



University of the
West of England

REINVESTMENT PROJECT FINAL REPORT

New Developments in Interprofessional Education (IPE)

Developing IPE learning in Practice

Ian Fletcher

October 2010

Contents

1. Executive Summary	5
2. Background	8
3. Project aims and scope	16
4. Project activity	18
5. Project outcomes	22
6. Recommendations	33
7. Appendix	42

1 Executive Summary

1.1 The most widely accepted definition of interprofessional education (IPE) within the UK is as follows:

‘Interprofessional education occurs when two or more professionals learn with, from and about each other, to improve collaboration and the quality of care.’

(Centre for the Advancement of Interprofessional Education – CAIPE - 2002)

1.2 Following on from these NHSE recommendations, UWE produced its first IP curriculum in 2000. The curriculum was unique amongst first wave HEI schemes because of its size and complexity, in so much that it drew together a common IPE curriculum, delivered across ten uni-professional programmes, to in excess of seven hundred students per year.

1.3 Although many IPE schemes are held together by an over-arching framework, the current emphasis is away from a “one size fits all” approach to one that encompasses a variety of initiatives as appropriate.

1.4 It was against this backdrop of a changing IPE climate that UWE (HSC) decided to re-design / redevelop its IPE provision. Although received well by students the IP curriculum was in reality ten years old and beginning to show its age in comparison to other comparable schemes coming on stream at other HEIs. It is this redevelopment that forms the basis of the SHA funded project that will outlined in this report.

1.5 The project aims were set as follows:

- 1) To re-design and implement an interprofessional education (IPE) curriculum within the suite of UWE – HSC pre-qualifying programmes.
- 2) To consider wider applications of an IPE curriculum within the context of health and social care education in the south-west region.

1.6 A number of parallel work-streams were created - namely i) Curriculum / module development. ii) Information Computer Technology (ICT) / web 2.0 technologies. iii) Research and evaluation.

1.7 The project ran from May 2009 until May 2010 – to secure development and re-approval of an IPE curriculum within the suite of University of the West of England (UWE) Health and Social Care pre-qualifying programmes. Further development continues within UWE, leading to full implementation of the IPE curriculum in pre-qualifying programmes from September 2012.

1.8 The project activity can be divided into three main tranches being co-terminus with the identified work-streams these being:

- Curriculum / Module Development.
- The development of ICT / Web 2.0 technologies to underpin the curriculum.
- The continuation of a research strategy to evaluate the effectiveness of the curriculum.

1.9 In terms of the main project aims, the project has been successful in facilitating re-design and implementation of a revised interprofessional education (IPE) curriculum within the UWE – HSC suite of pre-qualifying programmes.

1.10 The IP curriculum was successfully validated as part of the series of re-approval events held in May 2010. External reviewers commented upon the cohesive nature of the IP provision and also upon the process undertaken within the Faculty itself, seen as an excellent example of interprofessional collaboration.

1.11 In summary, phase 1 of the IP project has made good progress against the original project aims and objectives.

1.12 The next stage for the IP project is to create and map out a number of care pathway scenarios that can be modelled and developed within the 2nd Life virtual world. The intention is to utilise a selection of care pathways as suggested by the Darzi Report (2008).

1.13 Within the IP project it is also suggested that due consideration must be given to maximising future learning opportunities in practice settings – in other words developing a form of work based learning.

1.14 Recommendations include:

- Extension of teaching and learning materials that form the bed-rock of education in IPE schemes into support worker education and training schemes and beyond (6.1).
- The continued development of flexible e-learning / blended learning pedagogies able to be applied across a range of available courses and settings where appropriate (6.3).
- Maximising IP learning opportunities in practice settings – in other words developing this as a form of work based learning - through creating strategic alliances of student groups (6.6).

2. Background

Interprofessional Education – definition and origins

2.1 The most widely accepted definition of interprofessional education (IPE) within the UK is as follows:

‘Interprofessional education occurs when two or more professionals learn with, from and about each other, to improve collaboration and the quality of care.’

(Centre for the Advancement of Interprofessional Education – CAIPE - 2002)

2.2 This is distinct from other forms of professional learning such as uni-professional (single professional groups studying profession specific knowledge independently, or multi-professional knowledge independently) or shared learning (different professional groups studying common materials).

2.3 The emergence of IPE in the UK as a recognised part of professional health and social care curricula has origins that can be traced back to the 1970s and the work of Dr John Horder. A GP by profession, Horder’s pioneering work linking partnership and inter-agency working through analysing effective interprofessional team work, is held up as an exemplar of good practice. Apart from helping establish the Royal College of General Practitioners, Horder also founded CAIPE in 1987 and served until 2003 as its first president. Since its foundation, CAIPE has been influential in setting, centralising and promoting the IPE agenda and it has emerged as the accepted UK consultative body for IPE with links to equivalent organisations world-wide.

2.4 Internationally, simultaneous developments have seen the emergence of comparative organisations. These include the Canadian Interprofessional Health Collaborative (originally informed by the Curtis Report 1969), the European Interprofessional Education Network (EIPEN), the Japan Interprofessional Education Network (JIPWEN) and the international Association for Interprofessional Education and Collaborative Practice (InterEd). Most recently, the World Health Organisation (WHO 2010) produced a *‘Framework for Action on IPE’* underlining the belief that

interprofessional education and practice will play an important part in mitigating the global health workforce crisis. The framework emphasises IPE's role in preparing a 'collaborative ready workforce' and sends out the message that the World Health Organisation and its partners acknowledge that effective interprofessional education enables effective collaborative practice. It is clear, that IPE as a mainstream part of the health and social care education fabric preparing future practitioners, has become both widespread and embedded.¹

The Need for Interprofessional Working (IPW) – the policy drive for IPE

2.5 At first sight, the need for health and social care professionals to work effectively together seems self – evident. As early as 1978, the Alma-Ata declaration of the WHO advocated health and social care professionals to work closely with agencies and local communities towards improving services (WHO 1978). In the UK, high profile reports focusing on problematic and tragic cases such as Christopher Clunis (Department of Health - DH - 1994), paediatric cardiac surgery mortality at the Bristol Royal Infirmary (Kennedy Inquiry 2001), Victoria Climbié (Laming 2003) and Baby Peter (Laming 2009) have all highlighted failures in communication however between individual professionals and professional groups, together with a lack of understanding of respective professional roles and role boundaries. All reports therefore, felt the need to recommend a renewed focus on education schemes that seek to foster greater understanding between professional groups.²

2.6 One of the first white papers to clearly spell out the perceived link between IPW and IPE was '*In the Patients' Interests: Multiprofessional working across Organisational Boundaries*' (DH 1996). The recommendations included:

'All professional in the H+SC services should adopt a collaborative approach

¹ For a fuller exposition of the historical development of IPE within UK see Fletcher I.P. (2008) *Power and Politics in Academy Land* Ed.D.Thesis Faculty of Education UWE

² See Pollard K. Sellman D. Senior B. (2005) '*The Need for Interprofessional Working*' in Barrett G. Sellman D. Thomas J. (eds) *Interprofessional Working in Health and Social Care: Professional Perspectives - An Introductory Text*. Basingstoke: Palgrave Macmillan p187-199

to working across organisational boundaries, so that patients and their formal and informal carers receive help which is timely, well co-ordinated, effective and appropriate to their needs'

