

Participants were asked why they chose this particular course. Fourteen of the 36 respondents (38.8%), chose the course explicitly because it was interprofessional. Examples of participants' responses to the questions are given in *Table 1*.

Participants were asked to identify aspects of the course that they felt were helpful or unhelpful. Three quarters (11 of the doctors (84.6%) and 16 of the other health professionals (69.6%)) spontaneously mentioned the multidisciplinary nature as being a positive feature. On direct questioning about IPE, all respondents described this as an important aspect of the course. Responses described how contact with other professionals gave them new insights, a more balanced variety of views, helped them work more effectively with other professionals, improved communication and produced a more holistic approach to child health. All respondents consid-

ered that the course would have lost an important quality if it were taught in a unidisciplinary way.

The theme of interprofessional working was further explored with questions about the success with which some of the explicit course aims had been achieved. Questions were asked about the degree of success with which the course had communicated core themes of concepts of children's rights and the need for a holistic approach in child health care. This reinforced the themes of focus on the needs of the child and shared aims for teamwork, effective communication with other professionals as well as children and their families.

Thirty-four respondents (89.5%) said that the course had influenced their working practice. Examples of enhanced skills, included professional confidence in own role, broader knowledge of general issues and of others' roles in health care, improved research and critical appraisal skills, and better presentational and influencing skills, especially in an inter-professional context (*Table 1*).

There were a very few negative comments about the course: their presence

validates the methodology chosen and confirms the importance of the use of an independent researcher to gather the comments. Had course team members (who were well known to the participants) attempted to gather the data themselves, it might have been harder for participants to respond honestly with negative comments. There were a few justified comments about the course management team (which, at the start of the course, comprised solely doctors) failing to reflect an interprofessional perspective. The logistic and practical difficulties of employing staff from other professional groups to teach on the course have been overcome and the course team is now fully interprofessional, including physiotherapy, psychology, nursing and medicine.

The course team had anticipated the possibility of differences in academic ability or attitudinal issues between doctors and other health professionals becoming a potential barrier to IPE (CAIPE, 1999), but this was not mentioned by any respondent. On the contrary, the students felt very supported by each other, and there were no difficulties encountered in mixing profes-

TABLE 1.
Participant responses to questioning about the interprofessional MSc in Child Health

Why had they chosen this particular course	'I had become restless; I needed a course and wanted one, which fitted into paediatrics and health visiting I specifically wanted a wider course not a nursing one' 'I was interested in community paediatrics, had been working in hospital and community paediatrics and wanted to broaden my horizons; I wanted to see how other people work'
Responses to direct questioning about interprofessional education	'It's a very stimulating course...it made you aware of things you would not necessarily understand if you only work in your own little world' 'It was a very worthwhile experience; the multidisciplinary side of it was very positive; it helped me to think in a different way' 'It is increasingly important to understand what other disciplines in child health do'
Response to questions about the success with which some of the explicit course aims had been achieved	'I didn't know much about the legal side of children's rights, it made me to look into legal questions of children' 'Holistic is quite a big word; I would say the course reinforced an integrated approach, the need for working together and it showed that we need more integration of professionals still' 'I knew a lot already but it was a very good stimulation; good suggestions of how to implement children's rights; was good to have different perspectives and then you went back to your workplace and had a go implementing it'
Responses about increased professional competence	'I am more interested in involving a multidisciplinary team, less hesitant to ask questions and involve other professionals' 'I became a better member of the multidisciplinary referral team, had a broader view, people were keen to have me in the team; more self-confidence, more confidence to approach other team members, better understanding of the different roles of different team members; basing practise on evidence, finding out the evidence, this is all automatic now but wasn't before' 'I am far more confident in some situations now; more outspoken; I am better able to present myself due to gaining knowledge and confidence; I know much more and have broader outlooks; better able to apply a multiagency approach; it was a tremendous help to me in regards to talking, presenting, teaching; I draw from the course when giving talks to school nurses or teaching junior doctors' 'I developed a better approach in evidence based decision making for diagnosis and treatment of paediatric conditions; I am far more aware of different professionals involved and I have more respect for my other professional colleagues; my communication with other professionals has improved'

sional groups. Participants formed strong alliances with each other and 'gelled' in their multiprofessional learning groups (this was undoubtedly helped by the fact that the maximum intake was twelve, so there were limited numbers and room to express individuality). There were many comments about the value of small group work, which allowed the hearing and sharing of each others' views and perspectives when discussing issues. The analysis of academic achievement in summative course assessment results (module essays, exam and dissertation) results showed no statistical difference between academic achievement of doctors and other health professionals.

Half the respondents indicated that the course had helped them in their career progression (in the same proportions for doctors and other health professionals). This included promotions, pay rises, transfer to academic and teaching posts, selection for management development courses, more publications and greater satisfaction with their job roles.

Almost a quarter of respondents had organized innovative changes in their working life using ideas from the course. These included improvements in patient services (founding a patient support group), offering better and more varied teaching to students (developing a new teaching module), and personal professional development (undertaking a doctoral degree). For all but two participants (one doctor, one other health professional, whose responses indicated that they were near the end of their careers and felt the course had not provided them with much that was new), the course met all or most of their expectations or objectives.

CONCLUSIONS

IPE in the MSc in Child Health at the University of Wales College of Medicine creates a learning environment greatly valued by postgraduate participants from medicine and other health professional groups. It is associated with perceptions of increased

interprofessional working skills and professional confidence.

Transferable skills from IPE include the establishment and articulation of shared aims, eliciting and respecting others' points of view, understanding and working with the knowledge and value base of other professionals and clients, and self-confidence in presenting a point of view. There are many models and opportunities for IPE in different professional contexts, from short training events to degree courses, as well as work-based supervision (CAIPE, 1997; Bailey, 2004).

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Conflict of interest: none

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KEY POINTS

- Interprofessional education (IPE) aims to improve patient outcomes through integrated professional working.
- Skills needed for interprofessional team working, include shared aims, values and knowledge, cooperative working, professional respect and positive attitudes.
- This study shows that an MSc in Child Health gave almost all participants perceptions of increased interprofessional working skills and professional confidence.
- Half the participants felt the course had contributed to their career progression, and a quarter had initiated service innovations or improvements since the course.
- IPE can take place in a range of settings, including formal education, as well as supervised practice in the workplace.