Hierarchies of evidence and hierarchies of education: Reflections on a multi-professional education initiative

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The experience of facilitating multiprofessional groups undertaking a research appraisal skills programme

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Aims of multiprofessional education include:

- increase interprofessional competence and understanding
- improve health and social care services
- reduce stress

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Aims of multiprofessional education include:

- facilitate the implementation of change
- counter professional fragmentation
- create a more flexible workforce

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But ‘the status and privileges enjoyed by doctors are not the same as those accorded to other health professionals, a factor that can sabotage full interdisciplinary collaboration [education]’

(Sheets Cook, 2002)

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- a hierarchy of evidence
- a hierarchy of educational backgrounds (Sheets Cook, 2002) and an ‘acute power gradient’ between doctors and nurses (Paley, 2002:28)
- complex dynamics within the teaching situation - ‘teaching up’

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Aims of course organisers

1. To assess whether clinicians and managers can use sound research evidence to change their practice

2. To explore the reality of multidisciplinary teamwork within defined clinical areas

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Aims of course organisers

3. To assess the likely benefits and barriers to the use of research findings in different clinical settings

4. To foster an evidence-based culture within the organisation

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- Required multiprofessional ‘teams’ to work together over a six month period on an evidence based change within their clinical area
- six day-long workshops throughout the six month period
- presentation of their implementation plan
- follow up workshop six months later

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Teams generally involved doctors (including hospital consultants), nurses, occupational therapists, dieticians, psychologists and physiotherapists

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For most of the staff this was their first experience of a learning situation alongside, and on an ostensibly ‘equal footing’, with medical staff. Where groups contained medical staff, they were invariably expected to take the lead in all aspects of the evidence-based process.

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Differences in educational exposure were at their most apparent when the session concerned quantitative data. Many nurses appeared to have a particular horror of numbers.

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Medical staff were harder to convince about the merits of qualitative research, which was easily dismissable as ‘non-science’.

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Conclusion

Classroom dynamics, in particular preparing teachers to ‘teach up’, needs discussion to enable multiprofessional EBP initiatives to succeed.