

Principles of Interprofessional Education: The University of Leicester, De Montfort University and The University of Northampton

To realise our original vision for undergraduate/pre-registration IPE a strategy was required. The strategy established a partnership between The University of Leicester, De Montfort University and the University of Northampton to prepare a wide range of health and social care students with interprofessional knowledge and skills, relevant for working in the modern health and social care workplace settings. The goal was to prepare future health and social care professionals to work in effective multi-disciplinary teams. The learning about and experiencing the complexities of team working were embedded within respective health and social care curricula. The on-going realisation of the strategy forges closer working relationships between Higher Education Institutions (HEI's) and the National Health Service (NHS) Trusts, Social Care Organisations and the voluntary sector within the UK.

One of the key features of our strategy was to develop clinical tutors (facilitators), across the health and social care disciplines, with the capacity to deliver interprofessional learning in a wide range of community and hospital settings. These tutors were perceived as champions for interprofessional learning and support, to propel new service developments based on interprofessional values. The establishment and fulfilment of the strategy had the full support of the local health and social care government body and each the relevant Deans within each University.

Overarching Principles

All our materials in this repository, whether for shared or interprofessional education consider:

- The central place of patients/service users in the learning
- Involve a wide range of stakeholders in the design and development of learning to ensure creativity and high quality for learning
- Aim to dismantle professional mystique
- Consider theory and underpinning evidence relating to the context of learning
- Considers the continuum of IPE from pre-registration level and into lifelong learning
- Recognises the World Health Organisations Framework for Interprofessional Education.

The Three Strand Model Principles

The strategy recognises the work of the UK Centre for the Advancement of Interprofessional Education (CAIPE) where clear directives on definitions, content and principles have been debated in academic and professional arenas.

- **Adult learning theories**

Our strategy pre-supposes learning which relates to a mature person who can self-direct, draw upon life experience, is ready and prepared for learning, driven to want to learn and enjoys solving problems. These are many of the constituents of adult learning theories.

- **Contact theory and political drivers**

We have considered underlying theories for why we are doing interprofessional education. The theoretical base for interprofessional learning can be found in many academic disciplines including sociology, psychology, anthropology, philosophy, and political sciences. Of these theoretical stances we have used the psychological theory of Allport, the contact Hypothesis, to give meaning to why students should be brought together for interprofessional learning. The theory considers how to reduce hostility between people through bringing them together (Allport 1954). The Political drivers have been mainly aligned to quality and efficiency in health and social care including patient safety. There have been a plethora of related governments documents within the UK and internationally.

- **CAIPE definition**

Our strategy holds to CAIPE definitions of IPE and those from within the CAIPE domain. The first definition for IPE was proposed by CAIPE in 1997.

'Occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of [service]' , (CAIPE, 1997) and further re-visited in 2002.

'Occasion when two or more professions learn with, from and about each other to improve collaboration and the quality of care,' (Barr H, 2002, pp6).

Leading academics such as Marilyn Hammick and Della Freeth have argued to change the sequence of the words to relate to the best order of learning;

'Occasions when two or more professions learn about, from and with each other...' (Hammick et al 2009, pp9).

Our order of learning does follow such a pathway where students learn about each other and progress to interactions later in practice.

- **CAIPE principles**

We adhere to these principles which have been debated in many conferences in the UK initially from 2002 and re-written in 2011. They set out a framework for IPE which considers its values, processes and outcomes for learning.

- **Central place of patients/service users**
 Our learning models continue to place patients/service users centrally. In some instances the learning uses anonymised material from real practice cases. We have developed several films depicting service users/patients experiences, while in practice students learn with in-patients/service users.
- **Language and terminology**
 We continue to be mindful of the different ways in which health and social care professions use terms and how these impact on the design and content of our teaching.
- **Staff development and training**
 We have considered the challenges faced by teachers who themselves have not had the benefits of IPE and who may not be familiar with the teaching genre. In this regard we have designed new teaching courses and continue to bring our teachers together to help them understand how to facilitate effective IPE (Anderson et al 2009). Our research has considered the impact on teachers (Anderson *et al* 2010; Anderson *et al* 2011).
- **Involvement of health and social care organisations**
 We continue to recognise the importance of strong alliances with local health and social care organisations and the voluntary sector. Our steering groups for different projects have always engaged with representatives from relevant statutory and non-statutory bodies.
- **Interface with Continual Professional Development and lifelong learning**
 Our strategy aspires to interface with on-going training post first level registration and continues to do this.
- **Profiled students in South Trent UK**
 We began by profiling the students who were suitable for IPE within our region.
- **Assessed**
 We agreed from the outset that interprofessional learning (IPL) should be assessed. We designed a reflective Portfolio as a flexible approach for this assessment. The Portfolio allowed for a flexible approach where each school can establish its own approach to formal assessment allied to the portfolio. We agreed a competency model with students assessed on their interprofessional knowledge, skills, attitudes and behaviours.
- **Evidence base**
 We employed with support from our regional health authority a researcher to steer our work. The evaluation of the Three Strand Model during its establishment focussed on the inputs; processes and outputs of the work. All stakeholders including patients/service users were included.

