

Leadership in Interprofessional Education

The development of interprofessional education (IPE) in today's health and social care education programmes remains a challenge. This is because the educational research and academic scholarship to ensure IPE holds its ground on the curriculum map, is in its infancy.

Educational leadership in IPE through critical analysis and reflection remains essential if we are to see this body of knowledge attain its rightful place in the curriculum of professions who service the interests of public health and well being. We are working towards a goal where, just as the idea that many natural sciences underpin health and social care is accepted, interprofessional learning for capability in practice will be uncontested. In this way IPE will be sustained during any curriculum review.

Developing the Interprofessional Curriculum

Writers throughout the interprofessional global family are beginning to reflect on over 10 years of sustained work which has led to the delivery of IPE in the majority of health and social care curriculum in Europe, Australasia, and North America. In addition we are seeing a parallel growth in interest in IPE in related professions such as policing, scientists, teachers and youth workers and many more. This is reflected in the growth of organisations who have worked to ensure these developments including:

AIPPEN Australasian Interprofessional Practice and Education Network

CAIPE Centre for the Advancement of Interprofessional Education, UK

CIHC Canadian Interprofessional Health Collaborative

EIPEN European Interprofessional Education Network.

Recently the World Health Organisation, in partnership with these global IPE networks produced a framework to endorse and to ensure IPE remains an integral part of any practitioner preparation for work in professions who promote and the wellbeing of any population (WHO, 2010). However this important framework for action arrives for the globally developed nations at a time of financial uncertainty, where frontline health and social care practitioners work in ever more fragmented teams and have less time to collaborate than ever before.

What we note here are some pointers for moving forward.

How to Sustain an IPE curriculum

It only seems right that students should learn how to deliver their particular aspects of care and well being with their peers from other professions, with whom they will work in the future. Evidence is emerging to highlight that such learning brings a deeper understanding of the realities of working in the relevant public services.

We envisage that there are stages of development for any IPE curriculum from early experimentation of small projects, to integration into a theme or strand, which runs throughout the curriculum and is integrated. Students should recognise IPE as another core component of becoming a professional practitioner. In addition they should perceive and understand a learning journey on which they develop their knowledge, skills and attitudes towards becoming a competent practitioner able to reflect annually on their development towards becoming proficient.

We have written about aspects of change which should take place towards ensuring IPE has a strong foothold in any IPE curriculum (Hammick and Anderson 2009). In particular;

Reformation: There are many areas within a curriculum which can be reformed and improved through introducing IPE, for example, the area of communication skills. In addition to learning basic skills on how to communicate with patients/service users or clients relating to a chosen profession, future practitioners need to know how to exchange information with each other to foster effective communication between peers. In this way an extension to the curriculum can be made. Please see the work we share on TIGER referred to as the 'Listening Project' [PLEASE INSERT LINK HERE](#).

It also follows that safeguarding the public remains an essential component of profession specific learning that should be combined with interprofessional reflection. This is because many professionals interact with individuals and it is in the sharing of information, the development of open cultures for speaking out that individuals within practice teams become safe practitioners. Patient safety makes for an excellent area for curriculum reformation. Please see the work we share on TIGER, on patient safety: [INSERT LINK HERE](#).

Addition: Any IPE curriculum will need to develop new learning. For example, underlying theory relating to social and psychological principles of team working and what is meant by

collaborative practice. In some professions this content may not exist within the profession specific curriculum. We advocate that these additions should be approached sensitively to ensure the balance between learning to be a particular professional practitioner and learning to be interprofessional. When considering aspects of safe-guarding the general public we endorse the work of Meads and Ascroft (2005) who suggest future practitioner should be prepared for interprofessional accountability in joint working in namely; *risk assessment*; *performance management* and evidence for *quality improvements*.