'Interprofessional collaboration is more important than ever, it is now not an option but a core essential'

(therefore)

'Education and training programmes should increase the emphasis within curricula on operating as a member of an interprofessional team'

2.7 Subsequent policy has continued to emphasise both the need for effective team working and effective preparation education and training of respective members of the team. The Darzi Report (DH 2008) expands the concept beyond professional groups and reminds us that:

'Healthcare is delivered by a team. The team includes clinicians, managerial staff and those in supporting roles. All members of the team are valued. The sense of a shared endeavour – that all of us matter and stand together – was crucial in the inception of the NHS.' (p59-60)

2.8 In addition to the above, professional regulatory bodies (albeit for some somewhat belatedly) have also recognised the need for interprofessional working and teamwork to be central to professional practice. Hence, for example, the Nursing and Midwifery Council obligates registered practitioners through its professional code to:

'work co-operatively within teams and respect the skills, expertise and contributions of your colleagues.'

(NMC 2008 Section 2.2a)

2.9 The Department of Health has also used the focal point of enhanced interprofessional working to strengthen the contributions that various members of the health and social care team can make to team-working (DH 1999).

2.10 In turn, the professional bodies have embedded in their standards for education and training, the requirement that professional programmes will not only expose students to learning with and from others but also equip them with the skills to work in interprofessional teams. Therefore, as an example, the General Medical Council (GMC) state that students must:

“Learn and work effectively within a multi-professional team.”

In order to do this, students must:

- a) *Understand and respect the roles and expertise of health and social care professionals, in the context of working and learning as a multi-professional team*
- b) *Understand the contribution that effective interdisciplinary team-working makes to the delivery of safe and high-quality care*
- c) *Work with colleagues in ways that best serve the interests of patients.*

(GMC 2009 Outcome 3: 22)

The Nature of IPE Schemes

2.11 A full account of the many and varied nature of IPE schemes lies outside the remit of this report. There is an abundant and growing literature base that in turn analyses and advocates for different personnel, settings and teaching and learning approaches. The discourses within the literature can be broadly summarised as follows however:

a) Whether IPE should be located and delivered to pre-qualifying³ (see for example Lough et al 1996, Hillier et al 1999, Gilbert et al 2000 and Hean et al 2006) or post registration students (Koppel et al 2001).

b) Whether IPE should be located in practice / placement (Freeth and Nicol 1998, Reeves and Freeth 2002) or classroom / on-line based (Miers et al 2007).

³ The term pre-qualifying is used here rather than undergraduate, because it is recognised that some professional programmes in nursing are currently delivered at Diploma HE leading to professional registration as well as at Degree level.

c) Whether Problem Based Learning (PBL) or Enquiry Based Learning (EBL) should be utilised as the main teaching and learning approach in delivering curricula content (Hughes and Lucas 1997, Shanley 2007).

2.12 Barr's (2002) report on IPE schemes remains one of the most influential historical surveys produced. Subsequent to this work, there has now been seen the emergence of an embryonic theory of effective IPE. Key to this theory (and fairly evident) is Carpenter's (1995a, 1995b) and others work on social identity theory (SIT). Carpenter developed the particular application of SIT known as "The Contact Hypothesis Model" in his work with trainee doctors and student nurses. Simply put, if CAIPE's (2002) central definition of IPE is acknowledged, where

'two or more professionals learn with, from and about each other, to improve collaboration and the quality of care.'

the Contact Hypothesis Model dictates that those professionals will learn best if they are actually brought together to study (be it in real or virtual classroom settings). This has been one of the central aspects to be considered in curriculum design for Higher Education Institutions (HEIs).

IPE – the regional response

2.13 Following on from the recommendations outlined in the 1996 White Paper, in 1998, The National Health Service Executive (NHSE) – South and West - in collaboration with Southampton University, sought a consensus view on education and training learning outcomes for all professional groups, in order to meet various clinical effectiveness agendas (Hillier et al 1999). It was identified that the key starting point for clinical effectiveness lay with interprofessional education. Local HEIs in the region were therefore urged to provide a variety of learning opportunities (both classroom and practice based) where students could learn with from and about each other.

IPE – the initial UWE response. The 2000 IP curriculum

2.14 Following on from these NHSE recommendations, UWE produced its first IP curriculum in 2000. The curriculum was unique amongst first wave HEI schemes because of its size and complexity, in so much that it drew together a common IPE curriculum, delivered across ten uni-professional programmes, to in excess of seven hundred students per year. Barrett et al (2003) outlined the approach and the considerable logistical hurdles that were overcome, to bring the curriculum to fruition in the then Health and Social Care (HSC) Faculty. ⁴

2.15 Utilising a broad EBL approach, each student was required to undertake one interprofessional module per year of their programme. Key features of the scheme included:

Interprofessional Module Year 1 – an introduction to EBL, with students arranged in facilitated interprofessional study groups (ratio of twenty to twenty five students per facilitator), the focus for study being a selection of health and social care scenarios underpinned by relevant health and social care policy. Initially the module was delivered over a period of six weeks. Students were expected to identify the different members of the IP team and what role they might play in health and social care.

Interprofessional Module Year 2 – based around a central two day interprofessional conference followed by interprofessional study groups facilitated on-line. Students were expected to analyse common facilitators and barriers for interprofessional working, drawing on relevant practice placement experiences.

Interprofessional Module Year 3 – commonly undertaken whilst on practice, this module was facilitated totally on-line. Students were expected to reflect within interprofessional groups on their experiences of interprofessional working in practice settings.

⁴ Since inception of the IPE curriculum within UWE the former Health and Social Care Faculty has become part of a larger Faculty of Health and Life Sciences.

2.19 The 2000 IP curriculum proved to be successful and also led to the creation of a complementary research and evaluation strategy (see below). Despite the success of the scheme however, on-going evaluations - for example Pollard et al (2006) - and feedback from various module and programme management committee evaluations led to the need for modifications from the original. These modifications were further informed by an interprofessional review group which met regularly. Changes to the content and delivery of the modules included:

Year 1: The initial emphasis of health and social care policy being removed in 2004 and replaced with an element that increased focus on '*what is interprofessional working?*' Assessment was changed from a 3000 word essay to a 2500 patchwork assignment. The module name was also revised to '*Interprofessional Module 1: Teamwork and Communication for Practice*'. In addition, module delivery was changed to a more streamlined approach over three weeks.

Year 2: Module learning outcomes were updated and the module title revised to '*Interprofessional Collaboration in Practice*'. As indicated above, the centre-piece of the module is a two day interprofessional conference. More recent developments (from 2007 -2008) have seen collaboration with the University of Bristol (UoB) medical school to include attendance at the conference by all second year students from their MBChB programme (Fletcher and Fletcher 2007)

Year 3: The module title was changed to '*Interprofessional Organisation for Quality Practice*' and an additional learning outcome introduced under 'intellectual skills' to more accurately reflect module content. The underpinning pedagogy and teaching and learning approach however, consisting of on-line interprofessional group-work, was retained (Miers et al 2007).

