

# **Changing attitudes? Interprofessional training for doctors and nurses.**

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## Summary

Interprofessional practice and effective teamwork are required for optimal patient care in today's complex healthcare environments (World Health Organisation, 2010). The effectiveness of interprofessional educational activities in achieving changes in practitioners' skills and attitudes in this area is not conclusively demonstrated (Hammick, 2000; Mattick & Bligh, 2003; Reeves, Zwarenstein, Goldman, Barr, Freeth, Hammick, & Koppel, 2008; Zwarenstein, Atkins, Barr, Hammick, Koppel, & Reeves, 1999).

Interprofessional education sessions for medical interns were run in 2011. These involved small group role-play and mannequin based simulation scenarios with orthopaedic nurses followed by a facilitated group debriefing with an experienced clinician and educator after each one. The aim of this research was to measure the impact on staff attitudes about interprofessional practice, and changes in their interprofessional practice, particularly with respect to collaborative care, in response to this interprofessional educational intervention.

The research was conducted in two phases using a mixed method approach, comprised of both quantitative and qualitative components. Phase one collected Likert scale data using the Readiness for Interprofessional Learning Survey (RIPLS) questionnaire (Latrobe Community Health Service, 2009). The RIPLS questionnaire is an internationally recognised survey tool, which has been validated for use in the postgraduate context (Reid, Bruce, Allstaff, & McLernon, 2006). The RIPLS statements are collected into 3 main groups or sub-scales: teamwork and collaboration, professional identity, and roles and responsibilities. The initial quantitative data set investigated attitudes in these three sub-scales immediately prior to and then again following the education session, to evaluate whether participation in the education session changed participants' responses to the RIPLS questions. There were 76 responses in total for phase one. Phase two collected qualitative data by interviewing individual participants six months following the education session. A series of questions

attempted to elicit any perceived or real impact on workplace behaviour that resulted following the interprofessional education session.

This study found significant improvements in the phase one data set in attitudes for the sub-scales for teamwork and collaboration and professional identity, ( $p<0.001$ ) and roles and responsibilities ( $p<0.01$ ) in the post intervention responses when compared to the pre-workshop responses using the RIPLS tool. These findings were further supported by the phase two interview data, which demonstrated positive feedback in the long term in areas of teamwork and collaboration, and suggested that participants felt that there had been a positive impact in these workplace behaviours since the intervention. Contact theory and reflective practice are considered in the discussion to further understand these findings.

In conclusion, these small group interprofessional teaching sessions for hospital clinicians resulted in a positive change in attitudes to teamwork and collaboration, professional identity and roles and responsibilities, as measured using the RIPLS questionnaire. There was also evidence of a positive impact on collaborative practice, including communication skills, and awareness of roles and their importance at the six month follow up interview. As the areas in which these improvements were found are so important in our health care environment, it is recommended that similar sessions be continued in the hospital to keep improving teamwork and collaborative care, and thus ultimately improve safe patient care. There may also be similar benefits in other hospitals or different health care settings.

## **Declaration of authorship**

I certify that this thesis does not incorporate, without acknowledgement, any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Signature.....Date.....