

# Tribes or teams? The challenge of multiprofessional education

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***Evolving service development initiatives and clinical governance systems will require greater use of multiprofessional teamwork, underpinned by multiprofessional education delivered in clinical teams. Current professionally based education and training systems do not help to deliver this agenda.***

The role of consultants in the NHS has changed dramatically over the last 15 years. It is no longer assumed that the consultant body should be the major clinical group determining the way that services are shaped. Medical input into trust management is now largely mediated through the clinical director or lead clinician. Against this background of management change, the clinical role of senior doctors in the NHS has changed as well. There is now, rightly, an expectation of multiprofessional discussion of clinical decisions and there are few areas in medicine where doctors are not required to work as team players.

In many specialties there has been a gradual blurring of role boundaries of doctors, with tasks which were previously designated as medical increasingly being carried by other professional colleagues. These evolutionary and in some cases revolutionary changes have been necessary to ensure that the NHS can operate in a cost effective way and that senior doctors (consultants and GPs) can target the use of their specialized (and in NHS terms, expensive) skills more effectively.

### CHANGING BOUNDARIES

There are many examples of these changing boundaries. In my own specialty, old age psychiatry, it was found that there was close diagnostic concordance arising from assessment carried out by non-medical professionals with

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those of a research psychiatrist (Collighan et al, 1993). Intervention by nurses has been shown to lead to significant reductions in readmission rates in heart failure patients (Rich et al, 1995).

### VALUE OF MULTIPROFESSIONAL EDUCATION

The literature on medical education also has examples of the value of multiprofessional collaboration. An undergraduate programme in a university orthopaedic department in Sweden (Wahlstrom et al, 1997) has demonstrated that education delivered in a multiprofessional training ward enables the participants to gain team working skills.

Similarly in Liverpool, 28 undergraduate students from 7 health-care professions attended a 2-day course, evaluation of which showed benefits of increased knowledge and understanding of other professionals and more positive attitudes. Of great importance was the fact that the students also reported that they believed that early opportunities for shared learning should be an essential component of undergraduate courses (Parsell et al, 1998).

In postgraduate education, a programme of nurse mentorship for pre-registration house officers (PRHOs) was shown to be successful in teaching clinical and non-clinical skills, supporting the PRHO and providing them with an enhanced understanding of team working. Also, the nurses themselves felt their skills and knowledge were being recognized appropriately

(Pearce and Blainey, 1999). In addition, multiprofessional teamwork may reduce stress for PRHOs (Firth-Cozens and Moss, 1998).

### MULTIPROFESSIONAL EDUCATION IN PRIMARY CARE

In continuing education, the call has gone out to GPs to promote team learning to meet the demands of general practice (Irvine, 1993). A multiprofessional problem-based learning programme was delivered to physicians, nurses, dieticians, pharmacists, social workers and recreational professionals involved in heart health promotion (Mann et al, 1996). The programme was developed in primary health care and evaluation showed the benefits for collaborative working and for acquiring greater understanding of the subject.

Another project in primary care has demonstrated the effectiveness of a programme delivered by a team of health professionals to parents of young asthmatic children (Mesters et al, 1994). There is a dearth of multiprofessional educational research in secondary care.

### PLACE OF CLINICAL GOVERNANCE

Evolving clinical governance systems will require evaluation of multiprofessional teamwork as well as checks to ensure that individual clinicians' skills and attitudes are of appropriate professional standards. How well do our current educational systems prepare us for team working? I think we are poorly served by our current training patterns. To date, education and training in the

NHS have been largely organized on 'tribal' lines with each profession acting autonomously in determining the learning objectives and agenda. The professions have also designed the hurdles (examinations and diplomas) which must be passed and have accredited individuals.

Throughout undergraduate medical and postgraduate medical training systems there is relatively little interchange with other professionals academically. Of course, doctors must learn to be doctors and nurses must learn to be nurses, but the relative professional isolation in which tribal learning takes place is unhelpful to the NHS goal of seamless multiprofessional service delivery. Tribal learning fails to give doctors a clear understanding of how their own roles fit in with those of others. Little wonder then that colleagues from other professional groups sometimes see doctors as aloof and professionally arrogant.

