

Introducing interprofessional pain management learning sessions as part of medical and pharmacy programs

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Introduction:

A need was identified to introduce interprofessional learning (IPL) into the Griffith University Medical and Pharmacy Programs. Considering desired student characteristics of having some clinical experience and professional identity, cohorts chosen to participate were advanced in their studies: third year medical and MPharm pharmacy students.

A clinical pain management case that followed a problem-based learning approach was developed to facilitate IPL. Six two-hour IPL sessions were scheduled throughout 2008, giving each student an opportunity to participate in one session. In each session, students were divided into sub-groups, with a facilitator from four disciplines: an anaesthetist, medical practitioner, pharmacist and nurse. Students conducted a medical and medication history with a trained patient in the pre-admission setting. All joined together after an hour to present their findings and hear expert presentations from the facilitators.

Objectives:

Specific learning objectives were to:

- Value interprofessional collaboration in taking/documenting a medication history and in prescribing in the surgical setting;
- Become familiar with clinical tools, charts and drug information resources that assist safe prescribing pre-, peri- and postoperatively; and
- Become familiar with strategies for effective acute post-operative pain management.

Issues for exploration:

As IPL skills are not innate, health students need to practise using skills of professional collaboration and teamwork in a clinical and supportive environment.

Results:

In total, 86 medical and 57 pharmacy students participated. Students were requested to complete pre- and post-session surveys to test their knowledge and attitude towards interprofessional collaboration and clinical knowledge before and after the IPL sessions. Although an in-depth analysis of the data is still being performed, preliminary analysis indicates that students' knowledge, attitudes and appreciation of the other health profession improved post-IPL sessions. Qualitative student feedback indicated that they valued the sessions and they would benefit from further sessions. Facilitators reported that sessions achieved their learning objectives.

Discussion:

The study showed various benefits of including IPL sessions involving health students in curriculum, with reported improvements in interprofessional collaboration and knowledge. It is logistically challenging to organise IPL sessions and therefore important to have support at Head of School level. Similar IPL sessions will continue in 2009.

Conclusion:

Medical practitioners and pharmacists need to communicate with each other and work together to improve medication safety and the quality use of medicines. It is therefore important that they study and learn together to understand each other's roles and knowledge base. This can be achieved through IPL sessions.