

Interprofessional education: shared learning for collaborative, high-quality care

Abstract

‘Working together for patients’ is a core NHS value that aims to provide high quality care and a well-trained, cohesive workforce. Landmark reports have highlighted how poor interprofessional communication and teamwork can have devastating implications for standards of care and service user outcomes.

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 students and as qualified practitioners.

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

Working together for patients is a core NHS value (Department of Health, 2015), and the public expects to receive high quality care from a well-trained, cohesive workforce. Landmark reports (Laming, 2003; Francis, 2013; Kirkup, 2015) have highlighted how poor interprofessional communication and teamwork can have devastating implications for standards of care and outcomes for service users.

The Nursing and Midwifery Council (NMC) and the Health and Care Professionals’ Council (HCPC)

Alison Power

Senior Lecturer in Midwifery and Faculty Lead for Interprofessional Learning, Education and Collaboration, Faculty of Health and Society, The University of Northampton

alison.power@northampton.ac.uk

aim to protect the public by regulating the practice of health and social care professionals in the UK. They set standards, approve programmes of study and take action when standards are not being met, thereby ensuring that registrants deliver—and service users receive—the highest standards of care. Educational institutions must provide student midwives with a variety of learning and teaching opportunities to enable them to achieve the NMC standards for pre-registration midwifery education (NMC, 2009). The standards are divided into four domains: effective midwifery practice, professional and ethical practice, developing the individual midwife and others, and achieving quality care through evaluation and research. Essential skills clusters for pre-registration midwifery education require midwives to demonstrate collaborative working with other health professionals and external agencies, and confidence in their own role in a multidisciplinary or multiagency team (NMC, 2009). There are, therefore, clear and explicit professional requirements for interprofessional education (IPE) to be included in the pre-registration midwifery curriculum.

Interprofessional education

According to the Centre for the Advancement of Interprofessional Education (CAIPE) (2019), ‘IPE enables two or more professions to learn with, from and about each other to improve collaborative practice and quality of care.’ IPE was conceived by a World Health Organization (WHO) Expert Committee on Continuing Education for Physicians in 1973 (WHO, 1973) and key messages in its *Framework for Action on Interprofessional Education and Collaborative Practice* (WHO, 2010:7) acknowledge that:

- ‘There is sufficient evidence to indicate that effective interprofessional education enables effective collaborative practice’ and
- ‘Collaborative practice strengthens health systems and improves health outcomes.’

Successful interprofessional collaboration and teamwork have a positive impact on service user satisfaction and outcomes (Grumbach and Bodenheimer, 2004). In addition, working in an interprofessional

workforce has also been shown to promote competencies (Reeves et al, 2007) and interprofessional respect, by challenging professional stereotyping (Ateah et al, 2011).

In the UK, CAIPE was established in 1987 to promote public health and social care by championing IPE. The NMC and HCPC concur that IPE is fundamental in preparing healthcare students to join a multiprofessional, multiagency workforce (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 interprofessional education

Previously, students learnt about the theory and practice of interprofessional collaboration and working as a uniprofessional activity. This is the antithesis of IPE, since it does not support professional socialisation in an educational context. IPE is challenging to organise in terms of co-ordinating multiple timetables and finding appropriate teaching spaces, and it can be perceived as an additional 'learning burden'. It is therefore clear that an innovative, engaging and authentic strategy, where students learn with, from and about the students with whom they will actually work in the clinical setting, is key. This approach should also aim to ensure that students from across the Faculty of Health and Society at the University of Northampton to understand the relevance and importance of IPE.

Strategy

The University of Northampton's approach to learning and teaching, 'active blended learning', has been discussed in this column before in the context of the acquisition of clinical skills (Power and Cole, 2017). It is a student-centred approach to support the development of subject knowledge and understanding, independent learning, and digital fluency, and 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, group work and online activities. Tasks might include comparing roles and responsibilities; practising communication and negotiation skills; 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 ...

This is only the beginning of the new IPE 'collaborative curriculum' at the University of Northampton, and there will be challenges in successfully embedding IPE across the Faculty so that it is perceived by students and staff as valuable and relevant to practice. The objective is to support students to work effectively, competently and confidently in the multiprofessional team; to respect and value other health and social care professions; and make a positive impact on standards of care. The message to readers is therefore: watch this space! **BJM**

- Ateah CA, Snow W, Wener P et al. Stereotyping as a barrier to collaboration: does interprofessional education make a difference? *Nurse Educ Today*. 2011;31(2):208–213. <https://doi.org/10.1016/j.nedt.2010.06.004>
- Centre for the Advancement of Interprofessional Education. Web links. 2019. <https://www.caipe.org/resources/associated-interprofessional-organisations> (accessed 28 January 2019)
- Department of Health. The NHS Constitution: the NHS belongs to us all. 2015. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf (accessed 10 January 2019)
- Francis R. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. London: The Stationery Office; 2013
- Grumbach K, Bodenheimer T. Can health care teams improve primary care practice? *JAMA*. 2004;291(10):1246–1251
- Health and Care Professionals Council. Standards of Education and Training. HCPC: London; 2017
- Kirkup B. The Report of the Morecambe Bay Investigation. London: The Stationery Office; 2015
- Laming WH. The Victoria Climbié Inquiry: Report of an Inquiry by Lord Laming. London: The Stationery Office; 2003
- Nursing and Midwifery Council. Standards for pre-registration midwifery education. London: NMC; 2009
- Nursing and Midwifery Council. Realising professionalism: Standards for Education and Training. NMC: London; 2018
- Power A, Cole M. Active blended learning for clinical skills acquisition: innovation to meet professional expectations. *Br J Midwifery*. 2017;25(10):668–670. <https://doi.org/10.12968/bjom.2017.25.10.668>
- Reeves S, Goldman J, Oandasan I. Key factors in planning and implementing interprofessional education in health care settings. *J Allied Health*. 2007;36(4):231–235
- World Health Organization. Continuing Education for Physicians. Report of a WHO Expert Committee. Geneva: WHO; 1973
- World Health Organization. Framework for Action on Interprofessional Education and Collaborative Practice. Geneva: WHO; 2010