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March 24th

REPORT

Interprofessional 'E learning pilots: A project between the University of Leicester, De Montfort University and The University of Northampton.

Liz Anderson, Ali Ewing, Neena Lakhani, Jacqui Williams.

Summary

This report focuses on the development of interprofessional education (IPE) using e-learning. A team of academics from three Universities met with experts from the Beyond Distance Research Alliance (BDRA)[1], to develop an interactive e-learning course. The work was part of two research projects ADELIE (Advanced Design for E-Learning: Institutional Embedding) and ADDER (Assessment & Disciplines: Developing E-tivities Research). The academics have continued to be supported by staff from the BDRA.

The interprofessional e-learning was originally designed for students completing Strand Three of the local regional IPE Strategy to overcome capacity and development issues in embedding practice IPE programmes. It was also assumed students could access this learning while on placements throughout the region. The approach and design for the range of health and social care students depended upon them having prior knowledge and understanding of healthcare and associated with understandings attributable to students towards the end of their respective professional training.

The first course, based around a carer's experience of her husband's stroke, was piloted in the summer and autumn of 2008. Subsequently a second course was designed on the care of a diabetic antenatal lady and was piloted in the spring of 2009. The final pilots involved both courses in the summer of 2009. A total of 5

[1] BDRA is an e-learning research unit headed by Professor Gilly Salmon at the University of Leicester. http://www.le.ac.uk/beyonddistance/projects.html).

pilots have been completed (Box 1). The majority of data was not withdrawn from the first pilot and unknown to the authors was lost. The experiences of running this first pilot informed further teaching. A full data set exists for the remaining four pilots. A total 170 were enrolled with 99 (58%) completing in the final weeks (4 & 5) of the full course.

The learning events have highlighted issues of technical access and e moderator support. The infrastructure to support these learning events is evolving at both partner Universities but in the main the e-moderating and set up has fallen on a few stretched academics. Students that engage report learning as a result of participation. In particular students in Leicester have responded positively when students from Northampton have taken part as they are often students they do not encounter locally *e.g.* podiatry. The University of Northampton have been developing internal e-learning for strand two supported by BDRA during this time.

Students vary in their engagement. This is possibly due to several factors;

- If the event is labelled as being a pilot and students therefore volunteer and no assessment is required.
- Technical fears
- Technical issues generally; If it does not work first time they lack motivation to be experimental with the interface
- Technical persistent issues for students in District General Hospitals and local UHL hospitals
- Some simply don't like this type of learning

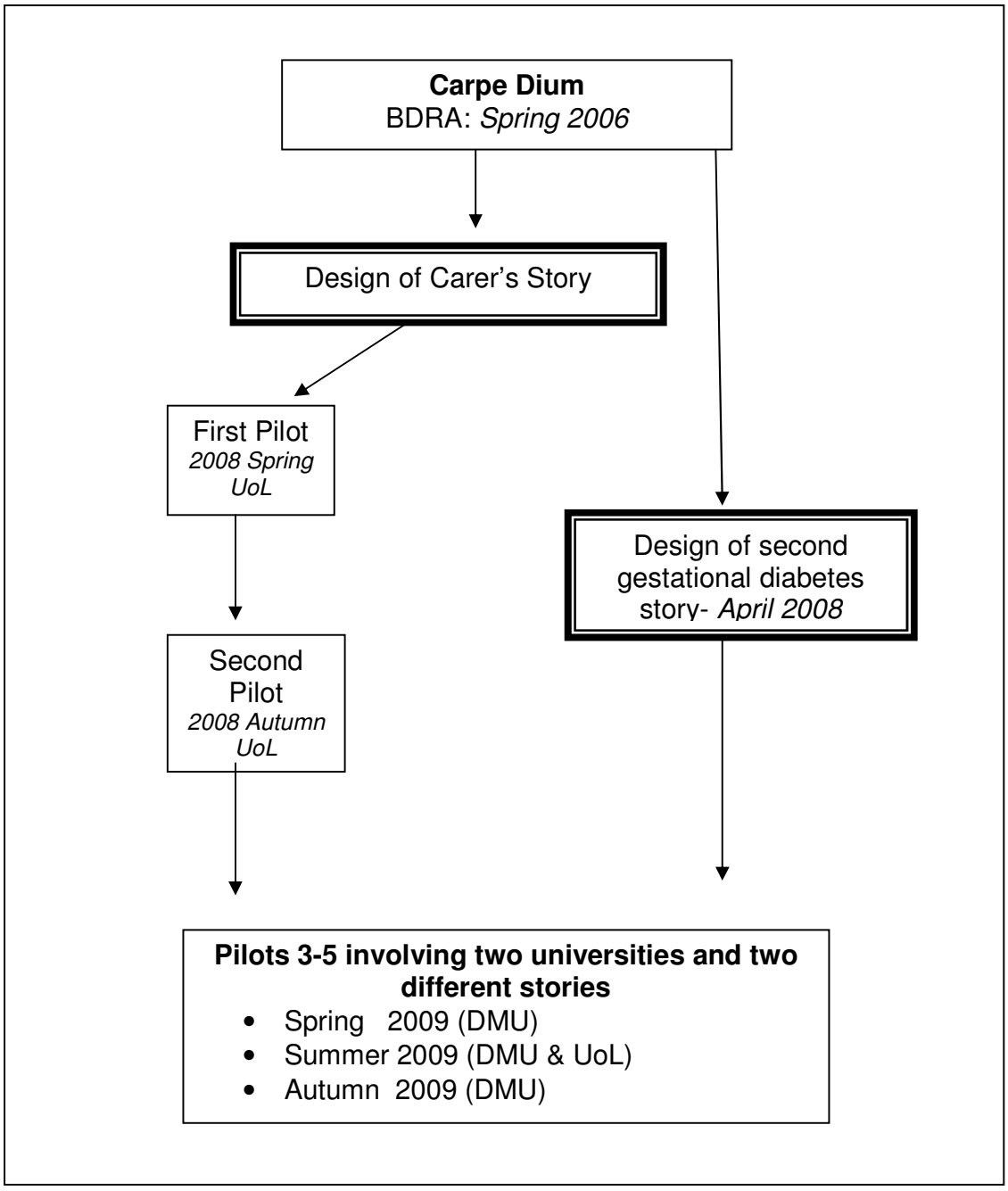
The work offers the potential to investigate the following research questions

- Do students learn as much from IPE offered as e learning courses, as they do from face-to-face interprofessional learning?
- Can we analyse why some students engage with this style of learning more than others?
- How can we ensure the learning is interactive?

Two academics have written up their experiences of being in the development team[2].

[2] William, J. & Lakhani, N. (2010). E-learning for interprofessional education: a challenging option. *Journal of Interprofessional Care;*24(2); 201-3.

Box 1


Carpe Dium
BDRA: Spring 2006
Design of Carer's Story
First Pilot
2008 Spring
UoL
Second
Pilot
2008 Autumn
UoL
Design of second
gestational diabetes
story- April 2008
Pilots 3-5 involving two universities and two different stories
Spring 2009 (DMU)
Summer 2009 (DMU & UoL)
Autumn 2009 (DMU)

Background

One of the key challenges for any IPE event is that it is a patient centred approach to learning. The patient (or service user) should be at the heart of the learning event. The team decided to evolve the original programme around a patient who suffered a stroke. This was a real life event, with the story told by the patient's wife, who was his full time carer. This example was deliberately chosen as it highlights the advantages of multi-disciplinary team working and interprofessional collaboration. Students can work together on line to identify the strengths and weaknesses of the case, offer solutions for potential shortfalls and reflect on their experiences.

