Interprofessional Learning as a means of enhancing professional competence
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Prof.dr. Lars Owe Dahlgren
Linköping university
Karolinska Institute
“The variation is the clue to change”

Charles Darwin, 1859
Core characteristics of IPL

- Learning *from* others - additional and transformative learning. Extending and deepening knowledge
- Learning *about* others - transformative learning. Decentering from one’s own perspective
- Learning *together with* others - learning as social construction. Integrating cultures. Negotiating meanings, perspectives, priorities
The Linköping model of health care education

- Problem-based learning design
- Emphasis on prevention and care
- Integration of disciplines
- Integration of basic and applied elements
- Integration of professional role and scientific content
IPL at the Faculty of Health Sciences, Linköping university

- Health, ethics and learning 8 weeks Start
- Sexology 2 weeks. About halfway
- Students’ ward 2 weeks Final
Students’ ward. The first in the world 1996.

Aims.

- Training teamwork by taking on tasks in care, nursing and rehabilitation
- To give students insight into other professions
- Learning to identify patients’ needs
- Support students’ development of their professional role
Students’ ward cont.

- Orthopaedic clinic
- Medicine, nursing, biomedical analysis, physiotherapy, and occupational therapy
- Medical care, nursing, administration, medication, planning, training and rehabilitation
Organisation of students’ ward

- 8 beds: Hip fractures, hip- and knee joint replacement, amputations
- One house man, one nurse during daytime
- 1-2 med, 2-3 nurses, one biomed, ot, pt
- Student groups work in shift that overlap to permit reporting between shifts
Students’ tasks

- General tasks: Meals, bed making, hygiene
- Profession-specific tasks
Evaluation results

- Delegation - hierarchy
- Differentiation - division of labour
- Discussion - inventory of competence
General viewpoints

- Difficulties demonstrating one’s competence
- Curiosity about biomedicals
- Nurses often leaders
- Fun, stimulating and surprising
- Some students frustrated, ”cheap labour force”, ”irrelevant work tasks”
Figure 1. Questions of Interprofessional competence and medical skills directed to all newly examined and registered doctors in Sweden during a 5 year period, data from the Swedish Medical Association.