

The Three Strand Model of Interprofessional Education

In designing our interprofessional education (IPE) curriculum we expected that students would follow a pathway of learning throughout their education programme. This trajectory was perceived as a strand of learning or a theme. To ensure integration with the specific professional curriculum it was agreed this work should be assessed.

To inspire learners to make the necessary links with their core profession-specific learning we designed a launch film to show how today's practitioners work together in a range of hospital and community settings. Having IPE launched in induction weeks alongside all the other explanations of the core curriculum was seen as vital. The film presents region-wide team working where qualified professionals from a range of disciplines endorse the relevance of team working and collaborative practice for effective health and social care delivery. The material is shown uni professionally in induction week.

Inter-Professional Teamwork (<http://youtu.be/Fh7tI1o>)

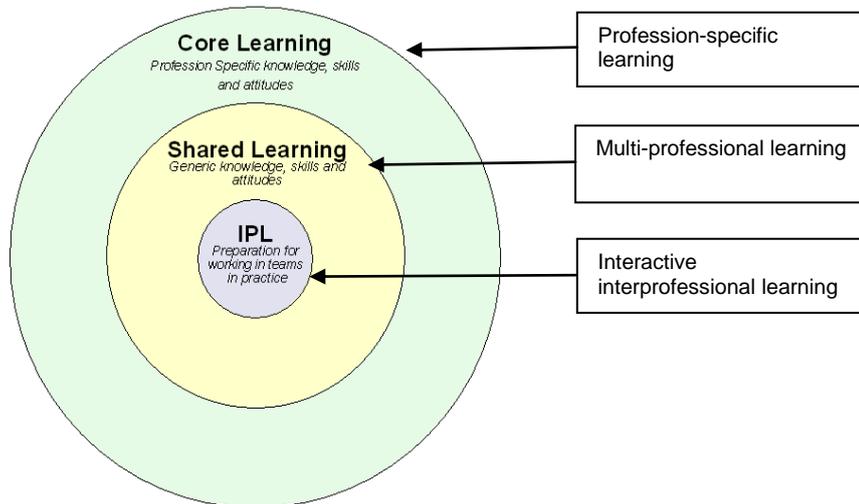
Our model reflects the scattering of many different professional programmes across three Universities in our region. It is not possible to use a model of shared learning or learning about generic principles. We therefore accept that students will cover these aspects of their curriculum within their own institutions and practice 'being interprofessional' in our IPE teaching sessions.

Examples of programmes

De Montfort University	University of Northampton	University of Leicester
Audiology Health Sciences Law Midwifery Nursing Pharmacy Policing Social Work Speech and Language Therapy Youth and Community	Midwifery Nursing Occupational Therapy Paramedics Podiatry Police Social Work Teachers	Biological Sciences Clinical Psychology Operating Department Practitioners Law Medicine Physiotherapy Social work (MA) Teachers

In this way our interprofessional learning brings students together to practice their interprofessional competencies and there is no shared learning on common or generic competencies. This is explained in the following diagram:

Regional Interprofessional Learning Approach



About the Three Strand Model

Within each strand, students need to access a minimum of one IPE, learning event (see diagram on the Model). The progression from one strand to the next is marked by advancing understandings of professional education and experience of learning from the class-room into the clinical arena's. As such students are expected to progress their understandings of what is understood about team working and collaborative practice.

All the strand learning has been developed through collective thinking from sub-groups of the steering group, assessing best learning models locally and nationally. Additional learning sets are constantly added by working groups. Several have been adopted from existing successful models within the region, such as the '*Leicester Model of Interprofessional Education*' (Lennox & Anderson 2006)¹.