Prior to the ADELIE *carpe diem* the whole group met as a team to develop a framework for the course and agree the distribution of work (Appendix 1). During the *pre-carpe diem* meetings the team identified aims and learning outcomes to be met by the e-learning course with some consideration of how these would be achieved through 'e-tivities'. A *pre-carpe diem* meeting with the *carpe diem* e-learning facilitator also confirmed whether the team's proposals were realistic.

The team decided to develop a 5 week e-learning programme, week one was for introductions. The programme was designed to allow 2 hours of asynchronous student learning per week. It was expected that an e-moderator spent a similar amount of time making sure all students were engaging with the programme and that adequate support was being provided. Each week had different types of 'e-tivities' to make the programme innovative and engage students effectively. These included using concepts such as WIKIs and BLOGs. The programme was sited on Blackboard® at the University of Leicester and access given to students from neighbouring Universities. As the work progressed pilots have run at both the University of Leicester Blackboard virtual learning environment (VLE) and at De Montfort University Blackboard.

Course Content

On the whole the majority of students have been invited and briefed about the course using e approaches. No face-to-face preparation has taken place until recently, with some students at De Montfort University being briefed by an e-moderator in class. Both of the two courses (stroke carer's perspective and diabetes in pregnancy) run for five weeks. The sites have additional learning resources and web links. In this way there remain opportunities within the course content for uni as well as interprofessional learning.

Students make use of written and video material available through the site to understand the case and complete a number of activities to encourage interactive learning and working in collaboration. There are forum activities to enable discussion about the case.

Tutor support (e moderating) is required to examine students attitude, emotions and ensure contributions are aligned to learning outcomes and for encouraging debate. The tutors also try to summarise what they have learnt and how to progress and further their knowledge.

The **e-tivities** for example, in the stroke case are as follows:

Week 1: getting to know each other, (groups of 6-8 students) and becoming confident with this technology;

Week 2: learning about the case and your expectations on relevant care pathways;

Week 3: exploring specific issues of care and how these impact on the patient and carer experience;

Week 4: recognising the challenges of placing carers at the centre of care delivery;

Week 5: reflections and conclusions and completion of evaluations.

Students are reminded about standards of professionalism as have been applied to previous IPE learning events

EVALUATION

Method

Students from medicine, nursing, midwifery, speech and language therapy, occupational therapy, pharmacy and podiatry have been invited to take part.

Students have been selected to take part either randomly or from requests for volunteers through each school. Laterally some students have been asked to take part as part of their Portfolio of IPE learning and for these students the work was assessed.

Students were sent an invitation latter via e mail. Students at DMU had announcements on their VLE.

DATA

Students consent to participate in the evaluation of IPE locally (through the regional IPE evaluation consent letter). They complete a pre and post course questionnaire (Appendix). Extracts of their discussions and responses to learning e.g. BLOGS, WIKKI's are analysed.

ANALYSIS

Data are collected on the numerical aspects using the Blackboard grade book tool. Extracts are being read by three researchers for content and meaning.

Results
Quantitative material

Pilot Details

Pilots	**1** June 2008	**2** Autumn 2008	**3** March 2009	**4** June 2009	**5** Autumn 2009	**totals**
No. of students registered	**12**	**23**	**23**	**22**	**90**	**170**
No. of students completed	9	10	10	13	57	**99 (58%)**

Students registered for the pilots

Pilots	**1** June 2008	**2** Autumn 2008	**3** March 2009	**4** June 2009	**5** Autumn 2009	**totals**
Nursing	3	-	4	4	14	**25**
Midwifery	-	-	5	-	37	**42**
Medicine	3	13	7	6	12	**41**
Pharmacy	3	5	3	5	15	**31**
S&LT	3	4	-	6	-	**13**
OT	-	1 Registered did not start	-		-	**1**
Podiatry	-		4	-	12	**16**
Social Work	-		-	1 Registered did not start	-	**1**
Totals	**12**	**23**	**23**	**22**	**90**	**170**

Students completing : Contributed during final weeks (wks 4&5)

Nursing	2	-	2	1	10	**15**
Midwifery	-	-	1	-	25	**26**
Medicine	2	2	4	5	2	**15**
Pharmacy	2	4	3	4	13	**26**
S&LT	3	4	-	3	-	**10**
OT	-	-	-	-	-	
Podiatry	-	-	-	**-**	7	**7**
Social Work	-	-	-	**-**	**-**	
Totals	9	10	10	13	57	**99 (60%)**

Organisation of Pilots

Dates	Stroke cohorts	Diabetes cohorts	E-Moderators
June 2008	1 (UoL)		EA/JW/AB/NL/AE= 5
Autumn 2008	2 (UoL)		EA/JW/AE/NL = 4
March 2009		2 (DMU)	JW/EA/NL= 2
June 2009	1 (UoL)	1 (DMU)	EA/AB = 2
Autumn 2009		4 (DMU)	JW/EA/NL = 3
Total Cohorts	4	7	16 (n=5)

Legend:
EA – Dr Elizabeth Anderson
JW – Jacqui Williams (DMU)
NL- Neena Lakhani (DMU)
AB – Adam Brown (DMU**)**
AE – Ali Ewing (U of N)

Qualitative Data

Pilot One (June 2008)- stroke UoL

Student engagement with learning

There is evidence that the students interacted and learnt from one another. The material was detailed and enabled students to transfer their learning into practice (Appendix 3).

Student reflections on their learning

Most of the students enjoyed the learning using this medium. They reported having a more detailed understanding of each other's roles from the discussions boards.

There were some students who preferred working face-to- face. Several students had technical problems which delayed and interfered with their learning process. (Appendix 3).

Technical Issues

During the pilot several technical issues occurred. The participating students from DMU required temporary access to the University of Leicester Blackboard® site and this had to be administered manually. This manual registration caused a delay in the course starting. One week after the commencement of the course the DMU students needed to be re-registered as they had only been registered for a week instead of 5 weeks. This generated work for the DMU lead who was supported by staff from the UoL.

Discussion boards were manually released weekly.

Comments from e-moderators

A very enjoyable teaching experience.
Role of IT support was essential to success of pilot.
Freedom to work flexibly when and where required.
Email additionally used to communicate with students together with announcements on site.
Time required to read and comment on end of course reflections. High quality of student thinking made my role as a facilitator enjoyable.

NB: The written dialogues between students were lost as the course emails expired and were not retrieved. The course leaders learnt that these must be printed off as the course finishes.

Pilot Two: Autumn 2008 (Stroke x 2 cohorts UoL)

Again students learnt more about other professions and specific roles. The central place of the carer was recognised and acknowledged. Comments from Wiki interactions show learning (Appendix 4)

Pilot Three: Spring 2009 (Diabetes x2 cohorts DMU)

Again there was demonstration of learning see learning materials and exchanges between students (Appendix 5)

Pilot Four: Summer 2009 (Stoke x 1 UoL; Diabetes x1 DMU)

Stroke case was used and appendix 6 shows learning exchanges between students.

