Interprofessional student-led clinics have recently been established to extend educational capacity beyond traditional single-discipline placements in the acute sector and to facilitate the development of a collaborative approach to health care. Although student satisfaction with interprofessional education (IPE) is common, it is unclear whether IPE improves chronic disease management, a global priority of health care practice. This study explored the impact of interprofessional student-led clinics on chronic disease management in the primary care setting.

Patients (n = 44) with chronic disease at a primary care practice in Melbourne were invited to attend a student-led interprofessional clinic made up of senior university student volunteers from medicine, nursing, occupational therapy, pharmacy and physiotherapy. In a one-hour consultation between May and September 2014, mixed-discipline student teams interviewed patients to explore their perceived health issues, review medications and make recommendations to the treating general practitioner. Postconsultation, health issues identified by students were analysed to determine if any new health concerns had been identified. At 6-week follow-up, patient files were audited and GPs consulted to determine whether the students’ recommendations had been implemented.

New health issues were identified in five patients. Medication modifications were suggested for 17 patients, of which action was undertaken for 12 patients at follow-up. Referrals for additional services or support were recommended for 29 patients, of which action was undertaken for nine patients at follow-up. Referral recommendations included physiotherapy, podiatry and diabetes education, and new preventive health approaches were commonly adopted.

“The ability of student teams to identify previously unknown health issues and propose useful health management changes highlights the potential of interprofessional education to improve the management of patients with chronic disease”

The ability of student teams to identify previously unknown health issues and propose useful health management changes highlights the potential of IPE to improve the management of patients with chronic disease. Findings from this study resonate with previous literature which suggests IPE can lead to improved patient health management. Over time, GPs acquire a breadth of knowledge about their patients’ health, but student teams in this study only had a single consultation with each patient. Longitudinal exposure to interprofessional consultations may facilitate students to evaluate and further refine their health management recommendations.

This study builds upon the literature examining chronic disease management by interprofessional student teams in primary care. The use of outcome measures such as health issues, medication and referral recommendations facilitated an objective assessment of health management changes. Limitations of this study are that all participants were volunteers and a comparison group was not employed. There is also the potential for experimenter bias, as one of the authors (M D) was a treating GP for some of the patients in the study. Employing a random sample of patients in future studies is recommended.

Positive early findings suggest further investigation of the potential of interprofessional student-led clinics to improve health care management for patients with chronic disease is warranted.

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