

Interprofessional learning

Well-functioning multiprofessional teams are key to delivering effective and safe health care. Clinical teachers need to be able to provide opportunities for learners from different health professions to work collaboratively and learn about and from one another.

This article provides an introduction to interprofessional learning in relation to medical and health professionals' education. It defines key terms, sets out the policy drivers and provides examples of how interprofessional learning can be implemented in clinical teaching situations. It also considers some of the challenges and barriers to implementing interprofessional learning.

Definitions

Health care is commonly delivered by groups of professionals rather than single professionals. From the patient's perspective, the more closely professions communicate and work together, the more seamless and effective health provision will be. Evidence is growing that if professionals also learn together in an active and structured way, then they are more likely to work collaboratively in practice. *Figure 1* explains some of the terms used to describe interactions between the different professions within a learning context.

Context

As early as 1998, the World Health Organization highlighted that if health professionals learned together, and learned to collaborate as students, they would be more likely to work together effectively in clinical or work-based teams. The international trend continues. In 2010, a widely researched and con-

sulted framework was produced by the World Health Organization fully endorsing interprofessional education to support collaborative clinical practice (World Health Organization, 2010). The framework suggests that safe, effective health care relies on developing a collaborative, practice-ready workforce.

There is overwhelming evidence that a failure of health and social care professionals to work together and communicate with each other can have tragic consequences for individuals (Laming Report, 2003; Quinney, 2006). Despite the lack of robust 'evidence' that interprofessional learning contributes to more effective collaborative practice and improved patient and client outcomes, there are clear policy drivers from governments to encourage collaborative practice and partnership working.

Drivers for interprofessional learning

The main driver behind the development and implementation of interprofessional

learning is to help improve health and social care services. This was in the wake of shifting service delivery patterns (including more care in the community, shorter inpatient stays and changes in professional roles) and a response to some high profile cases in which vulnerable people (often children and young people) 'fell through the net' (Colwell Report, 1974; Laming Report, 2003).

Interprofessional learning helps to promote a more positive attitude between health-care professionals, to assist with the successful implementation of new policies and guidelines across disciplines and departments, and to improve communication and the environment in which health-care professionals operate. Faresjo (2006) also suggests that economic drivers also support collaboration and partnership working, particularly in areas where health-care resources are scarce, commenting that 'in such cases, it is essential that health and social professionals work together in order to supply sufficient care within available resources'.

Figure 1. Definitions used to describe the interaction between the different professions

Interprofessional education is defined by the Centre for Advancement of Interprofessional Education (2006) as occurring 'when two or more professions learn with, from and about each other to improve collaboration and the quality of care ... and includes all such learning in academic and work-based settings before and after qualification, adopting an inclusive view of "professional".'

Interprofessional learning is a term often used interchangeably with interprofessional education. Both involved active engagement of learners from different professions learning together. The learning is based on an exchange of knowledge, understanding, attitudes or skills with an explicit aim of improving collaboration and health-care outcomes (Freeth, 2007)

Multiprofessional education, sometimes called shared learning or common learning, is where one or more students or professionals learn alongside one another. The learning may be around acquisition of a clinical skill or knowledge, learners may occupy the same physical space and use the same learning materials

Uni-professional learning: in which students learn together as a single group, e.g. nurses, doctors, dentists, midwives, allied health professionals or social workers, and do not learn with or alongside other professional groups

Teamworking: 'a considered action carried out by two or more individuals jointly, concurrently or sequentially. It implies common agreed goals, clear awareness of and respect for others' roles and functions.' (Boyd and Horne, 2008)

Collaboration: 'an interprofessional process of communication and decision-making that enables the separate and shared knowledge and skills of healthcare providers to synergistically influence the ways client/patient care and broader community health services are provided' (Way et al, 2002).

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Principles of interprofessional education

The Centre for the Advancement of Interprofessional Education identified seven principles 'to guide the provision and commissioning of IPE [interprofessional education] and to assist in its development and evaluation'.

The principles 'draw on the IPE [interprofessional education] literature, evidence base and the experience of CAIPE members, underpinned by values common to all health care professionals including a commitment to equal opportunities and positive regard for difference, diversity and individuality' (Centre for the Advancement of Interprofessional Education, 2006).

The Centre for the Advancement of Interprofessional Education's vision is that when interprofessional education works well, it:

1. Improves the quality of care
2. Focuses on the needs of service users and carers
3. Involves service users and carers
4. Encourages professions to learn, with, from and about each other
5. Respects the integrity and contribution of each profession
6. Enhances practice within professions
7. Increases professional satisfaction.