IPE – the current climate

2.20 Barr (2009) has recently outlined three phases in the evolution of IPE schemes in the UK. Responding to the initial policy drive in the late 1990s he suggests that the first

phase was characterised by reactive IPE schemes. These have tended to be whole-sale “one size fits all” schemes that, although having some merit, have been cumbersome and lacking in flexibility. The second phase he contends has been more strategic in nature, where HEIs in particular, have designed schemes seeking to maximise impact against available resources. The third and current phase is characterised by schemes that are targeted on specific outcomes for certain groups which in turn pick up and reflect new directions in health and social care policy. As such, although many are held together by an overarching framework, the emphasis is away from a “one size fits all” approach to one that encompasses a variety of initiatives as appropriate.

2.21 In addition, IPE has become increasingly used as a vehicle to promote development and re-modelling of the health and social care workforce. Fletcher (2010) notes that the changes outlined in the Darzi Report (2008) where plurality of service providers with joint commissioning bodies, coupled to new roles to meet complex needs together with an escalating use of science and technology, will lead to practitioners needing to be both flexible and adaptable. They will need to embrace and lead change and be able to work across professional and organisational boundaries. As such, IPE programmes must evolve to accommodate an increasingly complex health and social care landscape.

2.22 A further area to consider is the use of evolving learning and teaching approaches such as Web 2.0 technologies in educational programmes. In an influential report by the Joint Information Systems Committee (JISC) of the Higher Education Academy (HEA) Anderson (2006) when attempting to define the meaning of Web 2.0 technologies (as opposed to Web 1.0 – the creation of the internet) says

‘The short answer, for many people, is to make a reference to a group of technologies which have become deeply associated with the term: blogs, wikis, podcasts, RSS feeds etc., which facilitate a more socially connected Web where everyone is able to add to and edit the information space. The longer answer is rather more complicated and pulls in economics, technology and new ideas about the connected society.’ (p5)

2.23 He goes on to outline the central role that these technologies will play in shaping the study habits of students. In turn, Saunders and Schroter (2007) and Boulas and Wheeler (2007) specifically make the case that Web 2.0 technologies will become key components in medical and health and social care education respectively.

2.24 Accordingly, it is evident that some HEIs have also begun to make increasing use of these technologies in their interprofessional provision. Robertson and Bondall (2008) detail the use of simulation and gaming in an interprofessional scheme, whilst The Centre for Inter-Professional e-Learning (CIPeL) based at Sheffield Hallam University has set up a number of web-based patient care scenarios for students using the 2nd Life platform ⁵ In a separate article Boulas et al (2007) have also outlined the potential for 2nd Life within medical education.

2.25 It was against this backdrop of a changing IPE climate that UWE (HSC) decided to re-design / redevelop its IPE provision. As previously indicated, although received well by students the IP curriculum was in reality ten years old and beginning to show its age in comparison to other comparable schemes coming on stream at other HEIs. It is this redevelopment that forms the basis of the SHA funded project that will outlined in the rest of this report.

3. Project aims and scope

3.1 The SHA funding covered the secondment of the author in May 2009 to act as project lead to co-ordinate, re-design and bring together the IP curriculum to successful re-validation by May 2010.

⁵ 2nd Life - SL - is the license and trade name for Linden Laboratories 3D virtual world. It is one of the largest virtual platforms of its kind. Originally used as a vehicle for gaming and social net-working, it is now increasingly being adopted for educational purposes. Within 2nd Life it is possible to create virtual case study scenarios and populate these with virtual health and social care practitioners.

3.2 It was recognised that the project was set up slightly differently to other projects that were being similarly funded by the SHA, in so much that the initial phase concentrated on a distinctly UWE facing focus.

3.3 It was also recognised, that where appropriate, the project could be continued into a further phase, by assimilating the knowledge and understanding drawn from re-designing the IP curriculum within UWE – HSC for consideration and development (as with the other projects) to a wider audience - in particular within the south - west region.

3.4 The project aims were therefore set as follows:

- 3) To re-design and implement an interprofessional education (IPE) curriculum within the suite of UWE – HSC pre-qualifying programmes.
- 4) To consider wider applications of an IPE curriculum within the context of health and social care education in the south-west region.

3.5 A number of parallel work-streams were created - namely i) Curriculum / module development. ii) Information Computer Technology (ICT) / web 2.0 technologies. iii) Research and evaluation, and within these, the following objectives were identified:

Curriculum / module development

- 1) To refocus the IPE curriculum away from a theory driven model to a more practice facing design.
- 2) To design and implement a curriculum that would be less academic / admin resource dependant and one that would be flexible, affordable, deliverable and ultimately sustainable.

ICT / Web 2.0 technologies

- 3) To explore alternative pedagogies and implement, where appropriate, the use of teaching and learning approaches utilising state of the art ICT and Web 2.0 technologies.

Research and evaluation

- 4) To continue to develop concurrently the research and evaluation strategy created for the 2000 IPE curriculum.

Project team: Dr I.P. Fletcher and module team (Curriculum Development)

Dr I.P. Fletcher, Simon Messer and Matthew Cownie (2nd Life)

Dr I.P. Fletcher, Dr Katherine Pollard, Judith Thomas and Professor

Margaret Miers (Research and Evaluation)

Project date: The SHA funded component of the project ran from May 2009 until May 2010 – to secure development and re-approval of an IPE curriculum within the suite of University of the West of England (UWE) Health and Social Care pre-qualifying programmes.

Further development continues within UWE, leading to full implementation of the IPE curriculum in pre-qualifying programmes from September 2012.

4. Project activity

4.1 The project activity can be divided into three main tranches being co-terminus with the identified work-streams

Curriculum / Module Development

4.2 In addition to a variety of continuous professional development (CPD) initiatives, UWE delivers educational programmes leading to individuals gaining professional registration in nursing (adult, mental health, learning disabilities and child), midwifery,

physiotherapy, diagnostic imaging, radiotherapy, occupational therapy and social work. The 'pre-qualifying' programmes undergo a regular cycle of internal and professional and regulatory validation / re-approval, at least every five years.

4.3 Following the last validation cycle in 2004-2005, the decision was taken to proceed with a series of joint re-approval events covering nursing (all fields) midwifery, the allied health professions and social work. These events would be held during May 2010. Accordingly, an overarching validation project steering group was created with Faculty management and individual programme representation.

4.4 In addition, the nursing and midwifery department, in taking the opportunity to respond to the challenge of the modernisation agenda created by Darzi (2008) and others sought to also maximise shared learning opportunities across the nursing fields. To this end, a re-approval nursing and midwifery sub-group was created.

4.5 Regarding the IP curriculum, a review group charged with the responsibility to respond to student / staff evaluation had been in existence for some time. Their deliberations had resulted in the initial changes from the original 2000 IPE scheme to the 2004 version outlined above. Also having cross programme representation, this group was expanded to consider the changes needed for the 2010 curriculum.