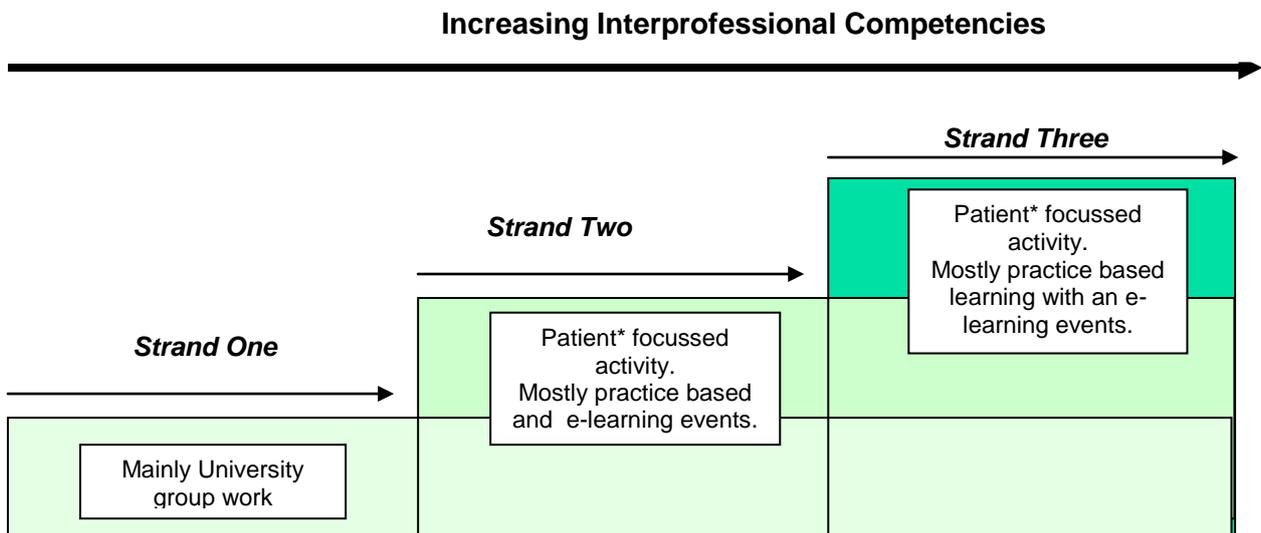
Strand one takes place within the University and is designed to enable early exploration of team working, professional roles and responsibilities with underpinning theory. Evaluations have been positive with graduate entrants offered an advanced event². Strand Two and Three build on student progression and enable learning on team working, in a range of

¹ Lennox A, Anderson ES (2006). The Leicester Model of Interprofessional Education- A practical guide for the implementation in health and social care education. The Higher Education Academy for Medicine and Dentistry. Special Report 9. ISBN 978-1-905788-45-3.

² Anderson ES, Thorpe L. Early Interprofessional Interactions: Does age matter? Journal of Interprofessional Education. Accepted February 2008.

settings, within every day health and social care practice. The Leicester Model has been adopted within work on health inequalities³, care of the elderly and discharge⁴, mental health⁵, and other practice settings where team work is paramount. Engagement of service users/patients and practice is essential within these strands. Other learning in the final strand focuses on patient safety⁶.

PRE-REGISTRATION



Map of events you can access

The Three Strand Model

Strands	Inter-professional learning sets
Beginning University based Learning	<ul style="list-style-type: none"> Introductory weeks, sign posting and mapping the relevance of IPE <i>Learn about their own and other professional roles and responsibilities, and underpinning theory</i> Learning environment, academic settings
	<ul style="list-style-type: none"> Clinical scenario work.

³ Anderson, ES. & Lennox, A. (2009). The Leicester Model of Interprofessional education: Developing, Delivering and Learning from student voices for 10 years. *Journal of Interprofessional Care*, 23(6),557-573.

⁴ Anderson, ES. & Thorpe, LN. (2010). Learning Together: An Interprofessional Education Programme to Appreciate Team Work. *Clinical Teacher*,7,19-25.

⁵ Kinnair, D., Anderson ES, Thorpe, LN . Development of interprofessional education in mental health practice: adapting the Leicester Model. *Journal of Interprofessional Care*.

⁶ Anderson, ES., Thorpe, LN., Heney, D. & Petersen, S. (2009) Medical Students benefit from learning about patient Safety in an interprofessional team. *Medical Education*,4,542-552.

Middle Practice based Learning	<i>Students exposed to the range and roles of professionals and new workforce structures</i> Learning in clinical/placement settings <ul style="list-style-type: none"> • E-learning LIP 2
End Practice based learning	<ul style="list-style-type: none"> • Further clinical/ practice work <i>Students critique and analyse the value of team working</i> Majority of learning in clinical/placement settings. Focus on patient safety, simulation and the complexity of practice. <ul style="list-style-type: none"> • E-learning on aspects of care e.g. diabetes, stroke

Research

Of paramount importance has been the opportunity to have a regional evaluator examining the impact of this new learning on all stakeholders. Independent evaluation has meant that real time can be invested in listening to the views of students, practitioners and educators. A mixed method evaluation has been under progress since September 2005, with ethical permission. Results have been fed back to the strategic group and influence the quality of the IPE programme.

POST-REGISTRATION

The model expected that IPE would continue throughout a career pathway and was interfaced with post-registration learning.

To this extent the Leicester Model has been replicated with post-registration learning for training GP's, Health visitors, Practice Nurses, District Nurses and Social Workers in Primary Care.

Some materials are presented on TIGER for Post-registration learning although many are to advance understandings in prescribing and for developing practitioner educators.