Interprofessional learning might help counter some of the potential for resentment that shared (or multiprofessional) learning might engender in its participants by active engagement of different groups with one another. However, multiprofessional learning should not be seen as a subset of or step towards interprofessional education, particularly when the learning involves students from diverse professional groups. Both types of learning can exist alongside one another, many of which are at pre-registration levels, particularly in the early or foundation years where much of the basic science or communications skills learning might be shared learning. Sometimes this is with the specific aim of encouraging students to work together and learn about one another's practice, but often it is to provide students with a common foundation or baseline level of learning so as to provide them with a range of options at the next stage of learning.

Communities of practice and interprofessional learning

A concept which links closely with interprofessional learning in its collaborative approach is that of the community of practice. Simply, a community of practice can be described as a group of people who work together to achieve a common goal. The process of working together and sharing knowledge and resources can lead to an enriched learning experience as people are exposed to new ways of thinking and problem solving.

In the clinical workplace, a community of practice could be a health-care team assigned to a particular patient. That team has been charged with the task of providing an appropriate health-care management plan and could include in its membership specialists, consultants, surgeons, nurses, medical students, nursing students, health-care assistants and administrative staff. Each member brings to the community of practice his/her own set of skills and knowledge and through consultation, discussion and general interaction with one another provides a substantial body of knowledge and skills which they can all draw upon. Interprofessional learning can help a community of practice to work more effectively and to prepare its members for participation in interprofessional teams.

Learning theory

The rationale for interprofessional learning is not only underpinned by service demands around teamworking, shared knowledge, professional development and collaboration, but also by learning theories. Skillfully facilitated and planned interprofessional learning can use 'constructive friction', creative conflict and the learning 'edge' to promote change, stimulate debate and discussion, and promote professional and personal development (Freeth, 2007).

Positive experiences of working and learning in mixed groups validates this hypothesis but, as Carpenter and Hewstone (1996) remind us, this is not always so easy to manage in practice. Media and other professional stereotypes, difficulties in timetabling (particularly in clinical or other work-based placements), apportioning costs, finding appropriately skilled (and credible) facilitators, finding com-

mon, meaningful assessments and ensuring the professionals graduate against their own professional standards may all conspire against the wide implementation of interprofessional learning activities.

Interprofessional learning and clinical teaching

Interprofessional learning needs to be embedded in the curriculum rather than seen as an 'add on' as it would be easy to cut when budgets are tight. It is not always simple, however, to champion interprofessional learning across different professions, departments and organizations. Some practical ideas that teachers might introduce into day-to-day teaching to promote and raise awareness of interprofessional learning include the following:

- Introduction of a new clinical protocol, approach or technique
- Case conferences (these are often multidisciplinary, but more emphasis could be placed on learning from other professionals)
- Bringing learners from different professions together in structured formal sessions around specific topics or inviting learners from other professions to sessions which traditionally have been for single professions. Teaching modes might include lectures, seminars, tutorials, case studies and scenarios or problem-based learning
- Involving learners from different professions to work together in clinical situations (such as the clinic, consulting room, theatre, ward, community, home visits) to learn together and share experiences and perspectives on patient care or understanding of situations
- Promoting informal interprofessional learning, while providing opportunities for discussion, sharing of knowledge and learning from other professions.

Clinical skills acquisition lends itself well to interprofessional working, particularly in the latter years of the undergraduate course or in postgraduate contexts, such as anaesthetics, operating theatres, clinics or day centres. Guided by the principle 'learning from one another', rather than 'with one another', learning can use a range of interprofessional clinical scenarios. Such scenarios can be led by an interprofessional team, coordinated by an interprofessional skills teacher. In focusing

on learning as a team to address patient care, participants can develop mutual respect and appreciation of the difficulties each may face when dealing with the acutely sick patient.

The role of the teacher

The teacher is instrumental in ensuring that interprofessional learning is effective at many levels: at the level of the curriculum (design and balance of activities), timetabling, allocation of resources, consideration of power relationships between different professional and academic groups and selection of appropriate activities for interprofessional learning. Once higher level decisions have been made to implement interprofessional learning activities, the teacher is also responsible for what goes on in the learning environment itself.

Lindqvist and Reeves' (2007) research on the facilitator's role provides some insight into the role of facilitating interprofessional learning and explores some of the elements that lead to successful facilitation of interprofessional learning. Results suggest that facilitators feel that in order to be effective, they need to be able to 'display a range of attributes including enthusiasm, humour and empathy'.