4.6 The discussions that ensued in these three groups, together with the resulting re-approval events, constituted the bulk of the development work regarding the nature and future direction for IPE in the 2010 suite of pre-qualifying programmes.

4.7 The author's role as project lead was to act both as a conduit for information between the three groups and to glean the necessary intelligence from the interprofessional literature and other HEIs regarding the latest IPE developments and to attend appropriate national conferences and other events. To this end, the author also delivered two external conference presentations and two internal Faculty academic

seminars within the first phase of the project (a full list of meetings is given in appendix 1).

ICT / Web 2.0 technologies

4.8 It was realised early on that the interprofessional curriculum, because of its very nature in bridging across all pre-qualifying programmes, might be a suitable vehicle to develop and test out a different pedagogical method and learning and teaching approach. An approach that used social networking within a wider concept of what can be termed social constructivism was developed.

4.9 Social constructivism has its origins in psychology theory and in essence takes the proposition that all knowledge, including so-called ‘scientific knowledge’ is not a neutral body of data independent of cultural norms and values, but is actually socially constructed in support of particular values and understandings. Applied to the context of learning, Wertsch (1997) contends that within social constructivism, not only should the uniqueness and complexity of the learner be acknowledged, but actually encouraged, utilized and rewarded as an integral part of the learning process.

4.10 Stage et al (2008) argue therefore that the way that “classrooms” (real or virtual) are created is equally as important in the learning process as the substantive materials being studied, and should therefore be given due consideration. With the advent of social networking, many HEIs are now examining how social constructivist approaches can be used and in particular how the group of web-centred platforms known as Web 2.0 technologies incorporated.

4.11 With regards to IPE it is fair to say that the exploration of Web 2.0 technologies, as part of a Faculty wide initiative examining the topic, would have happened irrespective of the need to re-design the IP curriculum. Also, being relatively untried, it was recognised that it would be imprudent to base all curriculum changes solely around the approach. Therefore, it was decided that the developments would proceed under the proviso that

platforms such as 2nd Life would be used as an adjunct to more traditional teaching and learning approaches within IPE and be utilised as and when appropriate.

Research and Evaluation

4.12 The original 2000 IP curriculum had generated a concurrent research and evaluation strategy. Within the wider IP literature, although at the same time as being both intuitive and obvious, it is widely acknowledged that no definitive link actually exists to prove that knowledge and skills acquired through exposure to IPE schemes automatically transfers into effective interprofessional working / collaboration (Freeth et al 2002). Given the myriad of variables that exist in working settings, it is perhaps understandable that few research studies have been designed that are able to measure such transferability.

4.13 The UWE research and evaluation strategy took a slightly different focus, in so much that it examined the effectiveness of the IP curriculum in changing students' attitude and propensity towards IP working. Over the last decade, members of the research team have generated a significant public output including academic papers - for example, Clarke et al (2005) Pollard et al (2008) and two text books - Barrett, Sellman and Thomas (2005) and Pollard, Thomas and Miers (2010).

4.14 Studies have included: evaluation of the 2000 pre-qualifying interprofessional curriculum for health and social care professionals; evaluating student learning in an interprofessional curriculum; evaluation of the relevance of pre-qualifying interprofessional education for future professional practice; evaluating staff views and experience of a pre-qualifying interprofessional curriculum and evaluating the interprofessional learning in a graduate social work programme.

4.15 Deservingly, such public output has gained a national and international profile. Central within this profile has been the development of a series of validated tools designed to measure various attributes associated with IP learning (such as the IP

relationships scale). These scales are now being increasingly used by other HEIs evaluating their own IPE schemes.

4.16 For the 2010 IP curriculum, the project lead initially met with three of the principal researchers Dr Kathy Pollard, Judith Thomas and Professor Margaret Miers. All agreed that it would be desirable to continue to build on the foundations laid in the 2000 research and evaluation strategy but to capture new directions as dictated by relevant health and social care policy, such as an increased emphasis on service user and carer involvement.

4.17 The original 2000 research was largely funded by bidding for appropriate monies from sources such as the Higher Education Academy (HEA). It was recognised that given that fact and also the fact that the SHA had already been generous in supporting a variety of projects, it would be inappropriate to approach them asking for funding to support the research and evaluation and opportunistic funding would be sought elsewhere. In one sense therefore, the research and evaluation does not form a direct part of this SHA funded IP project (although there would be an obvious transferability of findings within the south west region and beyond). It is included in the report however because of the desire to present a complete record of the multi-faceted nature and complex process involved when eliciting curriculum change.

5. Project outcomes

The main outcomes from the first (SHA funded) phase of the IP project can be summarised as follows:

5.1 The new IP curriculum

5.1.1 In terms of the first of the two main project aims, then it can be seen that the project has been successful in facilitating re-design and implementation of a revised

interprofessional education (IPE) curriculum within the UWE(HSC) suite of pre-qualifying programmes.

5.1.2 The IP curriculum was successfully validated as part of the series of re-approval events held in May 2010 (see appendix 1). External reviewers commented upon the cohesive nature of the IP provision and also upon the process undertaken within the Faculty itself, seen as an excellent example of interprofessional collaboration.

5.1.3 As previously indicated, as part of the programme re-approval process, an IP sub-group was created (chaired by the project lead). The group discussed, developed and actioned the various changes to the IP curriculum. These changes can be summarised as follows:

- The taught interprofessional module from the first year was removed.
- The interprofessional module in year 2 has been duly re-designed and re-focused.
- The IPE scheme has been evolved to a practice facing model.

5.1.4 Removal of the first year module. Work undertaken by Hean and Dickenson (2005) and more recently reinforced by Charles et al (2010) suggests that students come to a fuller understanding of interprofessional differences, if they first have a thorough grounding within their own uniprofessional grouping. The net effect of removing the year one module therefore, will be that whilst IP elements common to all uniprofessional programmes such as “What is a profession?” and “What are the characteristics of a professional?” are retained (in some instances in shared modules), more challenging aspects such as identifying substantive policy drivers and the background and rationale to IPE together with various tensions / barriers to interprofessional working will be delivered in the second year.

5.1.5 Re-design and re-focus in year 2. The revised syllabus content is reflected in a new title ‘*The Purpose, Scope and Context of Interprofessional Collaboration*’. Students will be expected to contextualise and analyse the various drivers / facilitators / barriers

for or against effective interprofessional working. Delivery of this module will be achieved by using a blended learning (part taught / part on-line) approach. A central component of the module will once again be a collaborative conference. However, in accordance with the direction of travel of health and social care policy, the range of contributors to the conference will be expanded, to be drawn not only from professional groups, but also from relevant agencies such as police and child-protection agencies. Johnson et al (2003) and Richardson and Asthana (2005) emphasise that IPE is ineffective unless it draws in the wider health and social care community.

5.1.6 In addition, the module will maximise opportunities to use Web 2.0 technologies including the development of a virtual health and social community within the '2nd Life' platform (see Beard et al 2009). The addition of '2nd Life' as an adjunct to established teaching and learning approaches will therefore afford students opportunities to model various interprofessional scenarios in more realistic 'real time' environments. Other Web 2.0 approaches may be utilised also such as the use of interactive student blogs.

