

Resilient Interprofessional Learning; Safety and Risk a team approach

Dr Leanne Bodkin¹, Aleksandra Mergo¹, Fradma Vas¹, Kellie McClafferty¹, Andra Stefan¹

¹ University of Aberdeen, School of Medicine, Medical Sciences and Nutrition

INTRODUCTION

Interprofessional education (IPE) is a **pedagogical approach** that fosters **collaboration** between students from different health and social care professions with the aim of improving **patient safety** and **quality of care**. Therefore, IPE can equip students with the appropriate skills to effectively work as members of collaborative practice teams, preparing them for the modern workplace. In Aberdeen, **Robert Gordon University (RGU)** and the **University of Aberdeen** have delivered a **joint IPE programme** since 2003, involving students from **8 health and social care courses**. (Joseph, 2012) One interprofessional learning (IPL) opportunity provided by this programme brings together second-year medical students from the University of Aberdeen and RGU students pursuing other health care degrees to discuss **complex clinical cases**. These cases were carefully constructed to enable **opportunities for collaborative discussion** on the potential **patient safety risks**. During the **2020-2021 academic session**, the two universities have **redesigned this IPL experience for online delivery** as a result of the **limitations on face-to-face learning**.

OUTCOMES OF SESSION

Overall, at the end of this IPL experience the students were expected to:

- **identify** situations where patient safety may be compromised
- **describe** how interventions by the Multidisciplinary team can manage and mitigate risk
- **recognize** the importance of good teamwork in maintaining or improving patient safety

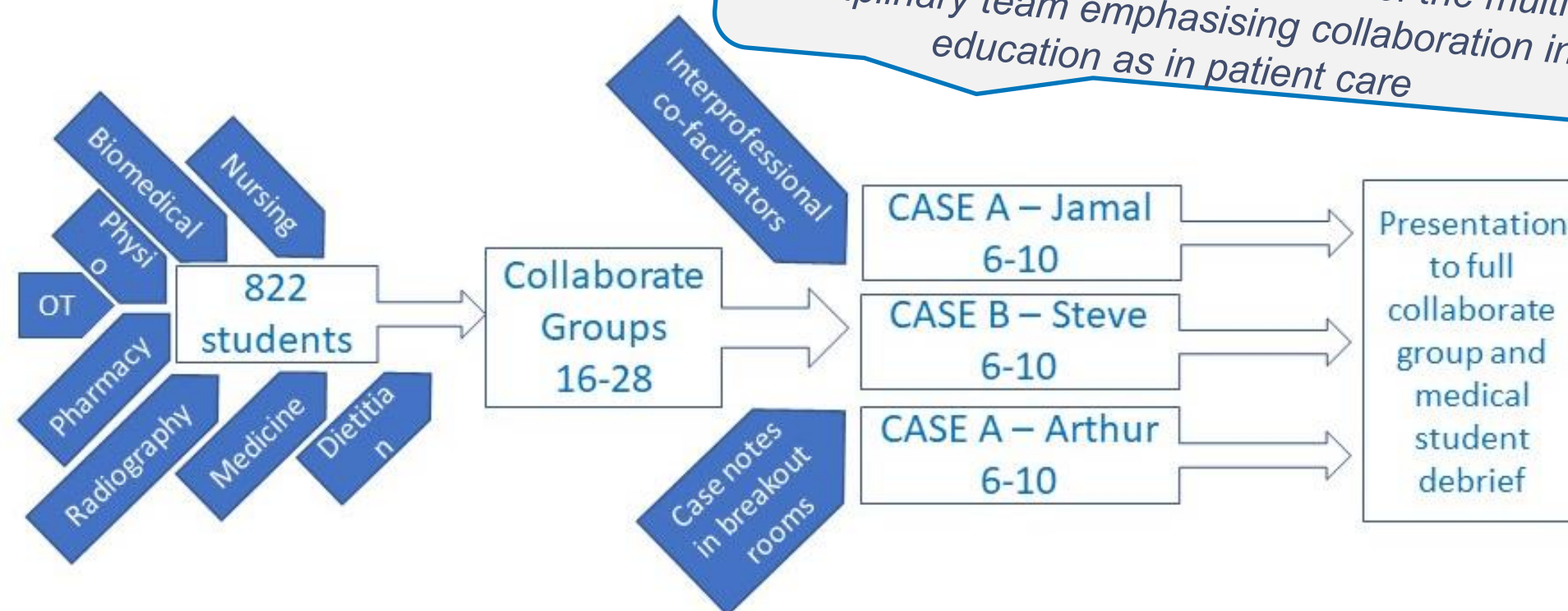
TEACHING CONTEXT

'To develop, deliver and evaluate a realistic and relevant interprofessional learning programme; by creating and facilitating interprofessional learning opportunities across all learning environments.'

