

# Inter-professional education reflective



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This reflective essay on an inter-professional education course argues that, in this particular scenario, problem based learning in a multi-disciplinary student team provided lessons to take into the real clinical environment. The essay examines team work through following a chronological order of events. It then progresses to reflectively examine my individual role within the team by focusing on a specific aspect of the team project, namely the concept of change.

In the inter-professional education course run for postgraduate diploma students, the multi-disciplinary teams were each tasked with putting together a presentation on the application of ethics in clinical practice. My team was concentrating on the subject of non-maleficence. My team consisted of: two student midwives, two student mental health nurses and a student doctor. Task allocation within my team was executed on a job description basis rather than necessarily the best matched person for the task.

The doctor assumed the role of medic in the role play part of our presentation and the nurses each assumed their own roles and investigated non-maleficence in the context of their own professions. We were trying to simulate and learn about our job descriptions in the real clinical environment; however maximum learning would have been achieved by mixing and matching roles. In true interprofessional working, task allocation should not be carried out according to traditional job descriptions but rather according to the person with the necessary skills, tacit knowledge and temperament.

When our group of five was first formed, the team went through Tuckman's model: (Buchanan, 2010, p317) We formed by being polite with each other and spending more time introducing ourselves than focusing on the work as each person was keen to establish rapport and fit with the group over completion of the task. As we began to reach the stage of norming, we were not initiating ideas as a team. Antepohl (2003) points out that there is little empirical evidence that group brainstorming produces and better ideas than individuals.

Furthermore, by allowing smaller pairs to express themselves we took precautions to avoid group think (Buchanan, 1997). We reached the storming stage when the mental health nurse decided to change topics from inoculations which we had all agreed completed our research to communication within multi-disciplinary teams. The mental health nurse took this decision on the basis that he felt we had misunderstood the brief and had felt it was not enough to argue non-malificence within a clinical scenario but that we had to show how intergroup dynamics could contribute to malificence.

Following Driscoll's model of structured reflection, the specific concept of change will be reflected on, firstly in regards to the team's reaction to change and then an examination of my role and reaction to the change process. (Driscoll, 2000, p. 182) The team followed Kubler-Ross stages: (Kubler-Ross, 1970, p235) we went through anger, where we questioned the need for a leader. Duck (1981) argues that an allocated leader is required as without a leader, competition for control inevitably takes place.

Levin (2005) disagrees with this theory and points out that a leader is only required if the team can answer the question of what they would require the leader to do. Following Levin's (2005) line of thought, the situation could have been quelled if we had got the mental health nurse to present a paper outlining his pros and cons. After moving through the depression stage change was accepted. The mental health nurse was able to make a strong case that the team had misunderstood the brief. They would lose marks by not carrying out the extra required research under the short time period.

According to Levin (2005), successful negotiation involves not only the majority making decisions but additionally the minority being compliant. However Bland (1998) illustrates that innovation can only occur through conflict where the majority are persuaded by the minority. Therefore it could be said that Bland agrees with Tuckman that although norming and conformity may complete a task on mediocre terms, a team's full potential is reached via the storming stage as the conformity of norming does not produce a highly effective innovative team.

The main role I took in the team was that I was able through appreciative inquiry technique to convince the minority to comply with the change and help the team to complete the task successfully. I asked questions that focused the team on the positive outcome of giving a good presentation. Senge (1999) emphasises active listening as a tool to prevent domination of the team by an individual.

I actively listened by paying attention to the concerns of the two parties involved- the mental health nurse and the two midwives and then finding a

solution which showed that I had taken those viewpoints into account. By doing different role plays with an introduction and conclusion on the theme of non-malificence we were able to incorporate different case studies and research into the presentation. The outcome of our collaboration resulted in my team getting the top mark within our cohort.

By questioning our differing interpretations of the brief, we were able to demonstrate that we had actively listened to the client and we were able to present a united front which took into account individual's different viewpoints. From this simulated problem based interprofessional education exercise, I have learnt, through reflective means, as a future health care professional to endeavour to ensure I have a proper understanding of briefs or background information on patients, and to check that my interpretation of the information is the same as my multi-disciplinary colleagues.

In clinical practice, multi-disciplinary team ' storming' over caseloads can have positive outcomes, as it challenges the team to reflect on their viewpoints, methods and interpretation of the work. Finally, I have learnt that focusing on a positive goal and actively listening to other professionals and patients can result in a successful outcome.