5.1.7 The year three module has been re-titled '*Exploring Quality Practice for Interprofessional / Inter-agency Collaboration*'. Readers will note that one of the key objectives identified within the overall project brief re curriculum development was to focus the IP towards a more practice facing model.

5.1.8 The IP sub-group resisted establishing a truly practice based IP module / scheme as found in some other HEIs (for example Assessment and Learning in Practice Settings - ALPS – www.alps-cetl.ac.uk). This was for a number of reasons. Primarily, concerns were expressed from the Faculty executive and its NHS partners regarding mentor support / preparation. Mentors in local partnership organisations had already faced a great deal of change. For example, mentors to nursing and midwifery students had, over the last three years, coped with HSC introducing revised assessment of competencies documentation for nursing and midwifery students – itself a response to new education standards required by the Nursing and Midwifery Council (NMC 2004 and 2007). The

sub-group were anxious to respond to such concerns and not burden mentors with yet more change.

5.1.9 Therefore, it was decided that the module would remain a theory module. It will be practice facing running in parallel to established practice modules. Within this, students will be expected to bring experiences from their practice settings into the module and reflect upon / analyse their own, and others, role(s) within interprofessional / inter-agency working. Work will also be undertaken against the backdrop of overall practice placements across all professional programmes to examine whether it is logistically possible to bring different groups of students together for learning opportunities whilst out on placement i.e. locating IP learning *opportunities* within practice.

5.1.10 In summary, phase 1 of the IP project has made good progress against the original project aims and objectives. It is no mean achievement to deconstruct a major curricula element which for many people over the last decade within UWE has held considerable personal and professional investment, then reconstruct that element and take in a new direction to successful re-approval whilst at the same time keeping ten uniprofessional programmes on board.

5.1.11 This would not have been possible without the secondment opportunities from the SHA. It is also clear however that this initiative now moves into an equally important phase where the modular structure and framework is developed into a deliverable and coherent whole.

The module specifications for both modules are presented in appendix 2.

A practice facing model

5.1.12 It has been stated above that the IP curriculum will evolve to become more practice facing overall. The drive for this is from a number of avenues. In part, it is from UWE internal student evaluations, which reflect the fact that although many students understand both the need for and theory behind interprofessional collaboration they feel

frustrated that they are not always able to carry this out effectively in practice. They request opportunities to learn in IP groups in the practice setting. Such sentiments are also reflected in another driver namely a growing body of literature (for example Anderson and Lennox 2009) advocating for IPE schemes to be practice rather than classroom based.

5.1.13 When comparing those IPE schemes that *are* located in practice rather than classroom based however, it is evident that most are considerably smaller, dealing with targeted liaisons of different student groups rather than the entire community of health and social care professions. For UWE, what was originally a “tour de force” at the inception of the 2000 IP curriculum in grasping the nettle of common timetabling and achieving a one size fits all scheme has now become part of a conundrum. The conundrum being, how do you achieve maximum flexibility whilst ensuring parity of opportunity?

5.1.14 Of further consideration, is the continued liaison with the University of Bristol (UoB) medical school. It has been indicated that UWE and UoB have collaborated within the IP curriculum and that UoB join the second year students from their MBChB programme with students from the second year at UWE. Whilst the collaboration and participation of the medical students is welcomed (indeed there is a view in the IP literature that large scale IPE is devalued unless it includes the medical profession given that it still has enduring prominence in many quarters as the senior health and social care profession) there are some difficulties with this.

5.1.15 In contrast to the UWE programmes (whereby in year two students have had at least one period of placement) the MBChB course is arranged so that the majority of years one and two are exclusively based in university. Although seen by many of the medical students as a strength of their course, it does put some of them at a disadvantage when they are then placed in a conference setting during an IP module and asked to contribute to discussions on interprofessional care. Module evaluations

indicate that some of the medical students subsequently feel threatened and devalued defeating the whole object of the experience.

5.1.16 One solution to this difficulty (presently being explored by the project lead and his counterpart in UoB ⁶) would be to pair up UoB students in the third year of their programme with UWE year 2 students. By the third year the medical students are on placement, being rotated through and attached to the various NHS learning academies situated in Avon, Gloucestershire and Wiltshire (see Mumford 2007). They remain in the academies for the rest of their programme (years four and five) This in turn raises the question of how the academies themselves -arguably underused for IP purposes - could be utilised as a valuable resource to generate and house practice learning opportunities between various groups of students (Fletcher 2008).

5.1.17 The net result of the above is that as the IP project continues, it will need to move away from generalist applications to a more discrete and focused arrangement of IP learning opportunities (particularly in the year three module). This will necessitate the identification of what are called “strategic alliances” of students i.e. those students who are most likely to naturally work together in an expanding variety of health and social care settings (for example adult nursing students with physiotherapy students and medical students in NHS treatment centres. Learning disability nursing students and social work students in locality centres etc). To this end it is the intention to set up a working party (consisting of representation from UWE placement learning and programme teams) to continue to explore how such alliances can be created and the learning opportunities maximised.

⁶ Dr Peter Fletcher is a consultant geriatrician at Gloucestershire Hospitals Foundation NHS Trust. He is also Clinical Dean of The Gloucestershire Academy. He has recently taken up a role in UoB medical school to develop a vertical curriculum theme within the MBChB course – that of personal / professional development. He has been a member of the UWE IP module team for the last three years)

A more cost effective approach

5.1.18 It is difficult at the present time to make a direct comparison on costs between the former and the new IPE versions. At first sight an immediate saving (in terms of contact tutor hours facilitation etc) is made by reducing the number of taught modules down from three in the original curriculum to two in the 2010 scheme. The twenty credits worth of IP materials originally contained from year one is subsumed into uniprofessional teaching. Despite a key feature of IPE being an EBL ethos, students still need a bed-rock of key substantive materials on which to start to develop their knowledge and understanding of interprofessional working. Historically these have tended to be delivered in classroom based sessions. By moving to a blended learning (see below), rather than a more traditional didactic approach to deliver materials, it will encourage students to engage more pro-actively with the learning required, leaving more time for the socially constructed learning envisaged by writers such as Stage et al (1998).

5.1.19 Concurrent to the re-approval events the Faculty of Life Sciences has also undertaken a comprehensive review of its administration and programme support structure. In terms of the IP curriculum, historically the three IP modules had been supported by a dedicated administrative assistant. As part of the on-going review process however administrative support for IP has now been subsumed into normal Faculty departmental administrative structures (in particular the Allied Health Professions). The administrative team and the project lead have worked to eliminate duplication and to further streamline processes where possible.

5.1.20 Offset against these savings however is the (often unseen) costs involved in terms of on-going module development – particularly with regards to e-learning materials. Rowntree (1994) in an influential text makes specific reference to the cost time and emotion investment needed to develop good quality learning materials. He notes that the task is often underestimated by the management tier, with an expectation that frequently development will occur simultaneously to attempting to deliver the current educational provision. Given the present and future pressures that will be exerted on the Higher Education sector in the coming months, careful and sensitive management will

be required in order to facilitate the on-going development of the IP (and other) modules ready for full implementation in September 2011.