Pilot Five: Autumn 2009 (Diabetes x4 DMU)

Again see examples of students reflections (appendix 7)**.**

Student Evaluation Questionnaires

At the moment we are trying to access all the data on the two separate University Blackboards.

Some has been analysed e.g. Appendix 3

Discussion

These developments have only been possible with the help and support of e learning technology support from the three different institutions.

What we have learnt is that there is a skills in presenting material using an e interface and time was required to develop the blackboard learning sites. Once set up we then faced difficulties recruiting students for pilots and in linking them onto each others University sites.

Time and time again many students who accessed the learning from practice were handicapped by fire walls and technical problems. We could askl whether it is possible to ask students to be working in practice and also to log in and complete these type of activities.

The administration of these courses cannot be underestimated.

Interprofessional education: can this be taught beyond the campus?
We needed to think of other ways of learning rather than on campus as the result of difficulty with rooms and timetabling of students across disciplines and three institutions.

Inter professional learning needs to mimic real life situations: can multi-disciplinary team members discuss issues on-line?
It is difficult for students to meet and experience being a team with other health care professionals they will ultimately work with so we wanted to give our students an experience of what to do when faced with a real-life situation within their team.

Is e-learning a solution for inter- professional learning?
We concluded that it is a very possible solution. Our challenge was to design a course with sound activities (we call these 'e-tivities') and assessment to both engage and motivate learners. Downes (2005:4) describes 'E-learning 2.0' as a step forward to which encourages

'participation through open applications and services'

We were committed to using a learning management system by using 'Blackboard'®, a virtual learning environment used by all 3 institutions, which takes the learning content and organises it in a standard way. We saw this as advantageous as both students and staff would be largely familiar with its use.

How can effective communication be realised?
This is vital to interprofessional learning and health care professionals (Laming, 2003). Whilst Kyong-Lee, Bonk & Zeng's (2005) survey concluded that e-learning would become the dominant form of training within their organisation by 2010 the authors suggest that it needs to be used more cautiously in health care programmes because of the essential competencies that need to achieved for the various professional bodies to which our students are aligned. (NMC, 2008).

Do we need specialist teachers or moderators to facilitate these programmes?
E-learning is not a didactic teaching method but requires the skills of facilitation and moderation. Kyong- Jee & Curtis & Zeng (2005) recognise the different role that on-line trainers/instructors play and anticipate that this will continue to change and develop. Their survey predicted that by 2010 online facilitation and moderating would be the most vital skill required for teaching on-line.

In our case, we considered the following: How will IPE skills be learnt in this way? How will students interact with each other on-line? How can we assess this way of teaching and learning? Will tutors be comfortable with this style of teaching? How would tutors be trained to moderate effectively?

IPE has been acknowledged as a world-wide issue, and embedding IPE into traditional health care education programmes remains a challenge. We are privileged to be part of the development of a course which can be used alongside conventional methods of teaching. With further research and evaluation of e-learning methodologies and assessment, the benefits of such programmes should reap meaningful rewards, in terms of time, space and learning outcomes.

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Postscript

During July and August 2008 the course developed during the *Carpe Diem* workshop has been piloted with a group of 11 students from 4 disciplines namely, nursing, pharmacy, speech and language and medicine.

Prior to piloting the course, the authors needed to spend further time with an information technologist specialist, experienced in virtual learning environments, to ensure the course links correctly. It was vital to ensure both the students and

the e-moderators were viewing the same version of the course, which cannot be guaranteed.

The course is being evaluated through a pre- and post- questionnaire and the completion of the e-tivities will also be reviewed by the e-moderators involved in the pilot.

The authors have since been invited to link with the ADDER research group from the University of Leicester to explore assessment methods for IPE through e-learning. They have been involved in the *carpe diem* workshop for a second time and developed another e-learning course for their IPE programme.

Appendix 1

The work of the BDRA

"Carpe Diem' (from the Latin for "Seize the Day") is a two-day course design workshop, in which subject teams work to implement effective e-learning designs for new or redesigns for existing courses. It is not a technical training course. The designing for e-learning process has made use of 'stable', normalised technologies, e.g. the institutional VLE and other tools that course teams are familiar with. Only when course teams have expressed a need to make use of other, newer technologies to meet their course objectives are these incorporated.
Features of Carpe Diem include:

- offered to teams not to individuals
- involves an overview of the learning design of the whole of a course module or unit, not just the e-learning
- real practical outcomes by the end of the workshop
- exceptional return on investment of a small amount of time

ADELIE (**Advanced Design for E-Learning: Institutional Embedding)**

The ADELIE project came out of the e-learning benchmarking pilot at the University of Leicester and aims to address key challenges associated with building capacity among university teachers. The project aims to:

- embed good practice in re-design for e-learning
- build capacity within the institution
- enhance the learner experience
- make tutors' jobs more effective and rewarding
- stimulate institutional change

ADDER (**Assessment & Disciplines: Developing E-tivities Research)**

The ADDER project builds on the work undertaken by the ADELIE project, which was a Higher Education Academy Pathfinder Project, by investigating assessment practices based on e-tivities and their impact on the learner experience in 4 disciplines at 4 universities over 12 months.
It aims to:

- highlight, compare and contrast assessment practices across disciplines
- investigate similarities and differences in assessment practices that make use of e-tivities
- investigate the impact of assessment practices on the learner experience

Adapted from http://www.le.ac.uk/beyonddistance/projects.html(accessed 11/08/2008

Appendix 2 Questionnaire

Student evaluation of InterProfessional e-learning Course

Personal details

Student's Name: _____

Gender: Male ☐ Female ☐
PLEASE TICK ✓

Age: _____

University: _____

Professional group: _____

Year of training (1st, 2nd etc): _____

Please state previous interprofessional education (IPE) experience:

Have you previously participated in classroom-based IPE? (PLEASE TICK ✓)

☐ Yes ☐ No

If yes, please give details:

Have you previously participated in practice-based IPE? (PLEASE TICK ✓)

☐ Yes ☐ No

If yes, please give details:

Please state previous e-learning experience:

(e.g. USE OF VIRTUAL LEARNING ENVIRONMENT (VLE), BLACKBOARD, AND SPECIFIC COURSES

Learners Pre-course Task

Have you previously used a discussion board on a virtual learning environment (VLE)? (PLEASE TICK ✔)

☐ Yes ☐ No

Pre-course Questions

Pre-course hopes, concerns & expectations

Before you start this course, please complete this section on your hopes, concerns and expectations for your learning.

My hopes are…

My concerns are…

My expectations are…

Pre-course Questions

Pre-course self assessment on the course aims and learning outcomes

Please score (√) the following relating to your experience prior to the course, where 1 indicates little ability and 5 a great deal.

	poor ability				**excellent**
1) My ability to analyse team working along the patients/carers pathway examining service provider inputs	1	2	3	4	5
2) My ability to identify examples of where team members are aware of each others skill, roles and responsibilities	1	2	3	4	5
3) My ability to analyse the effectiveness of team interactions	1	2	3	4	5
4) My ability to analyse care co-ordination with respect to quality of patent/service user/carer centred care	1	2	3	4	5
5) My skills in effective listening for effective communication	1	2	3	4	5
6) My ability to offer solutions to improve the quality of care	1	2	3	4	5

Post-Course Questions

Now you have done the course, please complete the following section on your experience and learning.

