Exploring health-care provider experiences and attitudes towards inter-professional education in Myanmar through semi-structured surveys and focus groups

J Burgess-Shannon¹, M Wootton², J Bowyer², S Taylor², J Halbert²

¹ Royal College of Paediatrics and Child Health, Global Links Volunteer, London, United Kingdom

² Royal College of Paediatrics and Child Health, Department of Global Health, London, United Kingdom

Background: Inter-professional (IP) education encourages communication and teamwork between healthcare providers, preparing them for collaborative practice.^{1,2} The Emergency Paediatric Care Programme (EPCP) aims to improve paediatric care at district hospitals in Myanmar through training and quality improvement initiatives. It encourages practitioners of different professions to learn together on courses taught by an IP faculty. Our **aim** was to explore the experience and attitudes of doctors and nurses in EPCP participating hospitals to IP education.

Methods: We conducted a survey of participants at two EPCP courses exploring their prior experiences and attitudes towards IP learning. This was repeated on course completion to explore changes in attitude after learning in an IP environment for a period of 5 days. These topics were further explored in audio-recorded focus groups at one hospital.

Results: 43 participants completed the pre-course survey, and 46 responded post-course. 63% were doctors, 35% nurses and 2% did not disclose their staff group. 49% of respondents had no prior experience of multi-disciplinary training, and only 2% had regular monthly IP training as highlighted in **figure 1**. Doctors were more likely than nurses to have had prior exposure to IP education as shown in **figures 2 and 3**.

Despite lack of previous experience, 95% of respondents felt IP education was very important, with a need for regular practice, rising to 98% on course completion as illustrated in **figure 4**. Prior to the course, 88% of candidates expressed that IP training was something they enjoyed, rising to 96% on completion as shown in **figure 5**.

Both focus groups, comprising of 6 nurses and a separate group of 4 doctors, echoed this enthusiasm for IP training, despite a lack of prior experience.

Nursing staff had experience of being taught by doctors during their undergraduate training, but they had never trained alongside doctors outside of EPCP. Doctors had occasional experience of local educational meetings attended by both doctors and nurses but no experience of training together on formal courses besides EPCP, and no experience of being taught by nurses. Both groups expressed that training together was beneficial as it reflects real life practice and provides an opportunity for staff to learn from one another. They both felt there were times when they should be educated separately – particularly when the subject concerned is specific to their responsibilities and role.

Comments from focus groups:

'nurses can practice together with the doctors so it will be in the same environment in future'
'we can share all of our experience in that time and also knowledge we can take from the other peoples'

In Myanmar junior doctors and nurses rotate through paediatrics every 3-6 months. Our focus groups identified this as a challenge for training. It was felt that individual staff benefited from regular rotation as they obtained *'more knowledge and experience of each speciality'*. However, the regular loss of skilled staff from the department was felt to be a significant challenge – staggered changeover days, with longer rotations for a minimum of 6 months was thought to be preferable.

Conclusions: We would suggest that whilst IP education is not yet widely utilised in Myanmar further incorporation into medical training would be beneficial and welcomed by practitioners. Our experience also suggests that focus groups provide a feasible and valuable method for exploring attitudes of healthcare professionals in Myanmar.

Figure 1: Prior experience of IP education

Figure 2: Nurses' prior experience of IP education

Figure 3: Doctors' prior experience of IP education

Figure 4: importance of IP training by staff group

Figure 5: enjoyment of IP training by staff group

¹ Canadian Interprofessional Health Collaborative (2010) A National Inter-professional Competency Framework. Available at: <http://www.cihc.ca> [Accessed 6th Oct 2018]

² Gilbert JH, Yan J, Hoffman SJ. A WHO report: framework for action on interprofessional education and collaborative practice. J Allied Health. 2010 Fall; 39 (sup 1): 196-7.