Student Experience

5.1.21 Ultimately however, in terms of on-going sustainability of the IP curriculum, it is the student experience and voice that will come increasingly to the fore. For some time UWE, informed by intelligence from the National Student Satisfaction Surveys (NSS) has recognised the need for continuing to improve the educational experience that students receive at UWE. The Strategic Plan (UWE 2010a) sets out a key objective to:

‘Provide an excellent student experience by ensuring the academic portfolio is dynamic and responsive’ (p4)

5.1.22 Commenting specifically on The Conservative / Liberal Democrat Coalition Government’s comprehensive spending review (20/10/2010) and Lord Browne’s deliberations on future HE funding (12/10/2010) UWE Vice Chancellor Steve West commented:

‘More than ever before, we will need to ensure that we provide the best possible experience and value for money for our students in this new and highly competitive higher education landscape. I have been very clear that the student experience is our number one priority; we must ensure this is the reality across the University’ (UWE 2010b).

5.1.23 As has been suggested already in this report, key to the success of the new IPE curriculum will therefore be a move away from a one size fits all approach. Students will need to have confidence that the educational programmes they are studying are current and fit for both purpose and practice. As the central curricula thread running across all health and social care programmes, it is therefore imperative that the IP provision will be seen by all students as being both relevant and meeting their needs.

5.2 Wider applications

ICT / web 2.0 based technologies

5.2.1 Comment has already been given regarding the intent to increasingly utilise ICT and web 2.0 based technologies and in particular the power of virtual worlds and gaming as a learning tool. To this end, good progress has been made with the 2nd Life platform (see Messer 2010). Despite early difficulties centering round ICT system compatibilities and capacity, several areas in the 2nd Life virtual world infrastructure have now been created.⁷ These include an acute care / treatment centre and a residential / community setting.

5.2.2 The next key stage for the IP project, and one of the key tasks for the module team, is to create and map out a number of care pathway scenarios that can then be modelled and developed in the 2nd Life virtual world by the 2nd Life team. The intention is to utilise a selection of care pathways as suggested by the Darzi Report DH (2008).

5.2.3 Key learning points for students – harnessing a social constructivist philosophy - will be where they are enabled to enter and work through each scenario using a particular virtual identity or avatar. The avatar can be set up as being either from the student's own or a different professional grouping. What happens in the virtual world will (as in a real life setting) depend on the responses the student then gives as the scenario unfolds. By going back into the scenario, using a different avatar, a different set of responses will be elicited. Learning in the interprofessional sense (CAIPE 2002) then comes from group discussion and the student(s) arriving at a deeper understanding of different professional roles and role boundaries.

5.2.4 Moving students towards a blended learning approach also necessitates the development of a variety of e-learning materials. Note has been taken of the valuable

⁷ Bristol UWE like most HEIs already has an “island” in cyberspace where a variety of virtual world activities occur. For the purpose of UWE – HSC exploration of the platform a second island has been purchased from Linden Labs where a *number* of HSC initiatives (including the IP project) are being developed. See <http://www.uwe.ac.uk/elearning/projects/projectSecondlife.shtml>

lessons drawn from that of another of the SHA funded projects – Developing podcasts to facilitate learning in biological sciences in health care education - (Godfrey 2010). In accordance with the general points made above about module development, Godfrey also makes a number of key recommendations regarding podcast development. These include:

- Funding for staff time in creating and updating podcasts need to reflect the time and expertise involved in creating pedagogical podcasts.
- There should be a list of resources available to support podcasting
- Technical staff should be an integral part of any future podcasting development from the outset so that they can explain what is available and help novice podcasters to understand the technical steps involved and talk through what is possible (p31-32).

5.2.5 As the IP project proceeds, the module development team will be able to draw on the experiences expertise and personnel from the podcast project to assist in the development of their own e-learning materials.

5.2.6 Dr Elizabeth Falconer (Director) and Manuel Frutos-Perez (Deputy Manager) from the university's central development of e-learning unit have also offered advice and support in the development process over the next ten months.

Research and Evaluation of an IPE curriculum

5.2.7 Some progress has been made with this strand. The decision was taken to re-focus the evaluation stream on service satisfaction scales for service-user and carers, and in particular to attempt to construct a series of scales that staff and students could use to aid assessment and self reflection on their ability to work in an interprofessional team. A literature search was undertaken to ascertain what work had already been undertaken in this area. A selection of existing rating scales and questionnaires were examined and a thematic analysis undertaken. Crucially however it was revealed that these rating scales were focused directly on asking service-users and carers their direct opinions of the care that had been delivered to them / they had received, rather than

asking how the abilities of members of the health and care team to work effectively as part of an interprofessional team had affected their care. From this a number of themes were therefore developed and a series of rating questions devised. Early work on reducing the number of questions and validating the scales has been undertaken. Two service-user and carer representatives were invited to be part of the research team to help validate questions. After a series of meetings a set of revised questions were given to a wider focus group (again consisting of service-user and carers) for discussion and rank ordering.

5.2.8 In a further SHA funded project, Miers and Shobrook (2010) evaluate the NHS South West Joint Investment Framework (JIF). JIF was an initiative set up in 2007 by an agreement between Strategic Health Authorities, Skills for Health and the then Learning and Skills Council (now the Skills Funding Agency). Miers and Shobrook inform us that the purpose of JIF was specifically to provide funding (£5 million per region) under the umbrella of the NHS Agenda for Change initiative to develop staff. The staff group in question was specifically those in bands one to four.

5.2.9 Miers and Shobrook contend that JIF has met its original aims including ensuring that NHS organisations took responsibility for the development of bands one to four (p37) and that the development of bands one to four becomes a mainstream activity within the NHS (p38). It was outside the scope of their project to examine in detail the nature of the education and training provision within various organisations in the south west. However, by applying a methodology that utilises a series of learning environment profile scores they were able to make some detailed observations on the effectiveness of JIF in developing staff within various organisations and the impact that might then have on initiatives such as service improvement.

5.2.10 Later in the report (p40) they make it clear that given the direction of travel with Government policy in terms of skill mix and re-modelling of the NHS work-force, coupled with changes in professional groups such as nursing moving to an all graduate provision will result in investment in the band one to four workforce becoming increasingly more prevalent. Accordingly designated roles within bands one to four

(such as the assistant practitioner) will continue to assume an increased importance both within the NHS and the wider health and social care community.

5.2.11 In relation to IPE and interprofessional collaboration in practice, available literature reveals an absence of materials concerning non-professional workers. Indeed the name itself – interprofessional – accentuates the emphasis on health and social care professional grades (in the recent classification band five and above) and the history of IPE, as laid out by Barr (2002) and others, is done so exclusively from the perspective of health and social care practitioners who have a professional registration. Even when the more limited (in number) parts of the literature that does have a wider focus - namely that of inter-agency working – is examined, it is non NHS employees that are considered.

5.2.12 With regards to the bands 1-4 workforce, without doubt much of the necessary education and training - on aspects such as teamwork and communication skills - is already taking place, even if it is not identified as such (and certainly not identified as being inter-disciplinary or interprofessional). It does raise the question however, to what extent and where and when, do such activities occur. It is clear from Miers and Shobrook's report that given the rather disparate nature of NHS in-house education and training it is often difficult to get a clear picture of just what provision is taking place.