Post-course self assessment on the course aims and learning outcomes

Please score (√) the following relating to your experience after the course, where 1 indicates little ability and 5 a great deal.

	poor ability				**excellent**
1) My ability to analyse team working along the patients/carers pathway examining service provider inputs	1	2	3	4	5
2) My ability to identify examples of where team members are aware of each others skill, roles and responsibilities	1	2	3	4	5
3) My ability to analyse the effectiveness of team interactions	1	2	3	4	5
4) My ability to analyse care co-ordination with respect to quality of patent/service user/carer centred care	1	2	3	4	5
5) My skills in effective listening for effective communication	1	2	3	4	5
6) My ability to offer solutions to improve the quality of care	1	2	3	4	5

Post-Course Questions

Have your hopes concerns and expectations that you identified pre-course, been realised? How?

What was the best thing about this way of learning?

What was the worst thing about this way of learning?

Did you experience any technical problems? If so, how did this impact on your learning?

If you have previously experienced classroom or practice-based interprofessional education (IPE), how does this e-learning event compare? Which type of learning did you like best? (PLEASE TICK ✓)

☐ Face to face ☐ e-learning

Please comment on your answer:

Any other comments?

Thank you for completing the evaluation form

Appendix 3 Pilot One (Summer 2008: stroke)

Comments from students demonstrating 'learning'

Thread: Week 5, e-tivity 1 How you have learnt from others
Post: RE:Week 5, e-tivity 1 How you have learnt from others
Author: xxx
Posted Date: August 13, 2008 4:40 PM
Status: Published

It is hard to pin point which professional has enlightened my understanding of Inter-Professional care the most - it has been enlightening to hear everyones point of view. Its always great to read the views of the different professionals - many saying things which I hadn't even thought of. This experience has highlighted how important it is to involve all professionals in a patients care.

S&LT

Thread: Week 5, e-tivity 1 How you have learnt from others
Post: RE:Week 5, e-tivity 1 How you have learnt from others
Author: xxx
Posted Date: August 9, 2008 3:20 PM
Last Modified Date: August 9, 2008 3:21 PM
Status: Published

I thnk the importance of working as a member of a team has been very clear, and this really reinforces one of the main themes throughout my training. Getting an input from a number of different professions has been useful in understanding some of the key issues better, but also has highlighted the fact that we face the same sorts of problems in each of our professsions, whether they be to do with communication with clients and carers, consent or multi-disciplinary working. It is interesting to hear a number of people say that they have learned a lot about the role of SALTs, and I think knowing more about the roles, responsibilities ands skills of others can only help enhance team performance overall.

(S&LT)

Thread: Week 5, e-tivity 1 How you have learnt from others
Post: RE:Week 5, e-tivity 1 How you have learnt from others
Author: xxx
Posted Date: August 8, 2008 1:30 AM
Status: Published

I would like to take this opportunity to say a quick thank-you to all the participants who have made this e-pilot scheme so successful. It has been thoroughly enjoyable and educational. I have certainly learnt more than I had expected and this course has provided a good medium through which I have been able to improve my communication skills working with other health professionals. I have learnt a lot from the comments posted; I finally understand the true role of SALTS- this stroke scenario was ideal in addressing how vital their contribution to healthcare can be! Pharmacists have made quite a lot of important points that I have agreed with, and X and X's comments coincided with my level of assessment of scenarios (being medics!).

Medic

Appendix 3 continued

Thread: Week 5, e-tivity 1 How you have learnt from others
Post: RE:Week 5, e-tivity 1 How you have learnt from others
Author: XXX

Posted Date: August 5, 2008 7:20 PM
Last Modified Date: August 5, 2008 7:30 PM
Status: Published

The e-learning event has opened my eyes to inter-professional education as much as the previous two IPE events. It is hard to pinpoint the contribution of one healthcare professional, as everyone has different views and sees things from a different angle. All opinions and ideas are equally important and have been a benefit to the e-learning event.

If I was to pinpoint a profession that has enlightened my understanding of IPE on this occasion, it would be the medical students. I have worked with other professions in the past, but this was the first occasion that I have worked with medical students at a higher level of study (third year onwards), and it has been interesting to see things from a medical students perspective.

In summary, Monica's story has opened my eyes to different aspects of community based care and carers; and the past, present and future problems that are presenting to community based care. Before the event I was not aware of the complexity of being a carer, and everything that goes into providing beneficial care. There are many problems that were picked up by all of us, and without all of the different professions involved, all of these problems would not have been picked up. This last point demonstrates the importance of inter-professional education, and how important it is to work with other healthcare professionals in both the medical environment and the community.

It has nice working with you all!

(Pharmacy).

Thread: Week 5, e-tivity 1 How you have learnt from others
Post: RE:Week 5, e-tivity 1 How you have learnt from others
Author: XXX

Posted Date: August 3, 2008 11:16 PM
Last Modified Date: August 3, 2008 11:19 PM
Status: Published

Through this cousre I have been able to listen to how other professionals in the health care field see a patients case. The story of Monica and John has in my view really highlighted to me the role of speech and language therapist, and how they come in to help a patient. The speech language therapist I feel need to be considered more in patients with poor communication.

Just recently, I was on the ward , one of the patient's there only spoke gujarati, non of the staff on the ward spoke gujarati, and therefore the patient got inaway ignored by the staff as they were unable to understand. Therefore, in the initiation of a translator or speech therapist could have made a difference on the recovery time of the patient, as the patient wanted someone to speak to.

Lastly, by working with so many different professionals and seeing their perceptions, emphasizes what medicine should be like in teh furture ie a collaboration of different professions working together. I feel this process shows that it can be done, can highlights what improvements we need to make in the future.

Appendix 3 continued

Evidence of interaction from WIKI (stroke)

	Evidence of team working	
1	Social Worker worked with Monica and others to ensure a smooth transition to the rehabilitation ward.	(S&LT)
2	The only evidence I can find of team work (which has already been mentioned) is the Social Worker accomponying them to the Rehabilitation ward. However, I even suspect that this might be more due to the social workers own initiative rather than as a team decision. Therefore, not really any evidence of team work at all!	(Nurse)
3	I agree with X , there is only glimmers of successful team working throughout the story. I feel generally there was poor communictaion between different professional. Further, if this stroke was classified as serious, why wasnt he given immedicate attention in the stroke unit.	(Medic)
4	The GP referred to another healthcare professional - the optician. This shows multidisciplinary teamwork, even if this was not the correct course of action.	(Pharmacy)
5	I agree with X and with X but in this case referring to optician was obviously wrong	(Pharmacy)
6	Carers were set up when direct payments were made - evidence of communication between agencies although this was a slow process.	(Pharmacy)
7	I think this case highlights the many gaps in service we have. There is evidence of teamworking (e.g. a stair-lift was fitted) but why did it take 5months? Could this process not be quicker? Maybe this needs to be looked into. Also, oxygen ordered but not delivered...what kind of service are we providing? Clearly shows a breakdown in communication.	(medic

Appendix 3 Pilot One (Summer 2008: stroke)

Post –Course Questionnaire free text comments

'It was divided into activities across a few weeks, thus allowing you to analyse and think about the situation for longer as opposed to doing it in one day', (Pharmacy student)

'It was enjoyable to work in my own time this allowed me to prepare answers to maximise the effectiveness of my contribution to the group discussions', (Pharmacy student)

'The interviewee was able to describe her situation in detail without being pressured by six or so students. Her responses could be watched again if you felt there was something you did not hear or mis-understood', (Pharmacy student).

