Competitions of this type were first held at the University of British Columbia in Canada over 25 years ago, and an Australian version has been running since 2007 at the University of Queensland. In 2012, for the first time, the Australian Health Fusion Team Challenge (Oz HFTC) invited teams from New Zealand to compete in the competition. Two Kiwi teams entered the competition: a group of students training at Canterbury District Health Board (which I was a part of) and another team from Auckland University of Technology.

Our team consisted of students from medicine, nursing, social work, physiotherapy and speech language therapy, as well as a mentor to guide us along the way. We were given the above case of Mrs W, with information about her medical history, medications, home and financial situation, information about her activities of daily living and social life. As a team, we outlined some short, medium and longer term goals for the patient and her family. We had a strong focus on making our plan holistic and chose to utilise the Whare Tapa Wha model to create a plan addressing all aspects of the patient's wellbeing.

After a series of meetings and email discussions, we flew to Brisbane to compete in the Oz HFTC. For the New Zealand teams it was our first exposure to the challenge, whereas some of the Australian universities have been competing in the event for many years now. It was interesting to see how the various teams tackled the issue and it was clear that some teams had had serious coaching for the event. While our team received praise for a holistic plan that discussed the palliative nature of the case, we did not progress through to the final round. However, we were happy with our overall performance, had a great time, and learnt a lot from the entire competition.

Figure 1 (above): The Canterbury District Health Board team pose for a photo after their presentation in Brisbane.

The aspect of this event that I enjoyed the most was that it offered the chance to work within a multi-disciplinary team. I enjoyed interacting with the other students and discussing what they do in their professions. The overall process gave me a better appreciation for how all our contributions can work together to provide optimal health outcomes for patients. The Challenge also made me think more about my role as a doctor within the multi-disciplinary team. We are the principal carer of the patient and in this role we need to provide leadership to the team of professionals we are working with. On reflection, I feel that my participation in this exercise has helped me be confident and proactive about engaging with other health professions in my new role as a House Officer.

The Health Fusion Team Challenge is an excellent way to meet people outside of the medical school bubble, develop some vital skills that will be useful in your future career, learn more about how the multi-disciplinary team works, and have some fun along the way. The Challenge has been rebranded as the Trans Tasman Health Fusion Team Challenge and will take place again in late August 2013. I would love to see teams from each of New Zealand's four main centres competing. If you are interested in starting something at your school, then please get in touch with me at mariam.parwaiz@gmail.com. You can also find out more about the Health Fusion Team Challenge here: http://www.healthfusionteamchallenge.com/

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FEATURE : OPINION PIECE

We're all in this together: a personal view on interprofessional learning

Yassar Alamri

Interprofessional learning (IPL) can be defined as the experience gained from the interaction of members or students of two or more health professions, which can arise from interprofessional education or as a result of working at the same place.[1] Every year, thousands of students join various professional health courses. Each student comes with their own attitude on their chosen course, and their preconceived views on other professional health sectors.[2-4] Hence, there has been an increasing demand to include an element of interprofessional learning in the education systems of many health science organisations worldwide.

I have found the experience of IPL at the University of Otago, New Zealand to be both interesting and novel. Third-year medical students were introduced to IPL through a four-week block within the 'Healthcare in the community' course. Students were scheduled to meet, interview and work with various professionals, including nurses, physiotherapists, dentists, social workers and even some complementary and alternative medical practitioners. I discovered practice nurses who solely run diabetes clinics and general practitioners who collaborate together with physiotherapists as primary health providers. Somewhat to my surprise, the IPL course has genuinely increased my awareness of interprofessional understanding and teamwork.

This positive exposure to IPL was made all the more interesting for me due to its stark contrasts to my home country of Saudi Arabia. The Saudi Arabian healthcare system is still, unfortunately, highly regimented and hierarchical; a large number of doctors still see themselves as superior to the rest of the healthcare workers. However, whether it is the 'vast' knowledge they have, or the paycheck they get, or the pride of decision-making, these are not legitimate reasons for superiority. Simply put, as we are becoming increasingly aware in Australia and New Zealand, nurses sometimes know more than doctors, dentists often earn more than many doctors do, and politicians make decisions that are more influential on the health of the community than doctors. Doctors play a critical part in the healthcare system, but they are just a small part of it. It may be very easy for New Zealand and Australian students to take IPL and its benefits for granted, and to dismiss IPL course content as superfluous and inane.