6. Recommendations

6.1 Given that the bands one to four workforce can at the present claim to be every bit a member of the health and social care team as those on band five and above, and given that their role and input into care will increase, it is suggested therefore that there will be a need to extend some of the materials that have formed the bed-rock of education in IPE schemes into support worker education and training schemes and beyond.

6.2 The drive for workforce remodelling and the resultant change in skill mix has obvious repercussions for HEIs (not least because of the reduction in commissioned numbers for pre-qualification programmes). In so much that the IP project and this report have

primarily been written against the context of providing an IP curriculum within a suite of professional programmes, it has also been trailed that there is a need to reach out and become more inclusive by involving wider agencies.

6.3 Recently Donovan (2010) outlined the direction that UWE would take in relation to education and training as part of the Continuing Professional Development (CPD) provision in supporting workforce change. Offering a flexible provision, reflecting new contract arrangements for bands one to nine, a key proviso was that it should be responsive to local communities, involve partnership arrangements and, in terms of education content use integrated care pathways as a focus for delivery and e-learning as one of the teaching and learning approaches.

6.4 The message that can be taken from Donovan's presentation in relation to the IP project is clear. Teaching materials (including e-learning materials) together with associated teaching and learning approaches, must be flexible and able to be applied across a range of available courses and settings where appropriate, from widening access and support workers through professional programmes and on into CPD.

6.5 Another cornerstone of Donovan's presentation was the increased emphasis on work-based learning (WBL). Commissioners will not want their workforce to be tied to attending remote institutions. It is clear that a significant proportion of future education provision will put the responsibility on the learner to access information in electronic form. It is possible to argue that some in house education and training will remain however and continue to be located in local health and social care settings. Moore (2005) and Moore and Bridger (2008) have provided clear models for effective WBL.

6.6 Within the IP project it has also been suggested that due consideration must be given in the future to maximising IP learning opportunities in practice settings – in other words developing this as a form of work based learning. Although this has again been presented in the context of professional education and strategic alliances of groups of students, the same principles can be applied to groups of staff within organisations. Moore (2005) outlines an action learning approach with staff that draws together many

of the same key features (such as a desire for service improvement) that were highlighted in Miers and Shobbrook's (2010) report as being important aspects in the development of staff at bands one to four. To this end, as part of the continuation of the IP project it is the intention to set up a working party (consisting of representation from UWE placement learning and programme teams) to continue to explore how such alliances can be created and the learning opportunities maximised.

References.

- Anderson E. Lennox A (2009) The Leicester Model of Interprofessional Education: Developing, delivering and learning from students' voices for the last 10 years
Journal of Interprofessional Care
23 (6) p557-573
- Anderson P. (2007) *What is 2.0? Ideas, technology and Implications for Education*
JISC Technology and Standard Watch
February 2007. London: HEA
- Barr H. (2002) *Interprofessional Education: Today, Yesterday and Tomorrow*
Occasional paper No.1
(first printed in March 2002 by LTSN Centre for Health Sciences and Practice this reprint by HEA) London: HEA
- Barr H. (2009) *Interprofessional Education: Directions for the Future*
Keynote Address given to 1st Interprofessional Healthcare Education Conference at Edge Hill University Liverpool 9th July 2009
- Barrett G. Greenwood R. (2003) Integrating interprofessional education into 10 health and social care programmes
Ross K.
Journal of Interprofessional Care
17 (3) p293-301
- Barrett G. Sellman D. (eds) (2005) *Interprofessional Working in Health and Social Care: Professional Perspectives – An introductory Text*
Thomas J.
Basingstoke: Palgrave Macmillan
- Boulas M. Hertherington L. (2007) *Second Life: an overview of the potential of 3-D in medical and health education*
Wheeler S.
Health Information and Libraries Journal
24 (4) p233-245
- Boulas M. Wheeler S. (2007) *The emerging Web 2.0 social software: an enabling suite of suitable technologies in health and social care education*
Health Information and Libraries Journal
24 (1) p2-23
- Carpenter J. (1995a) Doctors and nurses: Stereotypes and stereotype change in Interprofessional education
Journal of Interprofessional Care
9 (2) p151-161

-
- Carpenter J. (1995b) Interprofessional education for medical and nursing students:
Evaluation of a programme *Medical Education*
29, p265-272
- Centre for the (2002) *Interprofessional Education – the definition restated*
Advancement of <http://www.caipe.org.uk>
Interprofessional Education.
- Clarke B. Lapthorne C. Miers M. (2005) *Student learning in interprofessional modules*
Evidence from student interviews and assignments
Centre for Learning and Workforce Research Bristol: UWE
- Charles G. Bainbridge L. (2010) The University of British Columbia model of
Gilbert J. Interprofessional Education
Journal of Interprofessional Care
24 (1) p9-18
- Curtis G.F. (1969) *Report of the President's Temporary Committee: Administrative*
Structure for The Health Sciences Centre
The University of British Columbia
- DH (1994) *The Report of the Inquiry into the Care and Treatment of Christopher*
Clunis London: The Stationary Office
- DH (1996) *In the Patients' Interests: Multiprofessional working across Organisational*
Boundaries London: The Stationary Office
- DH (1999) *Making a difference: strengthening nursing, midwifery and health visitor*
Education London: The Stationary Office
- DH (2008) *High Quality Care for All: NHS Next Stage Review Final Report*
Chair, Lord Darzi CM 7432: London: The Stationary Office
- Donovan L. (2010) *Education and Training to Support Strategic Workforce Change*
(Power-point Presentation) Bristol: UWE
- Fletcher I.P. (2008) *Power and Politics in Academy Land* Ed.D Thesis
Faculty of Education
Bristol: UWE
- Fletcher I.P. (2010) *Interprofessional Education: Origins, Rationale and Outcomes*
Keynote address given to Interprofessional Conference
Bristol: UWE 7th October 2010

-
- Fletcher P. (2007) Interprofessional Education (IPE) Shared Process: Common outcomes Poster presentation at HEA Health Sciences and Practice Subject Centre, Festival of Learning, Royal College of Physicians 27th -29th March
<http://www.health.heacademy.ac.uk/scevents/fol/fol2007/IanFletcher.pdf>
- Freeth D. Hammick M. (2002) A Critical Review of Evaluations of Interprofessional Education London: LTSN Centre for Health Sciences and Practice/HEA
- Koppel I. Reeves S. Barr H. (1998) Learning clinical skills: an interprofessional approach
Nurse Education Today 18, (88) p455-461
- Gilbert J. (2005) 'Interprofessional learning and higher education structural barriers'
Journal of Interprofessional Care 19 (Special issue -May 2005 Supplement 1) p87-106
- GMC (2009) Tomorrow's Doctors (3rd Edition) London: GMC
- Godfrey H. (2010) Developing Podcasts to facilitate learning in biological sciences in health care education SHA South West with Bristol: UWE
- Hean S. Dickenson C. (2005) The Contact Hypothesis: An exploration of its further potential in interprofessional education
Journal of Interprofessional Care 19 (5) p480-491
- Hillier R. (1999) Interprofessional Education for Undergraduate medical, Nursing, Physiotherapy, Occupational Therapy and Social Work Students in Palliative Care: A Formative Evaluation
National Health Service Executive (NHSE)
South West 1998 Report Bristol: NHSE
- Mountford B. (1997) An evaluation of problem based learning in the multiprofessional education curriculum for the health professions
Journal of Interprofessional Care 11 (1) p77-88
- Turner P. (2003) Interagency and interprofessional collaboration in community care: the interdependency of structure and Values
Journal of Interprofessional Care 17 (1) p70-83
- Hughes L. (2003) Interagency and interprofessional collaboration in community care: the interdependency of structure and Values
Journal of Interprofessional Care 17 (1) p70-83
-

