

Multidisciplinary Education:
Learning together, working together

Overview

.A model of multidisciplinary professional development for health professionals in rural areas of Canterbury

Pegasus Health

Small Group Education

- .Contracted by CDHB to provide CME for primary care teams
- .Six education topics per year
- .Based on evidence based medicine
- .Developed by Clinical Quality and Education (CQE) Team
 - with external clinical input from relevant experts
- .Topics delivered by peers in small groups

Philosophy and hypothesis

“The promotion of best clinical practice with optimal and ethical use of finite resources”

“Doctors will practice rationally if given independent evidence, feedback, the opportunity to discuss with peers and appropriate incentives”


Underlying principles

- .Peer led – discussion, comparison of practice
- .To promote evidence-informed best practice
- .Current, topical issues
- .Independent

Primary care team focus



Education themes

- .Supporting best practice
 - .Addressing polypharmacy
 - .Understanding variation in practice
 - .Encouraging shared decision making
 - .Considering health literacy
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Expansion of Programme

- | | |
|------------------------|------|
| •General Practitioners | 1992 |
| •Practice Nurses | 1998 |
| •Community Pharmacists | 2010 |
| •Nurse Practitioners | 2016 |

Multidisciplinary Education

- .First established in Oxford
- .Expanded to 4 other rural settings:
 - Kaikoura
 - Hanmer Springs
 - Amberley/Cheviot
 - Methven

All participants receive multidisciplinary

Survey

.Survey of 14 regular attendees of the Oxford Small Group in August 2016

.Designed to elicit:

- effect of the MDT format on collaborative working and patient care
- whether access to CME had improved

Results

.86% response rate (12/14)

.Overall MDT worked very well

Key benefits

- Consistent messages
- Improved relationships
- Better patient centred decisions
- Positive changes in practice
- Good team work
- Improved access to CME

Potential barriers

- More information specific to discipline
- Inward looking without exposure to fresh ideas
- Individual voice may not be heard

Conclusions

- .Programme is breaking new ground

- providing evidence-based CME for health practitioners in MDT setting

- .The MDT format has been formalised

- to ensure quality, consistency and relevance for all disciplines

- .Small group leaders have been trained for MDT meetings