'This is a very different form of IPE as were used to working face to face, but i have enjoyed working via the internet as sometimes it can be difficult o arrange times for different professional to get together, so these process is convent and i feel a more interested method of IPE. The variety through the 5 weeks has made in more interesting throughout. Overall, i feel a mixture of face to face and e-learning would be good as you get to experience both'. (Medical student)

'internet sometimes doesn't work, but that is technology', (Medical student)

'I was worried that my views as medicine wouldn't be considered due to the connotation associated with being a doctor, but I have to save everyone has listened to each other and been open to everyone suggestions'. (Medical student)

'Unable to logon initial after that its was fine, sometimes made me fall behind on the discussion during that week'. (Medical Student)

'I liked both but I am a peoples person and so prefer being in company however the e-learning was very good'. (Pharmacy student)

'No one to one interaction with the other students' (Pharmacy student)

'Yes (technical issues) but they were resolved quickly. Impact-mild frustration that I couldn't complete the task at the time I wanted to' (Pharmacy student)

Appendix 4 Pilot Two (Autumn 2008: stroke)

Comments from students demonstrating 'learning'

'I also hadn't really thought that other professionals might not know a lot about S& LT and their involvement in the management of Dysphagia (swallowing problems) so that'll make me more aware in the future to be certain that others know what I'm there for and also to understand fully the roles of others'. (Speech and Language Therapy Students, S& LT)

'*Through this IPE programme I learnt much more about the S&LT profession, I did not really know their role before and how it is that we would work hand in hand, thanks to x's explanation, i have come to appreciate their role much more. I must also give a big a big thanks to Monica for allowing us to use her story as a good basis for learning more about interprofessional learning, I has been a great experience. Thank-you*.' (pharmacy student)

'*Thank you very much to Monica for sharing her story. It has been very interesting to be covering the case over a period of 5 weeks, as it has made me reflect a lot more on the issues being discussed'*. (S& LT student)

'*This course as helped me realise how carer's are affected'.* (pharmacy student)

'I found it very enlightening to work with other professionals and discover what role they have in patient management'. (S&LT student)

Thread: Week 5, e-tivity 1 How you have learnt from others
Post: RE: Week 5, e-tivity 1 How you have learnt from others
Author: xxx
Posted Date: December 21, 2008 7:41 PM
Status: Published

Final Thoughts.

This experience has truly highlighted to me the different professionals involved in patient care at home. It also exemplifies what would happen if communication breakdown occurs between healthcare professional and careers. As healthcare professionals we fail to recognise what the patient and their careers goes through after discharge. I can say that this course has truly shown me the things involved in taking care of patients at home which is something we do not experience as students.

The PEG example has truly shown me the things involve in doing this procedure because when I heard it at lectures I thought it was a simple procedure but as explained by Johns' wife it could be a hassle to get it assembled.

I believe this programme is what the IPE event is all about because it gives room for the professionals involved to digest the information and be able to come to a clear decision on what to do. It is very informative and you can easily access the information available. It is also easy for one to express thoughts as they feel because they have had time to digest the

information.

The whole experience has thought me the information and process that needs to be considered before discharging patients that need constant care. We fail to recognise that duty of care does not stop when the patients live the hospital and the same care that is given at hospital should be given to patients when they go home. It has also thought the value of team work and the things that could be achieved when different professionals come together to care for patient. It enables the provision of high standard of care to patients. It also shows the importance of putting patient in the centre of care. This part of the course needs to be implemented more in universities because it teaches use how to provide the best care to patient.

(pharmacy)

Thread: Week 5, e-tivity 1 How you have learnt from others
Post: RE: Week 5, e-tivity 1 How you have learnt from others
Author: xxx

Posted Date: December 16, 2008 11:19 AM
Last Modified Date: December 16, 2008 11:34 AM
Status: Published

I have found the e-learning IPE a unique and interesting experience. I enjoyed reading John's comments (medic perspective) as it was useful to read about his first-hand experience of working in the acute setting. It makes me realise that their are a lot of gaps in my knowledge regards the *whole* patient journey, from admission to discharge etc. However I have gained an insight as a result of this IPE event and hope to learn more as I undertake clinical placement and attend further IPE events so that I can fill in some of these gaps. Thank you for raising my awareness.

I appreciated reading comments from Rochelle (pharmacy), particularly as it is less likely that I would have direct contact with a pharmacist as part of my work as an SLT. However it was useful to hear about the compatability of medications with PEG feeding. It sounds silly but I hadn't considered this prior to undertaking the IPE. In addition to this, pharmacists would be able to provide advice as to allergies and drug side affects, such as drowsiness- which may have a significant impact upon a client's level of alertness and ability to undertake assessment of swallowing or communication etc.

I always learn most from studying the service-user / carer perspective. Reading the case studies has been the most pertinent aspect of my learning. I will continue to work towards client-centred care. This means listening to the clients / carers opinions and actively seeking their involvment and agreement before undertaking intervention. In addition I realise it is important to glean as much information as I can from the MDT in order to ensure that I have considered the situation as holistically as possible. By doing this, I should also be able to support the carer, because it will mean that there is less onerous on them to 'project manage' care and less need for them to keep repeating the basic facts / case history. Thank you to Monica who has given her time and commitment to tell her story and aid our learning.

SLT

Thread: Week 5, e-tivity 1 How you have learnt from others
Post: RE: Week 5, e-tivity 1 How you have learnt from others
Author: xxx

Posted Date: December 15, 2008 12:41 PM
Status: Published

It's been great to see how people answer the questions posed each week in a different way. People have highlighted issues that were first not apparent to me and vice versa. This is likely to be a reflection of how we operate in our different professions on a daily basis. It has been useful to see what thought process's are occuring when we tackle each task and how we each notice different things in accordance with our 'occupational vantage point'.

In future practice I will be more than happy to telephone for advice and work with the students who have contributed to this and from their colleagues as I believe that tasks such as this develops a respect and understanding of each other. I also hope that other members of the mdt will in turn think of me as approachable. Traditionally, doctors have recieved a bad rep. for being snobbish, elitist and arrogant. I believe, as for most proffessions that a few 'bad apples' have created this unfortunate stereotype. However, medical students today on the most part come from a wide variety of backgrounds and I don't think todays medical culture would foster the old stereotype. I believe tasks such as this are helping the future mdt's to have more understanding of each other and mutual respect.

In order for future patients/service users to remain central to health and social care we need to work together as an mdt. On paper this sounds a great idea where we all know what each other does, we all respect each other, know our scope of practice etc etc. However, fundamental logistical changes need to occur in the NHS in order for MDT working to be truly successful. This as mentioned before is the interdepartmental funding issues as highlighted in Monica's case. If funding doesn't all come from the same place and no one person takes charge than John gets his PEG apparatus from various sources and this creates a large headache for the carer's involved in that process.

In conclusion I feel that tasks such as this do create better interproffessional understanding and respect and the result of this can only benefit the patient/service user involved. However, I think a more radical change needs to occur higher up the chain to iron out the logistical problems that people delivering and recieving the care face on a daily basis.