Previous exposure to a country without a practical interprofessional culture may cause some health professionals to change their attitude, and value the spirit that has started to develop here. It is documented that some health professionals express discomfort and resistance when asked to work with other health professionals. *Anderson et al* reported in their study which looked at medical students' reactions to uni- and inter- professional care for patients, that students initially felt uneasy with the idea of working with members of other health professions. However, with time, students reported that this uneasiness turned into an improved learning experience when working interprofessionally.[5] Compared to the uni-professional group, the students in the interprofessional group were shown to have developed skills to deal with the demands of new learning environments, and to have enhanced confidence in dealing with patients.

Similarly, educators find it somewhat difficult to deal with group interactions in interprofessional groups. Some research papers have reported 'facilitator burn out'! It is now suggested that only experienced educators with excellent facilitation skills should manage such interprofessional groups. A regular rotation of facilitator staff should be in place in advance to avoid previously mentioned 'facilitator burn out'.[5,6]

Moreover, the exact timing of introducing the IPL concept into the medical curriculum has been widely debated. Some have suggested that the earlier the students are made aware of other professional roles, the easier it is for students to grasp the concept of interprofessionalism. The rationale behind the early introduction of IPL is to 'get ahead' of negative preconceptions about other professions which may develop later in their careers. Conversely, some have argued that such students lack a firm understanding of their own professional role, and hence introducing other professional roles may be more of a distraction than an asset. Evidence to support either argument is lacking, but a midway approach of early introduction to other professions while emphasising students' own roles seems to be an intuitively sensible approach.[7]

The undergraduate medical community has welcomed the concept of IPL with much enthusiasm; however, research on the topic has not matched this interest. There are still many areas of interprofessionalism that should be explored. Does IPL differ on wards from in classes? Should more allied-health professions, such as dentists, speech language therapists, and physician assistants, be included in a curriculum that involves IPL? How do various types of IPL enhance or weaken the concept of having a 'team leader' when looking after a patient? These are only some of the questions that need to be answered before a proper comprehensive curriculum can be developed.[8,9]

In conclusion, it is important that we continue to shift the patient healthcare paradigm from a hierarchy pyramid to an all-inclusive model. In this way, each member of an interprofessional team can take authority in what he or she is best at. This begins with medical education. This is the view that I intend to carry back to my home country upon graduation.

REFERENCES

1. University of Otago.
The Interprofessional Learning: Healthcare in the community [booklet].
University of Otago; 2009.

2. Freeth D.
Sustaining interprofessional collaboration.
J Interprof Care 2001;15(1):37-46.

3. Lindqvist S, Duncan A, Shepstone L, et al.
Case-based learning in cross-professional groups: The development of a pre-registration interprofessional learning programme.
J Interprof Care 2005;19(5):509-20.

4. Alamri Y.
Interprofessional Learning Integrated into Medical School Curriculum: Experience from the University of Otago, New Zealand.
The Lancet Student. Available from: http://www.thelancetstudent.com/2010/04/02/interprofessional-learning-integrated-into-medical-school-curriculum/

5. Anderson E, Thorpe L, Heney D, et al.
Medical students benefit from learning about patient safety in an interprofessional team.
Med Educ 2009;43(6):542-52.

6. Reeves S, Freeth D, McCrorie P, et al.
`It teaches you what to expect in future…': Interprofessional learning on a training ward for medical, nursing, occupational therapy and physiotherapy students.
Med Educ 2002;36:337–44.

7. Horsburgh M, Lamdin R, Williamson E.
Multiprofessional learning: The attitudes of medical, nursing and pharmacy students to shared learning.
Med Educ 2001;35:876–83.

8. Mattick K, Bligh J.
Interprofessional learning involving medical students or doctors.
Med Educ 2003;37:1008–11.

9. Ker J, Mole L, Bradley P.
Early introduction to interprofessional learning: A simulated ward environment.
Med Educ 2003;37:248–55.