Breaking down educational silos

One-day interdisciplinary training sessions, featuring simulated patient assessments, are improving communication and teamwork between medical and nursing students in Southland.

By Johanna Rhodes*

Delivering health care safely requires effective interdisciplinary collaboration, while also preserving professional roles and boundaries. Nursing and medical professionals have traditionally been educated separately, with the assumption that team skills will be acquired during clinical practice. However, this leaves the development of these skills somewhat to chance, and may affect health consumer/patient outcomes.

In 2014, then Southland Hospital house surgeon Emily Craven, supported by consultant surgeon Konrad Richter, proposed to the Southern Institute of Technology (SIT) the idea of running one-day interdisciplinary education/skills sessions and simulations. They suggested these be held between trainee interns (TIs) on clinical rotation in Southland Hospital, and SIT undergraduate bachelor of nursing and enrolled nursing students.

Since the programme began, 12 joint sessions have been held in Southland Hospital’s “education shed” and in SIT’s simulation suite. This has involved 30 TIs and 92 nursing students. For the simulated sessions, the TIs are house officers and the nursing students include both registered and enrolled nurses. When Craven returned to the United Kingdom, registrar Meagan McLeod enthusiastically continued the venture.

Objectives

The principal objectives of these interdisciplinary days are to improve communication and teamwork through education/skills acquisition and simulations. Fostering collaboration between nursing and medical students can improve attitudes and enhance professional respect. These learning methods recognise the unique repository of knowledge each discipline possesses, while improved interdisciplinary engagement can only benefit patients in the future.

Active communication and training in team roles, preserving the safety of the patient and themselves as health professionals.

Values inherent in the training

- *Respects intra- and inter-professional individuality, difference and diversity.*
- *Sustains, promotes and celebrates the identity and expertise of each profession.*
- *Promotes parity between professions within the learning environment.*
- *Instills interdisciplinary values and perspectives throughout uni-professional and dual-professional learning.*
- *Applies equal opportunities within and between the professions.*

These objectives and values are supported by the educational objectives the TIs are guided by in their sixth year of medical education. Specifically, objective five states “enhance his/her perspective of medical practice by experience”, with section (d) stating “with a variety of teachers, including a number working outside the medical school and Dunedin Hospital”.

The learning outcomes of the nursing programmes are congruent with the medical direction and state: “Demonstrate ability to utilise evidence-based practice to make informed decisions within a multidisciplinary team”.

An outline of a generic interdisciplinary day is in the box on the opposite page.

Analysing feedback

All participants are invited via email to provide feedback after their interdisciplinary experience. The mixed method approach involves a Likert-like scale, which gathers quantitative data using a five-point scale, and an open response opportunity, which gathers qualitative data. Both datasets are analysed using thematic analysis, due to its suitability for various types of data. The themes are interpreted, with specific attention to continuity and coherence. Being reflexive in the analysis enables key themes to emerge, and improvements to be made to the interdisciplinary education days.

Eighty per cent of participants from nine training days chose to complete a quantitative data questionnaire. This showed 97 per cent were positive about the benefits gained from the ISBAR session; 92 per cent were positive about the ABCDE session with its focus on assessing the critically ill patient; 95 per cent positive about the critical response session; and 98 per cent positive about both Konrad Richter’s session on the operating theatre from a surgeon’s perspective and the simulations.

Qualitative data includes the following comments from nurses and TIs:
A generic interdisciplinary day

- **Introduction**
  - ISBAR: a tool that improves handover by providing "a template which creates a clear picture of the patient's clinical issues while also defining outstanding issues and tasks. It aids communication by offering an expected pattern of transferred information so errors or omitted information become clear".  

- **ISBAR**
  - **Identify**: Identify yourself, who you are talking to and who you are talking about.
  - **Situation**: What is the situation, concerns, observations, early warning signals etc?
  - **Background**: What is the relevant background? This helps to set the scene to interpret the situation above accurately.
  - **Assessment**: What do you think the problem is? This requires the interpretation of the situation and background information to make an educated conclusion about what is going on.
  - **Recommendation**: What do you need them to do? What do you recommend should be done to correct the current situation?
  - **Crisis/emergency management**, with a focus on interdisciplinary communication.
  - **Collective learning/education and acquisition of skills/activities**.
  - **Three simulations**, including but not limited to mental health, medical emergency and paediatrics.
  - **Simulation debrief cycle**, ie the interdisciplinary reflection that outlines and critiques the assessment, response and interventions during simulation.

*Other contributing authors are Southland Hospital resuscitation service co-ordinator Paul Winder, SIT nursing educators Murray Strathanan and Mary McMillan, Southland Hospital consultant general surgeon and Dunedin School of Medicine associate professor Konrad Richter and registrar Meagan McLeod.

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