(medic)

Thread: Week 5, e-tivity 1 How you have learnt from others
Post: RE: Week 5, e-tivity 1 How you have learnt from others
Author: xxx
Posted Date: December 15, 2008 11:06 AM
Status: Published

From my experience of this IPE event, I think that all the contributors from the different professions involved have been an enlightening experience. I feel that the pharmacy students have made my thoughts on medicine required in the situation presented clearer and how these should be administered. However, I do have to say a massive thank you to the medical students that have been involved. I feel that x's explanation of the professionals involved in PEG administration and the way that he presented this was very useful and furthered my understanding of how the team comes together to provide the MDT service required in this situation. Thanks e-moderator

More generally, out of all the IPE events I have attended, I feel that to date this is the one that has included my profession the most which has been useful for me and to be asked questions by other students has in some cases highlighted gaps in my knowledge and helped me to fulfil my learning needs.

Additionally, I feel the style of this event i.e. being spread over a 5 week period, has allowed for more thoughts to be gathered in regards to the situation and really allows us to adopt a team approach at the same time as learning from others. It has added to my understanding of how the MDT need to work together and shown me the importance of continuous communication for example, if I had missed one week of activities then I feel I would have found the following weeks harder to undertake as I would have missed so much information put forward by you all.

All of the above will help me with future practice as I will be more aware of the areas they have highlighted over the course of this event which previously I may not have considered. This shows that I have extended my learning and realised that absolutely everything must be considered when planning the care pathway. Another important aspect that this event has reinforced for me is the position that the client takes i.e.

central. As health professionals we must work in partnership to ensure that everything we do and undertake is in the best interests of the client not only providing them with the care they need but also respecting their wishes. It is vital that we as the next generation of health professionals carry this thought forward into practice with us.

S&LT

WIKI interaction Autumn 2008

http://www.patient.co.uk/showdoc/23068830/	(Speech and Language Therapy)	17/11/08: I liked this document because it provided me with a general recap of stroke . It is good how it is split into sections which makes the reading clearer. I did not feel the document added to my current knowledge but it definately helped me to remember aspects that I had forgotten/hadnt thought about which may be of use to this IPE event. It covers what a stroke is, what are the causes, the two types of stroke, who is affected by stroke, TIA, FAST test, long term effects, tests that may need to be carried out, treatment and care and prevention.	25/11/08 Really liked this article as well. Very clear layout with lots of sub-headings, bullet points and diagrams. The language was pretty simple too, right up my street! Yet covered the basics on all the aspects of stroke (cause, management etc.) (medic)

APPENDIX 4

Post course comments free text questionnaire comments **Autumn 2008 (stroke)**

I liked how you were able to leave messages for each other throughout the week as it gave time to digest the information given and to think about it more (SLT)

Not everyone contributed and some of the contributions were not regular enough. At times, it felt as if I was talking to another SLT student that I could have done over coffee (SLT)

IPE only works if all participants buy into the experience and see the value of doing it. For me, the e learning depersonalised the interaction between the participants and made the whole experience seem somewhat superficial (SLT)

The flexibility of being able to work on the VLE when I wanted and also by doing this I was able to research into the area (stroke) (pharmacy)

The worst thing was the lack of face to face contact is obviously missing but this contact aids communication as you can sometimes tell what someone is thinking from their expression (pharmacy)

I think both have their advantages and disadvantages. I didn't realise until today that there were 2 or sometimes 3 pages to each week and so I only answered the first question thinking I had completed the weeks task. I have since gone back and answered the additional questions. When meeting up in a group it involves a lot of traveeling so e-learning saves time and money (medic)

Technical problems

I was unable to log on to the system for roughly a week and other members of the team for longer (pharmacy)

Computer access issues on out-block (medic)

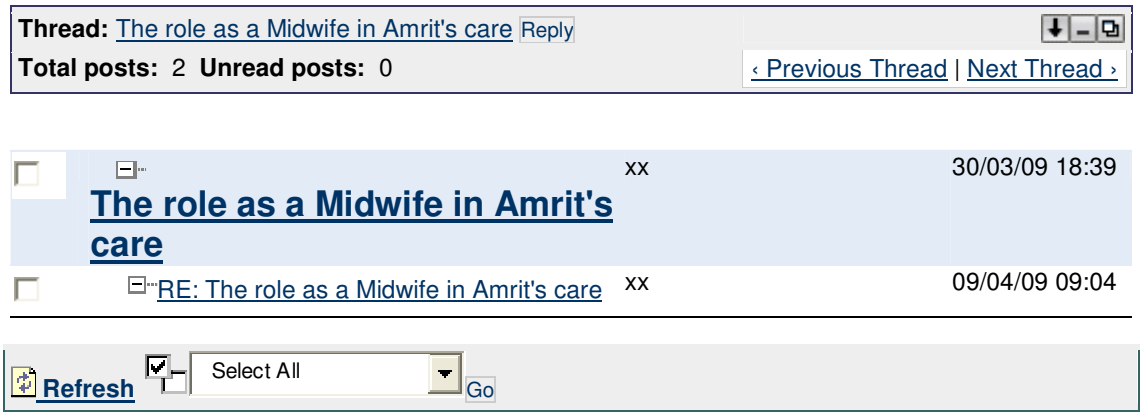
APPENDIX 5
Comments from students demonstrating 'learning' Spring 2009 (diabetes)

I thought Amrit's case was very interesting. As diabetic pregnancies are handled by specialists, usually in a hospital setting I haven't had much experience with a situation like this, having had the majority of my experience within the community sector. I thought everyone made really valid points and it's particularly interesting seeing how the different professions prioritised different aspects of the case. This is why it is so important to work within a multidisciplinary team to ensure that the patient is well cared for and every aspect of their health and well being is catered for. While diabetes is a very common condition within pharmacy care and has been dealt with a number of times within our curriculum, it has always focused on a straight forward patient but pregnancy complicates this disease. It has also highlighted the particular counselling pharmacists should cover when talking to a woman of childbearing age or are trying to get pregnant. While aware of the teratogenic side effects of drugs it hadn't occurred to me that patient's with chronic conditions should always discuss their family plans with a healthcare professional before trying to have a child. Overall this has been a great learning experience for me and I have found it a really worthwhile exercise.

xx (4th year Pharmacy)

I think the challenge of having an effective multidisciplinary team is the stereotypes professions are put within. In this task I have heard about roles that I didn't expect to be carried out by that profession. I must overcome these stereotypes in order to be an effective pharmacist and signpost patients to the correct professional. I think i have learned that not all professions within a multidisciplinary will always agree but a compromise must be reached in order for all parties to be content with the plan. This event has also given me the opportunity to get a better insight into a hospital setting where as the previous IPE events I have undertaken have been in a community setting.

xx (4th year Pharmacy)



Subject: The role as a Midwife in Amrit's care

Reply Quote Modify Set Flag Remove

Author: Posted date: 30 March 2009 18:39:50 o'clock BST
Last modified date: 30 March 2009 18:39:50 o'clock BST
Total views: 17 **Your views:** 2

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It is imperative that the woman who has diabetes has joint care: usually this involves a consultant obstetrician and physician, obstetric registar, senior house officer and specialist midwife in diabetes. The care despite being high risk due to the diabetes and its potential complications should involve the woman as much as possible. The overall birthing experience should be both positive and informative for the women and her partner and not a frightening experience. The midwife providing the care needs to not only be knowledgeable but also adaptable and approachable to cater for the woman's need during pregnancy birth and the puerperium.