Mission Statement of the RGU and UOA Interprofessional learning Collaboration

- The UoA team redesigned cases into a **guided format with prompts** for online discussion.
- All professions contributed to **facilitator notes** elaborating on their roles, priorities and opportunities for collaboration.
- The RGU team managed administration and **online delivery using blackboard platform** in liaison with range of UoA colleagues.

From a nurse facilitators point of view it was good to be paired with another member of the multi-disciplinary team emphasising collaboration in education as in patient care



Case 1: Jamal Khaled

Situation: GP practice receives a call from a Support Worker concerned about the health of a 5-year-old male, Jamal. He has cerebral palsy (CP) and developed fever, 'rattly' breathing and cough. He also had a 7-minute-long seizure.

Background:

- He and his family are victims of civil war and **asylum seekers**
- He has not seen a health professional for ≥ 8 weeks

pneumonia that cannot be managed in the community admit to the hospital and treat with antibiotics	lack of financial security counsel parents about free access to healthcare in Scotland, refer to social worker for benefits and housing
health issues associated with CP review by the neurology team & add pharmacological treatment	malnourishment & swallowing issues refer to nutritionist and speech and language therapist
muscle spasticity refer to physiotherapist	poor mental health, living with a learning disability refer to psychologist

Case 2: Steve McBride

Situation: Late Saturday night 38yo Male presents to A&E by ambulance, really unwell. He is sweating, pale and shivering.

Past Medical Hx:

- Malnourishment
- Persistent Venous Leg Ulcer
- 14 recent visits to health centre
- Depression and anxiety
- Episode of slurred speech at GP
- Suspected viral infections

Social Hx:

- Complex (no family support)
- Uses Recreational drugs (years)
- Lives in flat with partner
- Unemployed

Possible Solutions:

- Reinforce that healthcare professionals do not stigmatise against drug use.
- Explain how healthcare professionals might help and how they don't judge.
- Support and explore Steve's concerns rather than brush them off to drug use.
- Discuss other places where he can get the support he lacks.

Risks Identified:

- Very vulnerable physically and mentally
- Refused help from social worker
- Conscious of stigmatisation from healthcare professionals due to the drug use.
- Issues with medication compliance due to his erratic lifestyle

Case 3: Arthur Middleton

Situation: Daughter contacts healthcare team with concerns about 82yo father's ability to self care and low mood following discharge from hospital last week.

Background: Admitted following a fall and fractured neck of femur. Lives alone in sheltered housing since wife passed away 6months ago. Discharged following hemiarthroplasty and UTI

RISKS	TEAM APPROACH
Acute – community handover at discharge	Prior to discharge Nursing, OT and Physio assessments and GP communication
Recurrent falls and poor mobility Home environment	Physio and OT joint home assessment. Walking aid and changes to home. Physio post-op exercise therapy
Polypharmacy fall risk Poor adherence to medicine regimen	Pharmacy and GP medication review and patient education on discharge, consider compliance aid
Poor nutritional status, risk of dehydration, not eating/drinking	Dietitian and GP assess and prescribe supplements. Nursing and care workers provide support. OT food preparation
Self care and daughter's wellbeing as carer	Social work in liaison with MDT conduct care assessment and signpost carer services for daughter.

EVALUATION

- Evaluation form consisting of 8 statements with Likert scales scoring from 1-5, (1= strongly disagree, 5= strongly agree), and two open response questions.
- Responses received from 160 students.

