Multidisciplinary learning in family planning clinics

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Key words  
inter-professional leaning, peer facilitation, staff development

Key message points

- Joint learning between clinical and non-clinical members of family planning teams is an acceptable and effective approach to staff development.
- Peer facilitation encourages learning in multidisciplinary workshops.

Introduction

Health care is increasingly provided by multidisciplinary teams, and multidisciplinary learning has been suggested as a means to encourage effective teamworking.1-3

Interdisciplinary collaboration is particularly important in family planning, where the roles of different staff groups often overlap. For example, doctors prescribe, nurses issue to protocols, and receptionists/administrators dispense contraceptives. This process requires close collaboration and an understanding of the roles of each team member by all of the others. This study was based on the premise that inter-disciplinary training for all staff groups would encourage such collaboration.

Joint training programmes for doctors and nurses have been shown to be effective and acceptable in family planning,2 but the involvement of non-clinical staff presents new challenges. Since there is no culture of continuing medical education, there is no systematic engagement in the day-to-day challenges of family planning clinic work and were therefore able to ensure that what was learnt was relevant to this work. All doctors and nurses, and the majority of receptionists and administrators, felt that their knowledge had increased as a result of the workshops (Table 2), and telephone interviews with the facilitators predicted an effect on their clinical practice (Table 3).

Evaluation

The programme was evaluated using a questionnaire documenting participants’ experience of learning in multidisciplinary teams, a pre- and post-workshop self-assessment of knowledge, a self-assessment of the predicted and actual effect of the workshop on clinical practice, and telephone interviews with the facilitators.

Results

Most participants felt comfortable learning in multidisciplinary groups (Table 1). It was generally perceived to be an advantage that facilitators were not ‘experts’ since this generated an informal atmosphere in which participants felt able to express their views. In addition, the facilitators were familiar with the day-to-day challenges of family planning clinic work and were able to ensure that what was learnt was relevant to this work. All doctors and nurses, and the majority of receptionists and administrators, felt that their knowledge had increased as a result of the workshop (Table 2), and telephone interviews with the facilitators predicted an effect on their clinical practice (Table 3).

Table 1 Positive/negative feelings in relation to learning in multidisciplinary teams

<table>
<thead>
<tr>
<th></th>
<th>Doctors (n=11)</th>
<th>Nurses (n=20)</th>
<th>Admin/Recep (n=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfortable</td>
<td>100%</td>
<td>89%</td>
<td>81%</td>
</tr>
<tr>
<td>Interested</td>
<td>75%</td>
<td>89%</td>
<td>94%</td>
</tr>
<tr>
<td>Confident</td>
<td>58%</td>
<td>32%</td>
<td>56%</td>
</tr>
<tr>
<td>Listened to</td>
<td>83%</td>
<td>84%</td>
<td>75%</td>
</tr>
<tr>
<td>Included</td>
<td>67%</td>
<td>74%</td>
<td>81%</td>
</tr>
<tr>
<td>Motivated</td>
<td>58%</td>
<td>74%</td>
<td>69%</td>
</tr>
<tr>
<td>Anxious</td>
<td>9%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bored</td>
<td>0</td>
<td>0</td>
<td>6%</td>
</tr>
<tr>
<td>Embarrassed</td>
<td>0</td>
<td>5%</td>
<td>0</td>
</tr>
<tr>
<td>Intimidated</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Uncomfortable</td>
<td>0</td>
<td>0</td>
<td>6%</td>
</tr>
<tr>
<td>Excluded</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Silenced</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

1-3
The telephone interviews with the facilitators were largely favourable. Six of the 12 had encountered no difficulties, whilst the remainder (including representatives from all disciplines) each reported that one member of the group had tended to dominate the rest.

Discussion
Our results show that peer facilitated multidisciplinary learning for clinical and non-clinical staff together is an acceptable form of staff training for family planning teams. Almost all staff felt comfortable in their learning groups and few reported feeling constrained by inter- or intra-disciplinary hierarchies. We feel that the exclusion of non-clinical staff from inter-disciplinary learning programmes represents a missed opportunity for the exchange of ideas between family planning clinic teams.

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Funding. The staff development workshops were funded by Community Health South London NHS Trust.
Competing interests. The authors were responsible for running the staff development programme.

References

Table 2  Average scores pre- and post-training for each staff group

<table>
<thead>
<tr>
<th>Staff group</th>
<th>Mean pre-training score (range)*</th>
<th>Mean post-training score (range)*</th>
<th>Average change +/- (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors/Nurses</td>
<td>45 (19 to 62)</td>
<td>57 (34 to 66)</td>
<td>+ 12 (+1 to +38)</td>
</tr>
<tr>
<td>Admin/Reception</td>
<td>46 (26 to 60)</td>
<td>54 (32 to 60)</td>
<td>+ 8.5 (-3 to +22)</td>
</tr>
</tbody>
</table>

* Maximum score for doctors/nurses was 70 and for receptionists/administrators was 60

Table 3  The effect of the workshops on clinical practice

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediately post-workshop n= 47 (100%)</td>
<td>85%</td>
<td>8.5%</td>
<td>6%</td>
</tr>
<tr>
<td>One month post-workshop n=33 (100%)*</td>
<td>64%</td>
<td>33%</td>
<td>3%</td>
</tr>
</tbody>
</table>

* This represents a 70% response rate from the 47 participants
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