The Assessment Challenge

There is a lack of consensus on how to measure and assess interprofessional competence and there is a lack of understanding about what are the knowledge, skills and attitudes for competent IPE practice. Very little has yet been written about what should be assessed and how we should assess a student's progression towards becoming a truly interprofessional practitioner capable of team working and collaborative practice. Unless IPE is formally assessed and the assessment is agreed by curriculum committees and written into the relevant course documents for the curriculum, students will not value this learning. The leading work of the CIHC and the International IP Competency Working Group is likely to help overcome some of these challenges. It then follows that leaders in IPE need to take forward work on external examiner review of interprofessional assessments and a robust system of expert review of the IPE curriculum. [INSERT LINK Our IPE Portfolio of Professional Competence.](#)

A Check List for any Leader of an IPE Programme:

- Agreement from the Head of Schools and faculty members concerning an interprofessional education strategy
- An IPE strategy document exists and is shared by all the professions whose students will learn together
- There is a clear agreement on the disaggregation of funds from core curriculum to support IPE
- There a clear statement of how IPE is mapped throughout the core curriculum and this is in the student handbook about the course/programme
- IPE is presented during induction weeks as part of the entire curriculum so that students can recognise its value
- There is agreement on how IPE will be assessed and where possible these methods align across the different professions
- There is a clear quality control system for IPE in which robust evaluation is fed back annually through educational reviews including reports from external examiners

- Partnerships exist with local health and social care and other organisations for the delivery of interprofessional learning in practice
- Partnerships in IPE design should include the students voice and the users voice
- IPE leaders need skills in leading people who are pulled out of their comfort zones and can challenge the very core of worthiness for IPE (Anderson *et al* 2011). This includes developing a culture of openness and sharing which mimics what we hope to see in the practice arenas. In addition having the conviction to challenge long held views about what the curriculum is and is not.

Scholarship within IPE

Time to step away from the annual cycle of the academic year and review the progression of IPE within curriculum for the public service professions often eludes many busy IPE leaders. If we believe that improvements in health and well-being services for any population depend upon staff prepared to and able to combine profession specific learning with being interprofessional then more joined up thinking by these leaders nationally and internationally is required. This might be enabled through dedicated research units.

We propose that these are some of the core questions that require to be addressed through scholarly debate and the rigorous collection of evidence:

- More research on team working in practice that can clearly identify the types of education required to produce the next generation of health and social care practitioners. The aim here is to close the loop between practice and education.
- More evidence about the theoretical underpinnings of IPE
- More evidence about which teaching methods and curriculum maps produce positive learning outcomes. In other words looking for the best of the best.
- Greater understanding of the interface and balance of learning from pre-registration to post-registration and into life-long learning
- How to integrate and balance IPE within core curriculum
- How students make meaning about team working and collaborative practice when in practice environment (theory-practice gap)
- How to assess IPE and ensure that no profession is allowed to progress onto their professional register of practice without having been assessed as having the knowledge, skills and attitudes to work interprofessionally and collaboratively
- More evidence about safety in practice and how IPE will enhance this
- Greater appreciation of the benefits of IPE educators within any faculty for driving quality teaching and learning (Anderson & Thorpe, 2010)
- Agreement on the components of competence internationally

References

Anderson, ES. & Thorpe, LN. (2010). Interprofessional Educator Ambassadors: An empirical study of motivation and added value. *e-Medical Teacher*, 32, e492–e500.

Anderson, ES., Thorpe, LN. & Hammick, M. (2011). Interprofessional Staff Development: changing attitudes and winning hearts and minds. *Journal of Interprofessional Care*, 25, 11-17.

WHO (2010). Framework for Action on Interprofessional Education & Collaborative practice. Geneva, World Health Organisation.

Hammick, M. & Anderson, ES. (2009) *Sustaining Interprofessional Education in Professional Award Programmes*. Chapter 11, pp 202-226. In: Bluteau, P & Jackson, A. (2009) *Interprofessional Education. Making it Happen*. Basingstoke, Palgrave Macmillan.

Meads, G. & Ascroft. J. (2005). *The Case for Interprofessional Collaboration in Health and Social Care*. ED. G. Meads & J. Ascroft. Oxford: Blackwell Publishing Ltd.