Some suggested guidelines for classroom management of interprofessional groups include:

- Encourage learning from rather than learning with one another
- Make sure you have an adequate, diverse and equal mix of professionals
- Ensure the majority of a session has relevance to all participants
- Use the skills, knowledge and expertise of all the participants through carefully selected activities
- Do not let one group dominate discussion and ideas
- Challenge stereotyping and negative views.

Assessment

Consideration of assessment of interprofessional learning raises a number of questions.

First, should interprofessional learning be assessed at all? Is it assessable? And if it should or can, then:

- How can interprofessional learning be assessed equitably, reliably and with validity?

- How can we develop assessments that work across different courses and professional groups and that tie in with different learning outcomes and assessment patterns?
- What should be in these assessments, what form should they take and where in the curricula should they be situated?
- Who assesses interprofessional learning? Should these be discipline-based teachers or do we need specialist interprofessional learning teachers?

With all these questions, it is unsurprising that, although there are many interprofessional learning initiatives in terms of learning activities, there has been little written about assessment as it presents one of the more difficult challenges to implementing successful interprofessional learning in the clinical setting.

Freeth (2007) suggests that the key concept underpinning assessment of interprofessional learning is that of 'constructive alignment' (Biggs and Tang, 2007), in which all aspects of the curriculum – learning outcomes, educational or learning objectives, course design, teaching and learning activities, assessment and evaluation – are aligned so that there is a clear relationship between all aspects. Morison and Stewart (2005) point out the need to develop and use agreed interprofessional learning standards or learning outcomes as the basis for developing relevant assessments. So, the consequence of this is that if we teach interprofessional learning, we should teach according to agreed learning outcomes and we should also assess it overtly. It has been suggested that for many learners, assessment drives learning and what is assessed in the formal curriculum is therefore more highly valued.

Challenges and constraints

The wide range of literature available on interprofessional learning suggests that the potential benefits are great, not only to patients or clients, but also to learners, educators and other stakeholders. It seems that the workplace, including the clinical environment, would be an appropriate place to bring learners together in interprofessional groups or teams. After all, they are working together collaboratively and so learning together would seem logical. However, implementing interprofessional learning poses many challenges to teachers,

clinicians and practitioners and to educational managers and planners. Headrick et al (1998) list a number of barriers to interprofessional collaboration and education:

- Differences in history and culture
- Historical intraprofessional and interprofessional rivalries
- Differences in language and jargon
- Differences in schedules and professional routines
- Varying levels of preparation, qualifications and status
- Differences in requirements, regulations and norms of professional education
- Fears of diluted professional identity
- Differences in accountability, payment and rewards
- Concerns regarding clinical responsibility.

In clinical and professional learning contexts, Soklaridis et al (2007) note the importance for future doctors to learn from non-doctor role models and teachers and that interprofessional learning may well involve challenging differential power relations and differences (the 'us and them') between health professions. Carpenter and Hewstone (1996) evaluated a course for student doctors and social workers based on shared learning. They highlighted the potential for power differentials with a number of participants feeling that their learning was compromised, but for different reasons. Mandy et al (2004) examined whether interprofessional education had any effect on professional stereotypes held by first year undergraduate physiotherapy and podiatry students. One of their findings was that early implementation of interprofessional learning appears to reinforce stereotypes, this might be based on deep-rooted psychology. If so, undoing the stereotypes that exist within professional groups is more complicated than previously thought.

Conclusions

This article has introduced some of the key principles and ideas around interprofessional learning in the light of an emerging body of literature. Some of the challenges for clinical teachers are also considered. Interprofessional learning is an area of teaching and learning which many teachers feel intuitively that 'should work' but it needs careful planning. If teachers are going to implement interprofessional learning in their everyday practice then it is

helpful to keep in mind that effective inter-professional learning is good educational practice 'with a twist', the twist being the active involvement of two or more groups of professionals in learning from, with and about one another. **BJHM**

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KEY POINTS

- Interprofessional learning involves learners from two or more professional groups learning from, with and about one another.
- Interprofessional learning needs to be championed by individual teachers and built into curriculum design and strategy.
- Many opportunities for implementing interprofessional learning exist in the workplace, both formal and informal.
- Planning and preparation is essential and interprofessional learning sessions need to be relevant to all learners.
- Challenges for implementing interprofessional learning include timetabling and logistics, confronting professional stereotypes and different regulatory demands.