

*Innovative Teaching  
and Learning Project  
(ITLP)*

# Interprofessional learning in general practice: A pilot study using in-practice emergency simulation

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## Introduction

The pressures on general practice training are increasing. As the number of general practice (GP) learners (medical students, prevocational doctors, GP registrars, practice nurses) grows, under current models of GP training, it will be necessary to expand the teaching capacity of practices without over-straining current GP trainers/supervisors. There is a call for better understanding of the ways in which interprofessional learning can address the education needs of learners in general practice (Reeves & Goldman, 2009). Increasing knowledge, acceptance and confidence about interprofessional learning and teaching has potential to assist in expanding teaching capacity in general practice if it is introduced in a relevant, time effective and engaging way (Reeves & Goldman, 2009).

Simulation-based learning is one of five interactive learning methods commonly used in interprofessional learning in medicine, other methods being exchange-based (e.g., seminar-based discussions), observation-based (e.g., joint visits to patients/clients), problem-focused (e.g., problem-based learning) and practice-based (e.g., interprofessional clinical placements) (Barr, Koppel, Reeves, Hammick, & Freeth, 2005). Simulation is already used as part of general practice registrar training, but there is a call to integrate simulation into interprofessional education (Robertson & Bandali, 2008). This paper reports on a pilot project examining interprofessional learning in GP teams during simulated emergency scenarios in general practice settings.

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## INTERPROFESSIONAL LEARNING IN GENERAL PRACTICE

**Innovation**

Three regional general practices who are involved in GP registrar teaching and provide emergency services to their communities participated in the pilot study. Participants included relevant staff within the participating practice, such as receptionists, practice managers, general practice nurses, GP registrars, GPs and supervising GPs. Ethics approval was granted by the Tasmania Social Sciences Human Research Ethics Committee.

We conducted an intervention that involved simulated emergency scenarios run in the practice setting using a manikin. Before the simulation, a pre-scenario group discussion was conducted about interprofessional learning and simulation training. Educators then ran simulated emergency scenarios in the practice setting; one educator ran the scenario, and one educator video-recorded the scenario. The educators then led a debrief session, supported by a panel of role-specific experts, e.g., a registered nurse, a paramedic and a practice manager. The feedback involved viewing and discussing the GP practice team's work in the scenarios, primarily focusing on interprofessional learning, teamwork and leadership aspects.

**Evaluation method**

Before the scenario, semi-structured interviews were held with participating members of the practice team about their perceptions of interprofessional teaching and learning and teaching capacity. Following the intervention, on the next day, where possible, or soon afterwards, team members (individually or in groups) participated in semi-structured interviews about the same issues. Interviews were recorded and transcribed verbatim. Themes and sub-themes from the interviews were generated by an iterative process of describing, comparing and relating categories from the objectives of the project against an educational outcomes typology for interprofessional education (IPE) (Barr et al., 2005) (Table 1). Results of the analysis were combined and differences of opinion between investigators were discussed until agreement was reached.

**Outcomes**

Three practices participated in the project, with 14 staff taking part—four practice nurses, three GP registrars, two GPs, two practice managers, two administration staff and one GP supervisor. Twelve participants took part in pre-simulation interviews and 14 in post-simulation interviews. Two main themes were identified from the analysis:

1. Participants are open, to varying extents, to interprofessional learning in GP settings.

Before the educational intervention, participants described various experiences in situated learning but reflected positively on the interprofessional nature of the intervention.

The following quote illustrates this theme:

*It was a good experience having that discussion, and the role of interprofessional learning, and things like that is [sic] so relevant in a practice where we did have nurses and doctors and things. (Admin)*

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Table 1  
 Descriptions of Project Objectives and Educational Outcomes

Project objectives	
Acceptability of IPL	Assess the acceptability of IPL in GP settings
Confidence	Increase confidence to manage emergency situations in GP settings
Team engagement	Engage multiple levels of learners
Teaching capacity	Expand the teaching capacity of members of the GP team
Education outcomes typology (Barr et al., 2005)	
Level 1: Learners' reactions	Learners' views on the learning experience and its interprofessional nature
Level 2a: Modification of attitudes/ perceptions	Changes in reciprocal attitudes or perceptions between participant groups. Changes in perception or attitude towards the value and/or use of team approaches to caring for a specific client group
Level 2b: Acquisition of knowledge/skills	Including knowledge and skills linked to interprofessional collaboration
Level 3: Change in behaviour	Identifies individuals' transfer of interprofessional learning to their practice setting and their changed professional practice
Level 4a: Change in organisational practice	Wider changes in the organisation and delivery of care
Level 4b: Benefits to patients/clients	Improvements in health or wellbeing of patients/clients

2. The context of different experiences of education and training influences the ways in which interprofessional learning is realised in GP settings.

Participants' prior experiences as a teacher or learner, the organisational training culture and the context of general practice all influenced attitudes and perceptions relating to the acceptability of interprofessional learning in GP settings.

The following quote illustrates this theme:

*You learn things off each other because everyone comes with experience and backgrounds and your own education backgrounds so I'm always learning off other nurses and GPs. (Medical)*

**What next?**

The findings from this pilot study suggest that simulation-based, interprofessional learning is one way to engage multiple levels of learners in general practice. Being overtly exposed to an experience of interprofessional learning within their GP work environment was seen as overwhelmingly positive by the study participants and stimulated thinking and discussion about changes in teaching within the practice. Further research (using pre- and post-intervention measures) is needed to assess whether there is a sustained response to the experience of interprofessional learning. It was too early to fully assess changes in behaviour and organisational practice. Future studies could also explore whether changes in clinical practice result from the use of simulation-based interprofessional learning interventions.

## INTERPROFESSIONAL LEARNING IN GENERAL PRACTICE

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