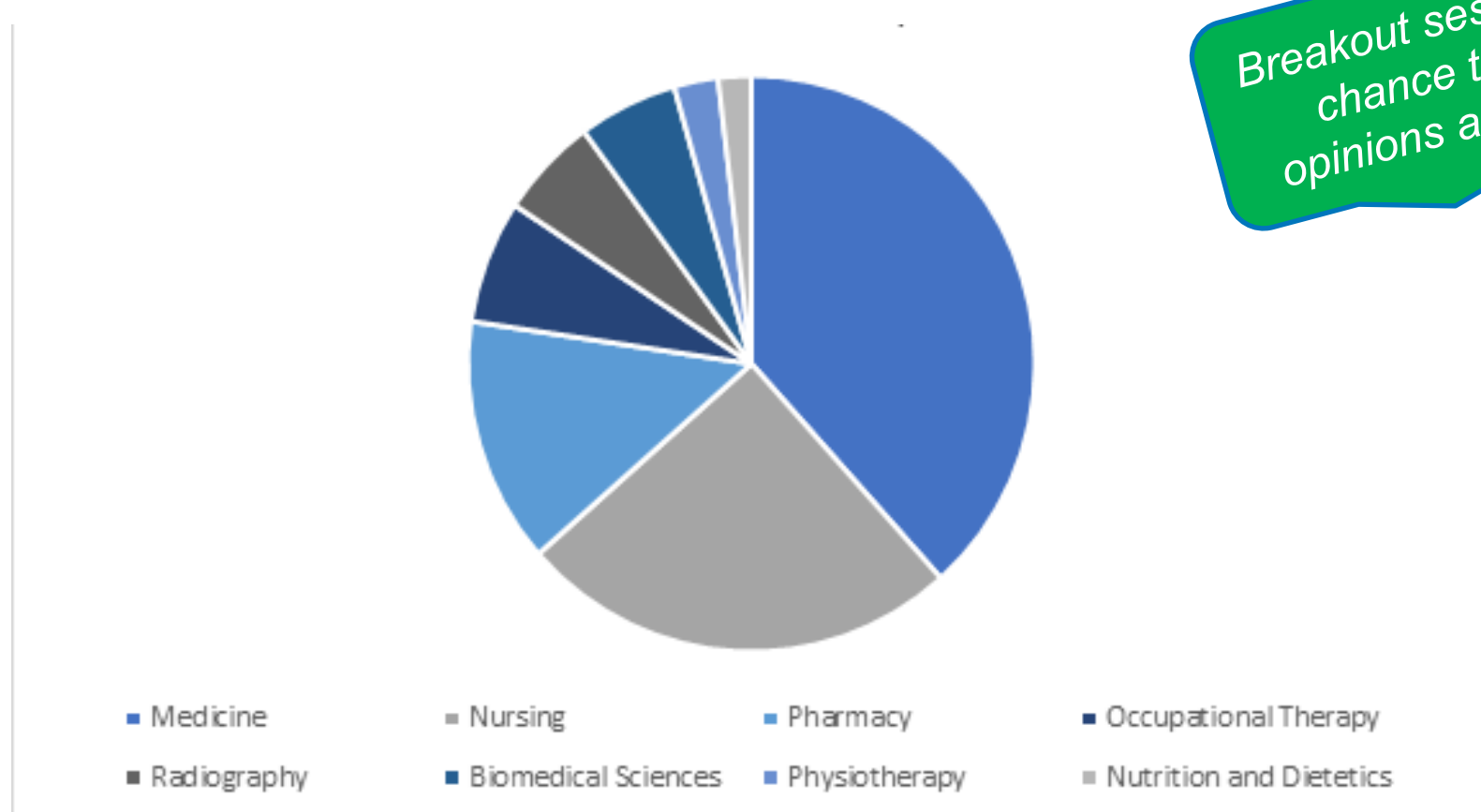


Figure 1. Distribution of students from each profession who attended the IPL session and provided feedback.

RECOMMENDATIONS

The event was a success, with many students feeling they met the outcomes. Below are recommendations made by students for future sessions;

1. More communication prior to the session and preparation needed.
2. Facilitator in each breakout room.
3. Less than 10 students per group for easier discussion.
4. Provide less slides or emailing PowerPoints beforehand.
5. Increasing the session duration.
6. Student from each group to scribe and manage discussion.
7. A more even distribution of student professions.
8. Alternative to online whiteboard in breakout room.

It was difficult to find the space to talk without interrupting.

Needs to be a way of making people communicate, lots of people in group don't contribute.

A bit more time in the breakout room, as the online platform does slow discussion progress when compared with face to face.

STUDENT EXPERIENCE

Questions 1, 2 and 3

The IPL session went ahead despite not being on campus.

