

**THE MULTIDISCIPLINARY CARDIAC  
REHABILITATION PROGRAM:  
A TEMPLATE FOR  
INTERPROFESSIONAL LEARNING**

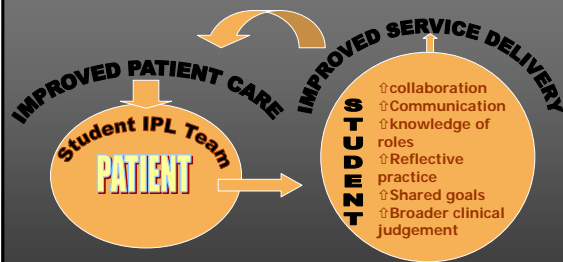
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**IPL defined as:**

“Occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care”.

Barr H. et al, 2006, *Jol of Interprofessional Care* 20 (1) 75-78

**IPL as a process**



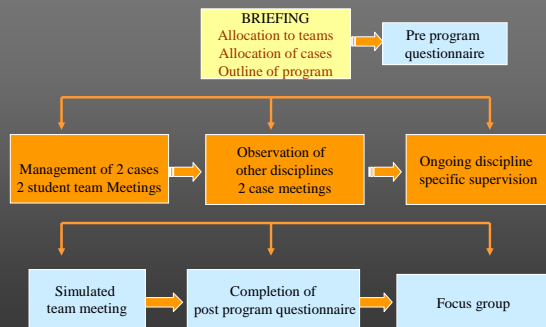
Thompson C. 2007



**PILOT  
STUDENT  
IPL PROGRAM  
AIMS**

- ↑ communication skills
- ↑ understanding & respect for the skill base of other professions
- ↑ skills necessary for optimal teamwork & team decision making
- ↑ increase confidence as a team member

**STUDY METHODS**



**METHODS**

**Cardiac Rehabilitation as Context For IPL**

- **CASE MANAGEMENT:** 2 complex patients.
- **OBSERVATION:** Attended all components of the program observing
  - PT exercise session,
  - education sessions for nursing, nutrition and pharmacy, SW & OT psychosocial group.
  - individual professional interventions eg wound care.
- **MODELLING:** attended Cardiac Rehab. team meeting

### **METHODS: Evaluation**

- Simulated student team meeting
- Test retest questionnaire
- Focus group
- Continuation of reflective diary  
(not included in the pilot study outcomes)

### **RESULTS: Test retest questionnaire**

- n = 5
- Wilcoxon signed ranks test (nonparametric)
- Significant improvement in all areas
  - Confidence contacting other HCP p=0.043
  - Confidence speaking in meeting p=0.042
  - Confidence in liaising p=0.042
  - Confidence providing info p=0.042

### **RESULTS: Focus group**

**Increased understanding & knowledge of other professions role**

*"We interacted with patients, got to understand their perspectives and worked with other health care professionals to better understand their role"*

### **RESULTS: Focus group**

**Developing a broader perspective of the patient lead to improved patient management**

*"We were able to get a bigger picture of the patient's health and aspects of his life, we were better able to manage the patient"*

### **RESULTS: Focus group**

**Practising own professional role in a safe environment.**

*"We were all in the same position, all new together. This accelerated learning"*

*"I always felt like a student with other professionals, a power imbalance. I felt more comfortable with peers in the student meeting"*

### **RESULTS: Focus group**

**Increased confidence to communicate with other health professionals**

*"I feel more confident going to team meetings now, I have a bit more confidence to speak up in meetings."*

*"To communicate I needed to learn more about what you guys did and when I knew more, it was easier to talk together."*

## RESULTS: Focus group

### Benefits: structure & content

- Student meeting (*unanimous agreement*)
- Opportunity to observe other disciplines patient interventions

*“Attending the psychosocial group was a privilege”*

## RESULTS :FOCUS GROUP: Changes needed

### Insufficient time with patient

*“ It was difficult to speak with the patients in the gym” Pharmacy student.*

Students requested more time

- Each other
- Observing other disciplines

## RESULTS: Simulated Case Meeting

Demonstrated:

- Ability to communicate with other professions
- Shared goals and broader clinical judgement
- Effective patient management as a team

## Study Limitations

- Small sample size n=5
- Use of a non standardised evaluation tool
- Reliance on self report
- Brief duration of the study

## CONCLUSIONS

- Strong evidence of positive learning outcomes in the area of collaborative care.
- The project offered a reproducible model

## Recommendations

- Trial use of a validated questionnaire:  
*“Readiness for Inter-professional learning scale”*.
- Increase student numbers through:
  - ↑ clinical settings , >3 times per year.
  - Overcoming seasonal differences
  - ↑ disciplines
- Increase student access & time with the patients