As health professionals we demonstrate the principles of empowerment and patient centred care during the assessment and support of women within our care, women are encouraged to write a birth plan requesting their needs regarding individualised care. It is important that the midwife discusses the birth plan with the women and her partner and explains that certain procedures during the antenatal,intrapartum and postnatal stages are essential. The woman should feel empowered to be able to have her say in her care as long as her diabetes is controlled properly. A positive birthing experience not only facilitates their physical wellbeing but also their psychological health.

Subject: The role as a Midwife in Amrit's care

You make a really important point about the importance of the mothers psychological wellbeing and this could be an important interprofessional learning opportunity. xxx

APPENDIX 6 Summer 2009

Free Comments week 5 **(Diabetese DMU)**

I feel that these activities have enabled me to see that diabetes is on the increase globally, and some of its causes are due to our current way of lifestyle. For example obesity is a common cause, and this can be easily prevented by us keeping control of our diet. Also, I have learnt that diabetes is a common problem within pregnancy and I have learnt the procedures that take place within the midwifery role both in hospital and the community.

I feel that the main weakness of these activities was that the comments were mainly made by midwives and that there wasnt many other professions that responded. Therefore, I felt when responding to other comments, that they were very similar ideas to my own as we were looking from the same perspective. In addition, I was unable some weeks to comment on other people as it would not allow me to respond back due to some technical faults

I felt that I learnt the most information when listening to Amrit's story, as I feel I now have a knowledge of the procedures that are undertaken during pregnancy, both in and out of hospital. I feel that I am now aware of the signs and symptoms to look out for, when a woman maybe developing diabetes. Finally, I feel that I am now aware of whom to refer to within the mutidisciplinary team if a woman is suspected of having diabetes (Student Midwife)

The way in which the messages, regarding diabetes and pregnancy, are passed on to Amrit will need to be carefully tailored.

It's must be noted that her sister will be translating most of the consultation and it might be difficult for her sister to fully engage in translating medical terms.

Aside from fear, self-blame may also be feature in Amrit's case, and as explained by xx, the outcome of this are very low. The doctor's role in this respect will be to screen for risk factors to antenatal depression every so often.

(Medicine)

My thoughts are the same. Amrit will be very stressed out and so will her family with the worry of both Amrit and the baby. The stress itself could contribute to a health risk as well as antenatal, postnatal depression as already stated by others.

The fact the Amrit cannot communicate information directly would also cause her

distress because what if her sister is not always available to accompany Amrit to her appointments? She would have to ask others, someone might have to take a day off work and maybe she does not want anyone else to know.

However saying that I have just found an article that concludes: "Intensified management of newly diagnosed gestational mellitus does not increase patient anxiety and depression. Moreover, achievement of glycemic control contributes to patient reassurance. Psychological adjustment to the temporary disease state is then equal to that of a nondiabetic individual"

Reference: Obstet Gynecol. 1994 Sep ;84 (3):329-34 (Medic)

Cultural implications with regards to the managment of this case include mainly the diet aspect of treating diabetes. as others have already stated, cooking is a large part of Asian culture, and a change in this could prove difficult to achieve for Amrit. As Lovesh has said, this may need to extend to other family members, which may also prove problematic. In previous weeks we talked about the issue of exercise, and so i think this may be another cultural issue to consider. Culturally sensitive swimmining pool times and tiems at the gym should be reinforced. Student Midwife

UoL Stroke material

Subject: RE: Week 3, e-tivity 1 Chocolate or Clinifeed

Reply Quote Modify Set Flag Remove

Author: xx

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Posted date: Sunday, July 12, 2009 12:01:58 PM BST
Last modified date: Sunday, July 12, 2009 12:01:58 PM BST
Total views: 10 **Your views:** 3

Hide Parent Post

Author: xxx
Date: Sunday, July 5, 2009 7:34:36 PM BST
Subject: RE: Week 3, e-tivity 1 Chocolate or Clinifeed

Not surprisingly I also think the main professionals involved with john peg in the hospital were the doctor, dietician, nurse and surgeon. Each for obvious purposes.
The way this all changes in community is that monica must assume the role of johns main carer and therefore needed to be trained in all procedures related to the PEG.

Also in the community, other professionals like district nurses and sometimes

pharmacists (mainly in providing the PEG feed itself) can also get involved in john peg care.

Yes, i agree with you Hinal, there should have been suffient training regarding John's PEG feed before she left the hospital and she should also have been given the relevant information and contacts if anything was to go wrong.

Other professionals in the community should also be involved in John's PEG care and the training made available.

Subject: RE: Week 3, e-tivity 1 Chocolate or Clinifeed

Subject: RE: Week 4, e-tivity 1 A carer is not part of the team??

Reply Quote Modify Set Flag Remove

Author xxx
Posted date: Monday, July 13, 2009 9:56:45 PM BST
Last modified date: Monday, July 13, 2009 9:56:45 PM BST
Total views: 16 **Your views:** 4

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Hide Parent Post

Author: xxx
Date: Sunday, July 12, 2009 5:47:51 PM BST
Subject: RE: Week 4, e-tivity 1 A carer is not part of the team??

An advantage of dealing with carers is that they have the closest contact with the patient and have all the information regarding the patients health and needs, so whether its an emergency or not they **are** part of a team. This is part of doing our job and giving them the opportunity to do their job and voice the true facts and opinions of the patient as his care comes first.A disadvantage that i have experienced in the past is that some carers do not voice the patients opinions or even sometimes do and say what they think is the best for the patient when sometimes its not. This can sometimes be hard for the patient themselves and even harder for other healthcare professionals because they do not know any better but to believe what the carer is saying. This is sometimes the case when family members are the main carers for the patient.

I agree with Fran and Mr. Clarke of the advantage that the carer will know a lot of information about the patient. It is important point that Monica mentioned in which the ambulance and other health care professions in my opinion should talk to carers as that could avoid situations like Monica's husband having an anaphylactic shock.
One of the disadvantages of carers is that sometimes they can be quite protective of the patient and if they are struggling they might not want to reveal it so that it seems as though they are coping.

Subject: RE: Week 4, e-tivity 1 A carer is not part of the team??

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Appendix 7 (Autumn 09) Diabetes DMU

Medical student reflections

Subject: Doctor's Role in Amrit's Case Reply Quote Modify Set Flag Remove

Author: xx Next Post ›

Posted date: 18 November 2009 17:16:37 o'clock GMT
Last modified date: 18 November 2009 17:16:37 o'clock GMT
Total views: 33 **Your views:** 1

In contrast to the midwifes themselves, who are involved the care of all expectant mothers, doctors are only recruited by midwifery when the pregnancy/labour/puerperium has suffered a complication or when they identify someone at risk of a complicated pregnancy. In Amrit's case, the main medical input will be by an endocrinologist/diabetes physician initially to assess if she can be managed by altering diet alone or if hypoglycaemic therapy is also required. Ideally she will also be seen by the Obstetrician in the antenatal clinic to discuss possible complications of diabetes in pregnancy and these can be planned for, documenting her preferences in case any emergencies arise. Depending on how tight her glycaemic control is and the subsequent effects on fetal growth, Obstetric input will also be available during at USS growth scans and if there are indications (e.g. fetal distress, severe polyhydramnios) to induce labour or undertake a C-section. The GP may also play a role with any pre-existing co-morbidities, but the community midwife will usually ensure that advice/treatment is sought from the correct specialist.

