

# Medical student reflections on interprofessional education

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## Dear editor

We thank Safabakhsh et al<sup>1</sup> for their thought-provoking article on interprofessional education (IPE), a topic that we do not believe receives enough attention in medical literature. As medical students who have recently undertaken an IPE module at King's College London, we believe we are well placed to comment on this paper and how it relates to our experiences at medical school. We wholeheartedly agree with Safabakhsh et al's<sup>1</sup> idea that good IPE is essential for patient care and that a clear framework, such as that set out in the paper, can help achieve this.

However, we disagree with one phrase in particular from the original article: that if team members "know their responsibilities well, they [can] make fewer mistakes than others."<sup>1</sup> We believe this misses the point of teamwork, and makes it seem like the goal is to avoid individual blame rather than work together to ensure the best possible level of care for the patient. The "Swiss cheese model" was built to highlight this idea that individual mistakes are inevitable,<sup>2</sup> and the only way to avoid poor patient outcomes is for each individual to know how they fit into the bigger picture so that individual mistakes are compensated for. We must be careful to ensure that our attitudes do not encourage defensive practice, and instead promote a multidisciplinary approach to avoiding errors.

In our experience, engaging in IPE workshops – rather than just attending – has helped us to envision ourselves as part of the bigger picture, thereby helping us to identify weaknesses within the system as well as potential ways to improve our team communication. Seeing ourselves as part of the team has also made these exercises much more motivating and stimulating. This is especially important given that a review found low motivation to be one of the four factors that contribute to low empathy during medical school.<sup>3</sup>

IPE is a vital piece of the curriculum that unfortunately does not get much attention at medical school, often resulting in an unstructured approach. We hope that more frameworks, such as that presented in the article by Safabakhsh et al,<sup>1</sup> encourages a more systematic approach to IPE so that more of us can act as productive members of the team for the benefit of the patient.

## Disclosure

The authors report no conflicts of interest in this communication.

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