

Interprofessional Learning: *One Hospital's Early Experiences* *The Launceston General Hospital*



**Nursing
Pharmacy
Medicine
Allied Health**

Interprofessional Learning

This presentation briefly explores the process undertaken at the **Launceston General Hospital** to support learning programs which allow different professional groups to learn together.

Why IPL?

The opportunity for healthcare professionals to learn together has been identified as improving teamwork and interprofessional collaboration.

“Occasions when two or more professions learn with, from and about one another to improve collaboration and the quality of care”

Ref: Centre for the Advancement of Interprofessional Education 2002, www.caipe.org.uk

Why IPL?

- Teamwork/integrated approach to health care
- Recognition of “generic” skills
- Limited resources for learning
- Teacher fatigue
- Recognition of principles of adult learning

Research : IPL Program Phases

- Phase 1: Information Gathering & Planning (2007)
- Phase 2: IPL Program Trial Phase (2008)***
- Phase 3: Develop & Implement IPL Program Model (2009-2010)

IPL

The focus of this presentation is on one of the key themes identified for a learning opportunity from research undertaken at the LGH:

Communication, team work and inter-professional collaboration in the management of hospital patients.

IPL

Accordingly a workshop was conducted entitled:

Communication:

“Why leave it to chance?”

The workshop was run on a single ward (acute medical) involving **nursing, medical staff, physiotherapists, speech pathologists, OT's and Pharmacists**

The Workshop Process

The communication module was planned as a **3 hour session** by IPL Program facilitators consisting of the Nurse Manager IPL Program, the Director of Clinical Training and the Medical Education Advisor.

The module was based on research findings and consultation with staff from different professional backgrounds.

The IPL Communication Workshop

The workshop was designed to provide health professionals **from a variety of disciplines**, the opportunity to come together, in an informal situation, as a small group to learn with each other. To learn **about how we communicate from different perspectives, experiences and situations as individuals and members of health care teams.**

Communication Workshop

Objectives

Participants will be.....

- Familiar with the concept of IPL and the program underway on Ward D
- Aware of the different personality styles within a team and the impact of those styles on communicating and safe quality healthcare
- Aware of the critical points of communication and conversations

Why Aren't you more Like Me?

The Relationship Between Personality Type, Communication and Team Work Utilising the Myers Briggs Personality Inventory (MBTI)



Session Content

- Welcome & Introduction
- Communication & Personality Styles
 - introduction to the SBAR communication model
 - an explanation of the **Myers Briggs personality typologies**
 - the impact of typology on communication styles and team work

Session Content cont.

- Lunch and conversations (hopefully about the workshop)
- Small group work to allow participants to discuss their probable personality typologies and **their perceptions of the impact their MBTI styles may have on their communications on the ward and their team work.**

Session Content cont.

- A communication scenario based on a real life ward situation
- Facilitated group work to discuss the scenario, and possible solutions to identified communication errors/gaps
- Participants asked to comment on what they had learned in the session, and one thing they would do differently as a result
- Evaluation and thankyou

The Participants

- Eleven health professionals participated in the workshop with eight (73%) providing feedback
- **Professions:**
 - 3 Nursing
 - 2 Medical
 - 2 Pharmacy
 - 4 Allied Health

Participant Feedback

- All participants enjoyed the workshop
- **All agreed they learned new information**
- **Most** (7/8) agreed they would apply the new knowledge
- **Most** (7/8) agreed their communication effectiveness would be enhanced

Additional Participant Feedback

- Sense of devalued professional role
- Importance of personality style, not simply professional affiliation
- **Some quick simple solutions** (front page checklist, audited clinical notes, self-check on communication style)

Barriers to Effective Communication

- Hospital culture of siloed health care provision
- Negative professional attitudes
- Time pressures and service demands
- Pressures of bed management

Barriers to Effective IPL

- **Low prioritisation of IPL** as an effective learning strategy
- **Service demands** –v- learning and teaching opportunities
- **Inadequate funding** to develop and coordinate programmes
- Lack of critical mass of supportive leadership

Barriers to Effective IPL cont.

- Discipline-specific “**mono-vision**”
- **Historic silos** in undergraduate learning
- **Attitudinal** barriers

EFFECTIVENESS???

What Next?

- The current plan is to “roll” out the communications module workshop in the hospital throughout 2009 as the feedback was **overwhelmingly positive**.
- Other aspects of the IPL Project have also begun, ie. Simulation Exercises relating to medical emergency and debrief with positive feedback.

The IPL Team at the LGH who facilitated this presentation

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