Learning for interprofessional practice: identifying interprofessional capabilities and cultures (0170)

Moira Lewitt, Beth Cross, Louisa Sheward, Pauline Beirne
University of the West of Scotland, UK

Background

Interprofessional education (IPE) is defined as occurring "when two or more professions learn with, from and about each other to improve collaboration and the quality of care" (CAIPE 2002). On the assumption that IPE will lead to collaborative approaches in practice, interprofessional learning opportunities in health and social care higher education programmes have been made a requirement by professional organisations and regulatory bodies. The Scottish Government (2012) has stated that in "*building a competent workforce to promote children and young people's wellbeing*" it is "*committed to continuing individual learning and development and improvement of interprofessional practice*". However, on reviewing the literature, the challenges of learning for interprofessional practice have been essentially unchanged for fifty years and the evidence IPE has impact on longer-term health care outcomes is not strong (Reeves et al. 2008). It is important to be aware of this gap in the evidence base when designing student-learning experiences.

Aim and Methodology

The aim of this project was to explore definitions and meaning of key concepts in interprofessional learning to make recommendations for curriculum development in higher education. An interdisciplinary research methodology (Repko 2008) was used, with literature reviews and audio-recorded interviews and interdisciplinary group discussions undertaken in iterative cycles. In addition to the researchers, 14 policy makers, managers and academics from different practice and disciplinary backgrounds participated. Images were used to facilitate discussions. Ideas were also communicated with a group of participants in a performance setting that generated further exploration of potential educational frameworks and promoted networking. In this paper we present the key themes emerging from the interviews and recommendations for developing approaches to interprofessional learning for health and social care.

Results

Emerging strongly from the interviews was the identification of key interprofessional competencies and capabilities, along with organisational barriers and facilitators to collaborative working.

Interprofessional working requires more flexible development of professional identities throughout the higher education experience, with more flexible approaches to the conceptualisation and solving of problems based in an appreciation of complexity.

> *"The innovations and the solutions come from unexpected parts of the system" (Social Work Sector)*

Organisational culture in health and social care settings today was seen as a barrier.

". . . recognising who's good and who can do things . . not expecting everyone just to do the exact same . . .using individual practitioners more creatively. Our organisation structures don't allow us to do that so there is this sort of balance between having absolute chaos . . .having everybody run around doing what they like within communities, to being more creative around about that . . .we haven't quite found a way to work together within the tolerance of good governance versus working with a risk management framework"
(Health Sector)

"People need permission to expand and to be challenged by different ways of thinking"   (Higher Education Sector)

The timing and pace of learning was considered of key importance in supporting development of a core professional identity that has the basis to engage interprofessionally. There was often a focus on the skills of individual practitioners and their interaction with others rather than on working across discipline or professional boundaries.

". . . I think it's part of becoming an interdisciplinary-minded person . . . if we're supporting that type of thing then we'll be producing practitioners that are able to engage with service users"   (Higher Education Sector)

As a group practitioners were hesitant to comment on higher education stating that they did not feel close enough to higher education and some indicated that there was an element of "snobbery" in universities that was a barrier to collaboration in research and education. Those from the higher education sector wondered whether this reflected that universities are disconnected from practice or are not seen to be giving competent support to practice. There was a general consensus that the gap between higher education and practice is too wide and that educational strategies should be better integrated with practice in order to keep pace with both the policy and technological changes.

". . . there's a lag between policy being made and adopted by higher education"
(Health Sector)

Few interviewees used the term interprofessional when talking about learning for collaborative practice, unless the term was introduced by the researcher. The literature suggests that language may also be an important barrier to developing educational strategies to support interprofessional practice (Gilbert 2005). It has been proposed that the three prepositions in the CAIPE IPE definition *with*, *from* and *about*, be used in a taxonomy that guides the design of learning experiences on a continuum of simple to complex (Bainbridge and Wood 2013). In such a framework individual educational "interventions" that support interprofessional practice may not each individually meet the IPE definition.

Conclusions

Taken together with the literature, current usage of IPE terminology may be a barrier to developing a learning environment that takes into account the breadth

of interprofessional capabilities. Responding to calls to develop IPE without taking into account a wider framework is inherently risky.

Development of educational strategies within higher education contexts should take into account that there are different contexts of interprofessional practice and collaboration in its development and should include service users and practitioners. There should be a focus on capabilities as well as competencies for working across and between disciplines and professions and on creating a framework which individual practitioners, educators and organisations can use as a developmental tool.

Arts-based approaches are helpful in facilitating interprofessional conversations; and an interdisciplinary research design is well suited to developing approaches to interprofessional learning and practice.

References

Bainbridge L, Wood V (2013) The power of prepositions: A taxonomy for interprofessional education. Journal of Interprofessional Care 27(2):131-136

CAIPE (2002) Interprofessional Education: The definition. Retrieved 20 June 2015, from http://caipe.org.uk/resources/defining-ipe/

Gilbert JH (2005) Interprofessional learning and higher education structural barriers. Journal of Interprofessional Care 19&Suppl&1:87-106

Reeves S, Zwarenstein M, Goldman J, Barr H, Freeth D, Hammick M and Koppel I (2008) Interprofessional! education: effects on professional practice and health care outcomes. Cochrane Database of Systematic Reviews (1):CD002213

Repko (2008) Interdisciplinary research; process and theory. Sage Publications, ISBN 978-1-4129-5915-9

The Scottish Government (2012) Common core of skills, knowledge & understanding and values for the "children's workforce" in Scotland. Retrieved 20 June 2015 from http://www.gov.scot/Publications/2012/06/5565