(Med Student)

Subject: What about dad? Reply Quote Modify Set Flag Remove

Author: xx Next Post ›

Posted date: 28 November 2009 00:07:09 o'clock GMT
Last modified date: 28 November 2009 00:07:09 o'clock GMT
Total views: 26 **Your views:** 1

Picking up on Caren's point about wanting to hide the diagnosis from her husband, one could also argue the opposite. Just because she came to one appointment with her sister I think it would be wrong to assume her husband falls in to the often stereotyped "distant asian male more concerned with his parents opinions than his wife's" category. Hence, trying to actively engage both of them (with Amrit's consent, of course) will be key.

I also wanted to point out that while Amrit seems to have developed gestational diabetes, the newspaper articles are talking about women with pre-existing diabetes who become pregnant. Why am I making this distinction? Mostly because I don't want to scare her to death! She (and her husband!) need to know that:

1) Risk of congenital abnormalities is not increased in gestational diabetes (i.e. increased risk is linked to maternal hyperglycaemia [diabetes]at the time of conception)

2) Fetal and maternal complications are occur significantly less in gestational diabetes (the main one

being fetal macrosomia - causing birth injury to mother and baby)

3) Most women will be able to maitain normal blood sugars by diet alone, but because of her risk factors she may be in the 10% that need insulin

(Med Student)

Subject: A Final Thought... Reply Quote Modify Set Flag Remove

Author xx
Posted date: 30 November 2009 22:34:27 o'clock GMT
Last modified date: 30 November 2009 22:34:27 o'clock GMT
Total views: 44 **Your views:** 1

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I have found the last few weeks really interesting, both as everyone has been actively involved and because of the diversity of professions taking part. Working with midwifes on a daily basis has complemented my understanding and interpretation of the contributions made by the student midwifes on this course, particularly in relation to managing diabetic patients throughout the entire antenatal period and the importance of communication from day one, particularly when English is not their first language (I'm currently working in an area with a large Eastern European population). However, I think I have gained the most from hearing the views of the pharmacy and podiatry students for the first time (in 6 years!), and am glad to see that similar principles are embedded in their approach to patient care (i.e. shared decision-making, clinical problem solving). While the statistics and facts uncovered in the last few weeks have shocked and surprised some more than others according to their previous experiences, the difficulty has always been to utilise this awareness in our daily practice where massive gaps in knowledge, understanding and language force us to adapt and be innovative/creative in how we deliver care. Finally, I have also become acutely aware of my own approach and its bias towards abnormality and disease, which is often inappropriate in the setting of antenatal care but is crucial to 99% of my future workload!

Best of luck to everyone in their careers and patient encounters (may they both be successful!).

Subject: From bench to bedside... Reply Quote Modify Set Flag Remove

Author: XX

Posted date: 30 November 2009 22:40:10 o'clock GMT
Last modified date: 30 November 2009 22:40:10 o'clock GMT
Total views: 23 **Your views:** 1

To be honest, in my 6th year as an undergraduate in a 'touchy-feely' medical school (as Leicester is reputed to be!) it is no longer about realising that patient/service user input in to the delivery of care is obviously a good thing. Having seen multiple patients who fail to comply with medication regimens (either

because the prescriber hasn't taken into account dosing complexity or side effects) or spend days on the ward worried since no one has explained what is going on, this is a given. The question above should, in my opinion, be rephrased as 'how will you ensure the principles of good clinical care are not compromised by increasing workload, staff shortages, the EWTD, and increasing handovers?" The first step is in knowing how to efficiently deliver effective, personalised care in less-demanding patients such that more time can be devoted to challenging individuals, while the last step is to always ask the patient/service user if they have any worries or questions about has been discussed. While it is easy to adopt a short-termist view of patients, experience tells us that taking the time on the first occasion can save hours in follow-up appointments and readmission to hospital, hence those of us who (niavely some would say) still believe in the principles and longevity of the NHS often reflect on this point.

I have learnt about Diabetes at university in some way or another for the past three years, so it is not an issue which is new for me. Being South Asian, diabetes is an important issue for me, as we have seen from the variety of resources; it is more prone to this ethnicity than any other. It was interesting to see the responses from the different sources which were all different. Such as the newspaper article which was based in Coventry and the research that was carried out in Coventry and Leamington, the podcast we listened too, and Amrits case. Amrit's case was a real life situation; therefore it can be related to experiences, such as the cultural side to her story. When learning about her condition, it was motivating to see how the different healthcare professionals would all work together to give her the best possible treatment and how they al link. Referring was important in her case, as not only would the doctor would be responsible for her treatment, but she was referred to the diabetes specialist midwife. I did not know anything about them, so it was interesting to hear how they would act. (Pharmacy)

Interprofessional collaboration is important as no communication can lead to conflicting advice and in this case potentially dangerous advice for not only the mother but also the child. I had already realised the dangers of diabetes in the South Asian population, but had not been aware of the issues this caused in pregnancy, so this has bought to light an area that i had not been aware of. (Nursing)

I have been taught diabetes throughout my studies. However this experience on diabetes had come to a bit of a surprise to me. As being Asian, and having a family history of diabetes, it helps make aware what lifestyle changes can be made. Inter-professional collaboration is very important regardless of the condition that needs to be treated. Working successfully as a team will achieve greater success. Amrits case that we studied helped us to think from our individual's professionals point and also enable us to learn and gather other relevant information from the other professionals. As mention in the podcast obesity is the underlying problem of diabetes as well as other diseases it is vital to tackle obesity appropriately and promote healthy lifestyle to the public. It was encouraging the way the team worked together to tackle this case as there are many steps in treatment of diabetes. Also Amrit had come across a diabetes specialist

midwife, which even I did not know that midwifes are specialise in certain areas.(Midwifery)

I have been taught diabetes throughout my studies. However this experience on diabetes had come to a bit of a surprise to me. As being Asian, and having a family history of diabetes, it helps make aware what lifestyle changes can be made. Inter-professional collaboration is very important regardless of the condition that needs to be treated. Working successfully as a team will achieve greater success. Amrits case that we studied helped us to think from our individual's professionals point and also enable us to learn and gather other relevant information from the other professionals. As mention in the podcast obesity is the underlying problem of diabetes as well as other diseases it is vital to tackle obesity appropriately and promote healthy lifestyle to the public. It was encouraging the way the team worked together to tackle this case as there are many steps in treatment of diabetes. Also Amrit had come across a diabetes specialist midwife, which even I did not know that midwifes are specialise in certain areas. (Medic)

feel that during this e learning experience that i have gained a greater understanding and insight into the role of other healthcare professionals particularly within diabetes. This enabled me to build upon the knowledge that i already possessed and therefore I feel I would now be more confident and competent to deal with such a case and could confidently refer with explanation to other members of the MDT. Participating in this activity also highlighted particular problems that some women may face i.e. Language barriers and how this can affect their care. The statistics and information that I have gained I have found shocking but they have also highlighted the reality and scale of this problem. I feel that education is the key to informing women of factors in their lifestyle that would put them at increased risk. It was interesting to hear how others would interpret and deal with situations and feel this will help inform my practice.
Overall very informative.
Good luck all! (ODP)