

BOX 4

SSC on multidisciplinary teamworking: an example from the University of Edinburgh

- **Learning outcomes** – to gain an understanding of:
 - the care team in a broad view
 - how an individual should integrate to form an effective team
 - how problems may arise within a team and strategies to resolve them
- **Organisation of SSC** – in their third year, students self-propose and organize a short attachment to non-intrusively shadow, a member of the care team who is not a doctor; students are well supported by the faculty course organizer with information on previous placements and contact details.
- **Defining the care team** – this is in the broadest sense;
 - obvious include opportunities lie in hospitals and surgeries, including the nursing staff, receptionist, pharmacist, physio- and occupational therapist (Fletcher & Agier, 1995)
 - less obvious are the chaplain, porter, and social worker
 - broadest view is encouraged, and includes the community police officer, prison nurse, complementary medicine practitioner, medical lawyer, medical administrator or policy developer, funeral director, and lifeboat and mountain rescue services.
- **The task** - The student analyses the professional's teamwork skills, and how these are used within both their immediate and wider care team, and how the individual and team interact with medicine.
- **Assessment** - students are assessed on both a brief report and a short presentation to a faculty-moderated small student group, addressing the learning outcomes stated above, and exchanging insight.
- **Additional and unforeseen benefits** – This initiative has received almost universal encouragement and feedback from the professional being shadowed, who are delighted that medical students are gaining insight into what they do at an early stage; it provides an enlightening experience that widens the student's horizons, often for them in unexpected ways.

(University of Edinburgh MB ChB website)