The benefits of multiprofessional learning have been well argued by Standing Committee on Postgraduate Medical and Dental Education (1999). The lack of a strong research base in this area has caused some to question its value (Campbell and Johnson, 1999), but without support for pioneering initiatives, how can adequate evaluation ever happen?

### **FACTORS INHIBITING MULTIPROFESSIONAL EDUCATION**

There are many factors which currently inhibit multiprofessional education and learning. Perhaps the most important of these is lack of time. Clinical teams must actively create time to sit down together, discuss cases and learn together. Although the creation of such protected time may result in a slight service reduction, the advantages of enhanced collaboration and understanding within clinical teams are considerable.

I would also argue that multiprofessional learning patterns should be promoted at an early stage in all clinical professionals' training courses and preferably as students. While the core

content of courses must vary from profession to profession, there are many areas of overlap in which joint learning could usefully occur and set the pattern for future interprofessional collaboration.

There needs to be recognition by everyone of the valuable contributions that can be made to health care by teamwork, rather than bland acceptance of the traditional hierarchical models of clinical services. It must be acknowledged that many doctors find traditional hierarchies safe and the potential 'loss of power' which may result from flattened hierarchical structures extremely threatening. In addition, it may feel more difficult for some people to demonstrate lack of knowledge or skills in multiprofessional settings.

At a recent educational contract monitoring visit, I commented on the need for consultants in one trust to develop their own evidence-based medicine skills and incorporate these into trainees' journal clubs, to meet new requirements of the MRCPsych examination. The trust's chief executive suggested that the consultants and other senior clinicians should train together, as she expected all the professionals in the organization to deliver evidence-based care. The consultants were worried about displaying their ignorance in front of other professionals, but subsequently agreed to attend a multiprofessional training event. The current lack of multiprofessional team training makes clinicians who work together unnecessarily wary and territorial.

### **ROLE OF THE COLLEGES**

The contents of medical specialist training are determined by the appropriate medical Royal colleges. How many of the Royal colleges curricula make multiprofessional learning and the assessment of team working core requirements at senior house officer and specialist registrar level? Yet the experience of postgraduate deans shows that specialist registrars who attract less than satisfactory assessments commonly do so because of deficits in multiprofessional team working skills and communication skills.

While the NHS and the demands of clinical governance may dictate that multiprofessional team working and multiprofessional learning are appropriate goals, it is probably difficult to implement appropriate systems without clear support and explicit requirements built into professional training curricula.

The goals of team learning must be explicit. Sessions should be designed by a core group of all the involved professionals in individual teams to ensure that the time spent will be of value to everyone involved. Without shared responsibility for learning objectives, multiprofessional learning time is unlikely to be seen as valuable and its effect on teamworking relationships may be counterproductive.

### **THE WAY FORWARD**

- Undergraduate/diploma courses. The educational bodies responsible for students training in all clinical

### **KEY POINTS**

- The NHS needs clinicians to have better teamworking skills.
- Multiprofessional teamwork is improved by multiprofessional learning in clinical teams.
- Multiprofessional education should be introduced at all stages of medical education, from undergraduate through to continuing professional development.
- Medical Royal colleges and other professional bodies should incorporate teamworking skills into their core curricula.

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professions should incorporate some multiprofessional learning sessions into appropriate areas of their curricula

- Postgraduate/post-diploma courses. The medical Royal colleges and other lead professional bodies should liaise with the objective of incorporating teamworking skills into their core curricula. Subjects should be identified in which a multiprofessional learning model would enhance the educational objectives
- Continuing medical education/continuing professional development. NHS trusts should allow clinical teams to set aside protected time for team learning relevant to locality clinical teamwork and ensure that this protected time is written into service contracts

- Clinical team development should be an integral component of the clinical governance agenda of NHS trusts.

The incorporation of multiprofessional team learning into the clinical life of NHS teams will be an important building block for successful clinical governance. In the new NHS with its emphasis on quality, these goals should be possible to achieve. **HM**

*I am grateful to Karen Fergus for her help with the preparation of this paper.*

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