

Creating the interprofessional health team of the future

Traditionally, different health professions have been trained independently of one another. In Stavanger, we have developed a simulation-based training programme whereby medical, nursing and paramedical students receive training in interdisciplinary collaboration and communication.

We noticed that medical, nursing and paramedical students in Stavanger each had professional training days which included simulation training, and with our clinical background we saw opportunities for a shared learning arena that reflected the everyday clinical challenges in patient therapy. Collaboration across the professions is commensurate with the modern view of training both nationally and internationally (1). Interprofessional collaborative learning has been highlighted by Report No. 13 to the Storting (2011–12) (2) and the World Health Organization (3), among others.

Interprofessional student day

Starting in spring 2013 we have included medical students, nursing students and apprentice paramedics in what we have named the SAFER (Stavanger Acute medicine Foundation for Education and Research) student day. Learning objectives for the day are interdisciplinary collaboration, description of emergency medical examination methodology and relevant communication tools (4, 5). We wish to change students' attitudes to pave the way for good collaboration and improved clinical practice.

The day begins with reflection on participants' own attitudes to the other student groups. A film is then shown, based on an actual event in which a cascade of communication failure and poor collaboration results in the patient's death (6). The intention is for participants to find causal links in the film and reflect critically in groups. This is followed by practice in team work and simulation training in rounds with facilitators. We use scenarios from surgery, internal medicine and psychiatry. Based on a focus group interview with the students we created a scenario with a pre-ward round meeting (7). The scenarios work best when they are challenging and at the edge of participants' comfort zones (8). A safe atmosphere is created in which it is permitted to make mistakes, but also to shine. Afterwards the participants are encouraged to reflect on their own and others' choices and what they could have done better.

Positive experiences

Our experiences of this day are that students transfer learning between the various scenarios and experience the benefit of working interprofessionally. Participants' feedback is almost exclusively positive with regard to this form of learning.

As interprofessional staff we have learned a great deal about the educational pathways of the other professions, and have thus established good collaboration across institutions and hospital departments in

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order to train reflective team workers. We feel that we have strengthened the network with regard to simulation and interprofessional collaboration in Stavanger. Interprofessional collaborative learning is not only a matter of meeting in an auditorium, but of learning with, from and about each other (9). Committed facilitators with broad clinical and pedagogic competence are essential. A single day of interprofessional simulation training encourages the students and gives them a taste for more, but is insufficient to change attitudes and clinical practice. Interprofessional team training should be repeated throughout the study programme to reinforce team work and patient safety (10). In our opinion, it is essential for the training to be embedded in the universities and hospitals that work with the training of healthcare personnel.

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