



AMEE 2004 Spotlight on Multiprofessional Education

There was plenty to satisfy delegates interested in multiprofessional education and collaborative working at the Association for Medical Education in Europe 2004 Conference, Edinburgh, UK. Some key issues were set out very clearly on the first morning when Joke Denekens, from Belgium, talked of how implementing interprofessional education (her preferred term, with acknowledgement to the UK Centre for the Advancement of Interprofessional Education) meant venturing into 'stormy seas'. She favoured starting early in the practitioners' learning career but not too early and reminded us of the importance of links between learning objectives and assessment of learning. The plenary was followed by a well attended symposium with formal contributions from Australia, Romania and the United Kingdom. These highlighted the pervasiveness of cultural and political challenges and drivers in health care sciences professional education, the diverse contexts in which interprofessional education is happening and the importance of faculty development for interprofessional teaching. We heard about the developing evidence base that can illustrate characteristics of interprofessional education leading to positive outcomes and show its effectiveness. Contributions from the audience on how interprofessional education happens in their setting and an energetic debate on assessment followed.

There was more - and it's still only the first day of the conference. On Monday afternoon a number of short communications focused our attention on the value of investigating students' views of interprofessional education, with research reports from Belgium, New Zealand, United Kingdom and United States of America. On Tuesday we heard papers on learning together to prepare for working together in an emergency ward (Sweden), neonatal intensive care (Australia) and with rural communities (Australia, United Kingdom). The assessment theme was also here with a report on an OSCE to test basic skills and to develop intercollegiate relations in nursing and medicine.

On Wednesday it was the turn of the posters. A large group gathered in the early morning, having sacrificed a leisurely breakfast in the pursuit of more enlightenment about what is happening in this increasingly popular education genre. They were not disappointed. The posters reflected previous themes, through interprofessional education and care initiatives in mental health, pain management, primary care, dentistry and rehabilitation. In many cases the interprofessional education is but a small part of the whole and its development is slow. Importantly it was good to hear that (mostly) evaluations of its effectiveness and impact are well thought out and findings carefully utilised.

This report has spotlighted work in sessions devoted to multiprofessional education but elsewhere at the conference there were messages about the value of learning together and logistics encountered when education is established for this purpose. To return to the opening session, Stewart Mennin's message was about how health care sciences students need to learn about the 'wholeness of the human experience', about collaborative work and to be prepared for working in complex settings. Ron Harden reminded us of the need to know what students are aiming for. Synthesising these

suggests to me that we should be aiming for interprofessionalism as an emergent property of today and tomorrow's practitioners. AMEE 2004 showed that the international community of health care science educators is ready to meet that challenge.

The report above is the wide prosaic view of multiprofessional education at AMEE in 2004. The view from the Fringe puts it in the limelight more poetically.

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Multi, inter, common, shared
oh, and there's also trans
professional or is it disciplinary?
This year we seem less and less obsessed
with what we call it
More and more we simply
and often very slowly, just
get on and do it
Internationally, thoughtfully, realistically
Repurposing curricula
Making sure of relevance
To all the learners' needs, with
case based,
work based,
problem based learning
Allowing lots of time for
social interaction, and
embedding education within
professional practice
Everyone has recognised
the problems and the challenges,
it's
policy driven,
culturally hindered and
an organisational
nightmare
Still, it's
evaluated carefully to
find the many positives. But
we should not be complacent
about the intention of the teacher
that all this active learning
will foster understanding
of the different contributions
to the patients' care.

References

Mennin S. (2004) Fragmentation and equity of access to learning: structures, pattern, process, *AMEE Conference Programme and Abstracts*

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