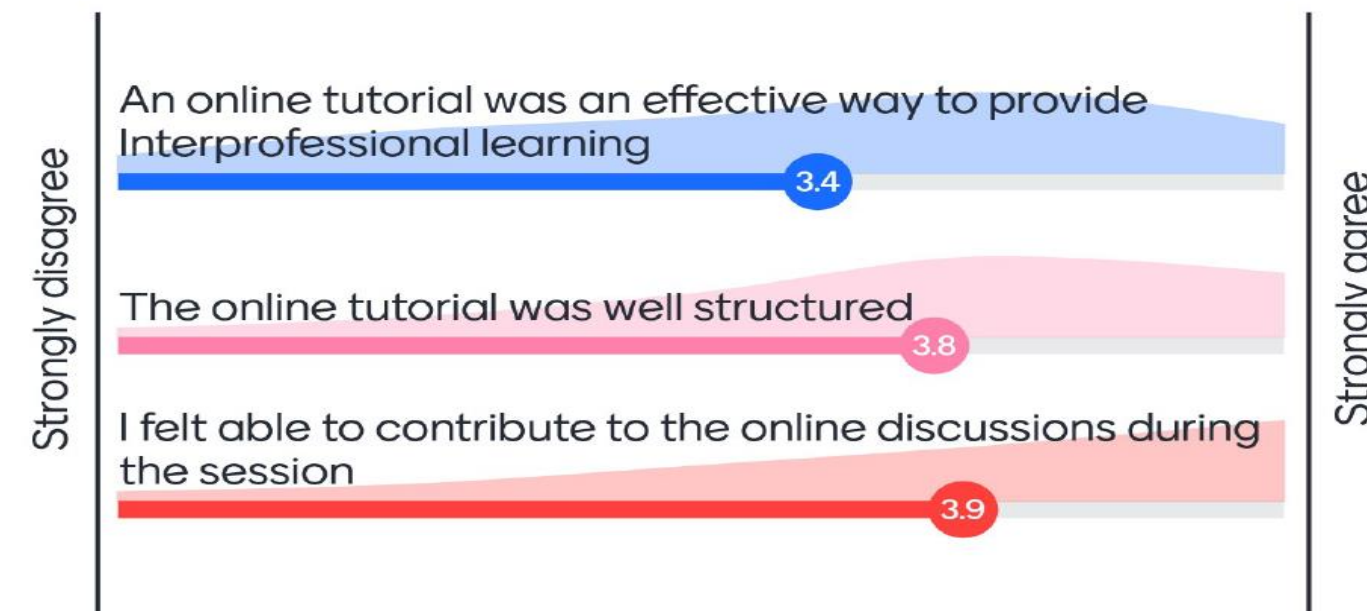


Figure 2. Questions 1, 2 and 3 responses from all professions.

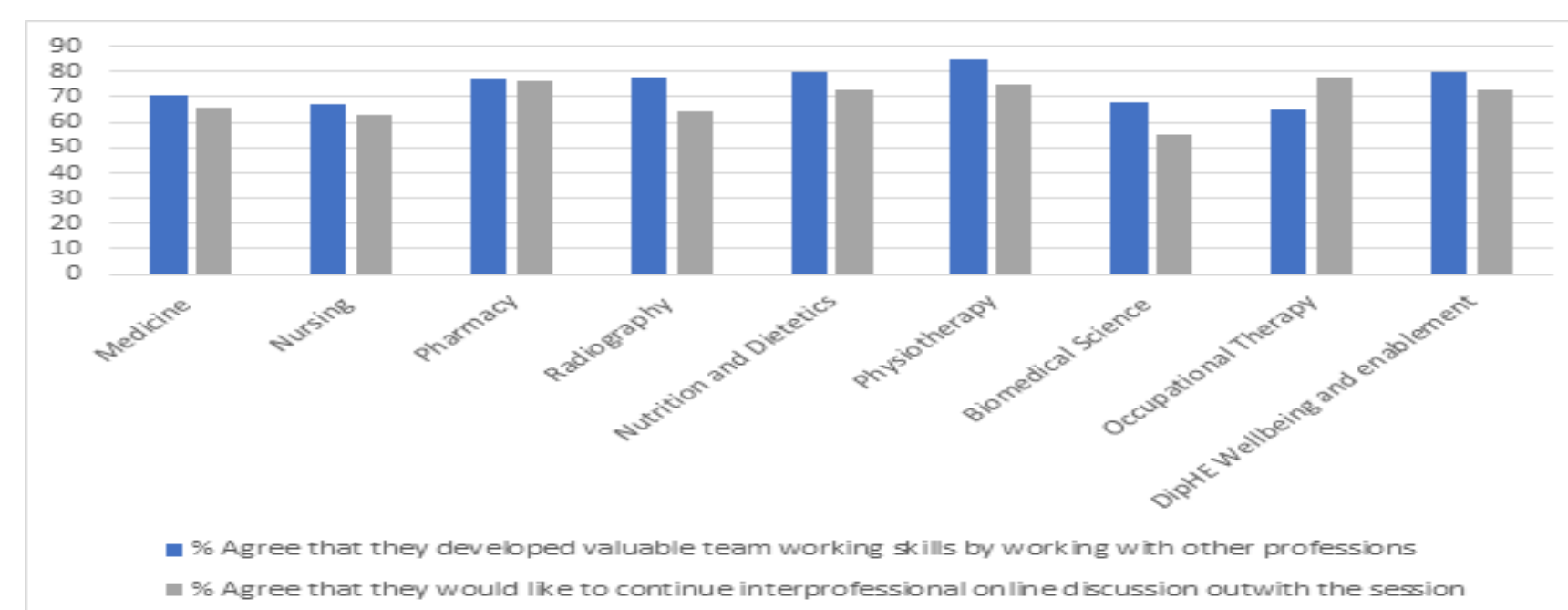


Figure 3. Results from student survey, comparing each discipline.