

Students learning with, from and about each other: how Interprofessional Education can positively impact on practice

Abstract

'Working together for patients' is a core NHS value (The National Health Service (NHS), 2015:5) as the public expects to receive high quality care from a well-trained, cohesive workforce. Landmark cases such as Victoria Climbié (Department of Health (DH, 2003) and findings from more recent reports (Francis, 2013; Kirkup, 2015) highlight how poor interprofessional communication and teamworking can have devastating implications for standards of care and service user outcomes.

In the context of pre-registration education: by embedding Interprofessional education (IPE) into the undergraduate curriculum, health and social care students are supported to develop the required knowledge, skills and attitudes to make a positive contribution to the interprofessional team both as a student and upon qualification. Not only does successful interprofessional collaboration and teamworking have a positive impact on service user satisfaction and outcomes (Grumbach and Bodenheimer, 2004), the notion of being a professional within an interprofessional workforce has also been shown to promote professional competencies (Reeves *et al.*, 2007) and interprofessional respect, by challenging professional stereotyping (Ateah *et al.*, 2011).

This article will give an overview of the drivers for IPE in the UK and look at the challenges of developing an authentic IPE 'collaborative curriculum' using the University of Northampton as a case study.

Keywords

Interprofessional education; IPE; quality of care; NMC; HCPC

Introduction

The Nursing and Midwifery Council (NMC) and Health and Care Professionals Council's (HCPC) aim to protect the public by regulating the practice of health and social care professionals in the United Kingdom (UK). They set standards, approve programmes of study and take action when standards are not being met, thereby ensuring registrants deliver, and service users receive, the highest standards of care. In relation to midwifery pre-registration education, Approved Educational Institutions (AEI) must provide student midwives with a variety of learning and teaching opportunities to enable them to meet the competencies to achieve the NMC Standards (NMC, 2009) which are divided into four domains: effective midwifery practice; professional and ethical practice; developing the individual midwife and others; achieving quality care through evaluation and research. Essential Skills Clusters (ESCs) for pre-registration midwifery education include the ability to work collaboratively with other healthcare professionals and external

agencies and to be confident in their own role within a multi-disciplinary/multi-agency team (NMC, 2009).

Interprofessional Education (IPE)

'Interprofessional Education (IPE) enables two or more professions to learn with, from and about each other to improve collaborative practice and quality of care' (Barr, 2002). IPE was conceived by a World Health Organisation (WHO) Expert Committee on Continuing Education for Physicians in 1973 (WHO, 1973) and key messages in its current Framework for Action on Interprofessional Education and Collaborative Practice include the acknowledgement that

- there is sufficient evidence to indicate that effective interprofessional education enables effective collaborative practice
- collaborative practice strengthens health systems and improves health outcomes (WHO, 2010:7).

In the UK, CAIPE, a highly regarded international lead for the promotion and development of IPE, was established in 1987 as a membership organisation and charity to promote the health and social care of the population by championing the importance of IPE. The NMC and HCPC concur that IPE is fundamental in preparing healthcare students to join a multi professional/multi agency workforce on completion of their studies (HCPC, 2017; NMC, 2018). The HCPC states that programmes of study 'must ensure that learners are able to learn with, and from, professionals and learners in other relevant professions' (HCPC, 2017:35). The NMC state that they 'will only approve programmes where the learning culture is ethical, open and honest, is conducive to safe and effective learning that respects the principles of equality and diversity, and where innovation, interprofessional learning and team working are embedded' (NMC, 2018:5).

Barriers to IPE

Historically, students learned about the theory and practice of interprofessional collaboration and working as a uni-professional activity – the antithesis of IPE, since such an approach does not support professional socialisation within an educational context. Logistically IPE is challenging to organise in terms of co-ordinating multiple timetables and finding appropriate teaching spaces. Add to this the mindset that IPE is somehow perceived as an additional 'learning burden' and it is clear that an innovative, engaging and authentic strategy (ie students learning with, from and about students they will actually work with in the clinical setting) to help students from across the Faculty understand the relevance and importance of IPE and motivate them to engage with it is key to its successful implementation.

Strategy

The University of Northampton's approach to learning and teaching, termed Active Blended Learning (ABL), is a student-centred approach to support the development of subject knowledge and understanding, independent learning and digital fluency and has been discussed in this column before in the context of the acquisition of clinical skills (Power and Cole, 2017). In line with this institutional pedagogical approach, the Faculty's IPE Strategy aims to provide innovative,

multidimensional learning opportunities through a scaffolded 'collaborative curriculum'. Students will develop their knowledge, attitudes, skills and behaviours by engaging in authentic interprofessional learning activities such as workshops, groupwork (face to face and synchronously online) and online activities. Student-led/tutor facilitated activities might include comparing and contrasting roles and responsibilities; practising and enhancing skills in communication and negotiation; exploring the concepts of power and authority; reviewing ethics and codes of practice and reflecting on experiences in clinical practice. Such activities aim to link theory to practice, ensuring students become practitioners who can develop effective interprofessional relationships to deliver high quality care through collaborative practice.

Just the beginning, not the end...

This is only the beginning of the new IPE 'collaborative curriculum' at the University of Northampton and it is acknowledged that there will be challenges to overcome to successfully embed IPE across the Faculty so that it is perceived by students and staff as valuable shared learning and relevant to practice. The objective is to support students to work effectively, competently and confidently within the multi professional team; to respect and value other health and social care professions and make a positive impact on standards of care. Watch this space!

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