Competence

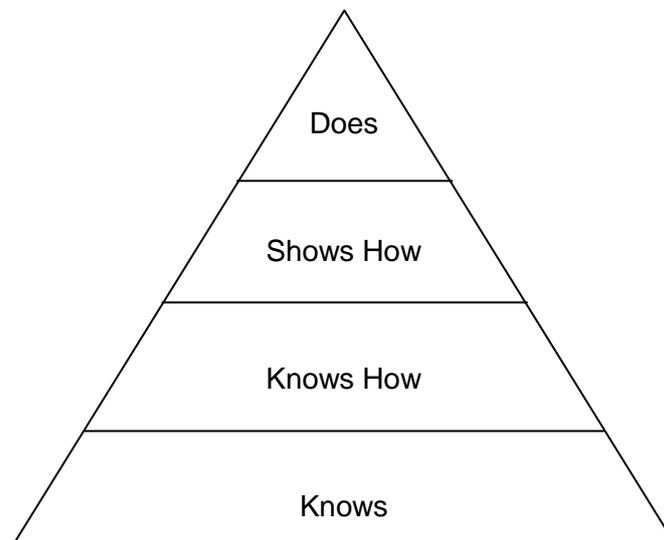
Clearly defined measurable competencies are the norm for most uni professional curriculum. Throughout our development of an integrated IPE curriculum we have agreed to align students learning towards the development of interprofessional competence. We have agreed competencies at each strand that students should achieve and which link with respective professional curriculum..

Interprofessional Competence: WHAT IS IT?

In health and social care students understand the unique contribution they bring related to their profession and combine this with attitudes associated with excellent professional practice. In many situations these skills are practiced as a team with the patient/service users in the centre. We often combine these attributes into a competence. Competence is defined as the ability to combine;

- a) *Knowledge ~ cognitive domain*
- b) *Skills ~ psychomotor domain and*
- c) *Attitudes ~ affective domain.*

In health care the term **competency**, the integration of the above skills, has been described as follows (Miller GE 1990), diagrammatically shown below.



Interprofessional competence is therefore defined as working effectively from within an interprofessional team to collaborate, sustain and enable partnership working to improve health care and health care delivery. It is our view effective assessment of interprofessionalism is closely allied to that of professionalism and must;

- Test knowledge
- Ensure personal reflection and self-analysis
- Measure observed behaviours by clinicians and other professionals
- Self perception of student attitudes
- Enable peer reflection
- Include feedback from patients

Professionalism	Interprofessionalism
Teaching to ensure a set of values, behaviours and relationships that ensure public trust in your profession	Teaching to ensure practitioners are practice-ready to work within a team and engage in collaborative working to improve health outcomes
Knowledge <ul style="list-style-type: none"> • Theoretical understanding of what constitutes a profession including regulation • Morality and spirituality • Ethical practice • Social responsibility and advocacy • Humanities • Law and accountability • Confidentiality and consent • Dealing with unprofessional behaviour 	Knowledge <ul style="list-style-type: none"> • Theoretical understanding of team working dynamics • Psychological and sociological principles of team working • Understanding of the roles and responsibilities of other professions, voluntary sector and private sector • Team based communication • Leadership/management • Ethical principles, stereotyping • Constituents of safe team-based practice
Skills <ul style="list-style-type: none"> • Communication • Interactions with patients to demonstrate, confidentiality, consent, capacity • Profession specific leadership • Integrity • Altruism • Compassion and empathy • Respect of cultural and ethnic diversity • Coping with stress and uncertainty • Self awareness and insight • Reflection for continuous improvement and commitment to lifelong learning 	Skills <ul style="list-style-type: none"> • Interprofessional communication including: <ul style="list-style-type: none"> - <i>communication for safe practice</i> - <i>negotiation</i> • Understanding who to refer to and referral pathways • Leadership and management in teams • Partnership working • Exchange of skills with others • and teaching other disciplines • Patient-centred care • Emotional intelligence (in a team context) • Recognise limits (in a team context) • Developing networks • Reflection on actions within a team context
Values/attitudes Appreciation of the values and attitudes required for positive professional practice. Recognise need for on-going personal development	Values/attitudes Appreciation of the values and attitudes required for positive inter-professional practice Recognise need for on-going personal development
Behaviours Put into practice above learning when working with patients/service users and other colleagues Appropriate personal and interpersonal behaviours Non-judgmental practice Personal conduct and behaviour throughout training including attendance.	Behaviours Put into practice above learning when working with patients and other colleagues Recognise the scope of other disciplines practice Treat other colleagues with respect and dignity and seek effective patient-centred team working where required.

The process of defining our interprofessional competencies are correct remains to be thoroughly assessed and we hope to work with colleagues internationally to confirm an agreed set of international competencies.

References

Allport, GW . (1954). *The nature of Prejudice*. Reading, MA: Addison-Wesley.

Anderson, ES., Thorpe, LN, & Cox, D. (2009). Preparation of Educators involved in interprofessional education. *Journal of Interprofessional Care*, 23(1), 81-94.

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.

Barr, H. (2002). *Interprofessional Education. Today, Yesterday and Tomorrow*. The Higher Education Academy. Health Sciences' and Practice. Occasional Paper No 2. London, Kings Higher Education Academy.

CAIPE. (1995) .UK Centre for the Advancement of Interprofessional Education. *Interprofessional Education- a definition*. CAIPE Bulletin, No. 13.

Hammick, M., Freeth, D., Copperman, J. & Goodsmann, D. (2009) *Being Interprofessional*. Polity, Cambridge.

Miller, GE. (1990). *The assessment of clinical skills/competence/performance*. *Invited Reviews Academic Medicine*; Vol 65 (9) September supplement.