-
- Kennedy I. (2001) Learning from Bristol: The Report of the Public Inquiry into Childrens' Heart Surgery at the Bristol Royal Infirmary 1984-1995
London: The Stationary Office
- Koppel I. Barr H. (2001) Establishing a systematic approach to evaluating the effectiveness of interprofessional education
Reeves S. Freeth D.
Hammick M. Issues in Interdisciplinary Care
(2001) No. 3 p41-49
- Laming Lord (2003) Inquiry into the Death of Victoria Climbié
London: The Stationary Office
- Laming Lord (2009) The Protection of Children in England: A Progress Report
Norwich: The Stationary Office
- Lough M. Schmidt K. (1996) An interdisciplinary model for professions students in a family practice center. Nurse Educator No. 21 p27-31
Swain G.
- Messer S. (2010) Enhancing interprofessional education through embodiment in the virtual world Second Life.
NETNEP 2010 3rd International Nurse Education Conference
11-14 April 2010, Sydney
- Miers M. Clarke B. (2007) Online interprofessional learning: The student experience
Pollard K. Rickaby C. Journal of Interprofessional Care
Thomas J. Turtle A. 21 (5) p529-542
- Miers M. Shobbrook A (2010) A Report of an evaluation of the NHS South West Joint Investment Framework
SHA South West with Bristol: UWE
- Moore L (2005) Searching the health and education communities for best practice In work-based learning
Winston Churchill Fellowship Report 2005
- Moore, L. & Bridger, J. (2008) Report: A Realistic, Londitudinal Evaluation of Work-based Learning of Qualified Nurses.
<http://hsc.uwe.ac.uk/net/research/Data/Sites/1/webformatevaluationproj.pdf>
- Mumford D (2007) Clinical Academies: Innovative School – Health Service Partnerships to Deliver Clinical Education Academic Medicine
82 (5) p435-440

-
- NMC (2004) Standards of proficiency for pre-registration nursing education
London: NMC
- NMC (2007) Ensuring continuity of practice assessment through the ongoing achievement record
NMC circular 33/2007 London: NMC
- NMC (2008) The Code: Standards of Conduct, Performance and Ethics London: NMC
- Pollard K. Miers M. (2005) Second year scepticism: Pre-qualifying health and social students' midpoint self-assessment, attitudes and perception concerning interprofessional learning and working
Journal of Interprofessional Care
19 (3) p251-268
- Pollard K. Rickaby C (2008) Evaluating student learning in an interprofessional curriculum: the relevance of pre-qualifying interprofessional education for future professional practice.
HEA Health Science and Practice Subject Centre with Bristol UWE
- Pollard K. Thomas J. (2010) Understanding Interprofessional Working in Health and Social Care
Miers M. Basingstoke: Palgrave Macmillan
- Richardson S. Asthana S. (2005) Inter-agency Information Sharing in Health and Social Care Services: The Role of Professional Culture.
British Journal of Social Work
36 (4) p657-669
- Robertson J (2008) Bridging the gap: Enhancing interprofessional education using simulation
Bondall K. Journal of Interprofessional Care
22 (5) p499-508
- Rowntree D. (1994) Preparing Materials for Open, Distance and Flexible Learning: An action guide
London: Routledge Falmer
- Saunders J. Schroter S. (2007) Web 2.0 technologies for undergraduate and post-Graduate medical education; an on-line survey
Post Graduate Medical Journal
Vol. 83 p759-762

-
- Shanley P. (2007) Leaving the “Empty Glass” of Problem-Based Learning Behind:
New Assumptions and a Revised Model for Case Study in
Pre-clinical Medical Education *Academic Medicine*
82, No. 5 / May p479-484
- Stage F. Muller P. (1998) Creating learning centered classrooms. What does learning
Kinzie J. Simmons A. theory have to say?
George Washington University, Graduate School of
Education and Human Development,
ERIC Clearinghouse on Higher Education. [ED422777]
- University of the West of England (2010a) Strategic Plan 2007-2012 Revised for
2010-2012 Bristol: UWE
- University of the West of England (2010b) VC Update No 29 (03/11/10) Bristol: UWE
- Wertsch J.V.(1997) Vygotsky and the formation of the mind
Cambridge University Press
- World Health Organization (1978) Primary Health Care: Report of the International
Conference on Primary Care, Alma-Ata
Geneva: WHO
- World Health Organization (2010) Framework for Action on Interprofessional
Education & Collaborative Practice Geneva: WHO

7. Appendix

Appendix 1

List of meetings / conference presentations etc. re PL work (May 2009 – May 2010):

1) Re-approval Project Steering Group meeting dates:

08/05/2009; 05/06/2009; 22/06/2009; 10/09/2009; 10/12/2009;
22/02/2010; 23/04/2010.

2) Nursing and Midwifery Re-approval Sub Group meeting dates:

28/01/2009; 04/03/2009; 21/04/2009; (SHA funding for PL from May '09)
20/05/2009; 24/06/2009; 27/07/2009; 08/08/2009; 07/10/2009;
09/11/2009; 08/12/2009; 11/01/2010; 15/02/2010; 25/04/2010.

3) IP module Development Sub-Group meeting dates:

05/03/2009; 31/03/2009; 24/04/2009; (SHA funding for PL from May '09)
22/05/2009; 15/06/2009; 15/07/2009; 15/09/2009; 11/12/2009.

4) Re-approval events:

(Mock re-approval events)

08/03/2010 – AHP; 10/03/2010 – N+M; 12/03/2010 – N+M;
17/03/2010 – AHP; 19/03/2010 – AHP; 26/03/2010 – AHP.

(Re-approval events)

17/05/2010 – Nursing (all fields);
18/05/2010 – Midwifery;
19/05-2010 – 21/05/2010 – AHP (all programmes).

5) Academic Seminars (internal):

IPE in new curriculum (23/02/2010) – seminar to module teams in preparation for re-approval events.

IP Education, Re-emphasis, Development and Change (24/03/2010) – Faculty Academic Seminar.

6) Conference Presentations (external):

Fletcher I.P. (2009) *Power and Politics in Academy Land – Reflections from the inside.*

Health and Social Care Reflective Practice Education Conference
Faculty of Health Studies, Keele University 22nd June 2009

Fletcher I. P. (2009) *Power and Politics in Academy Land*

Interprofessional Healthcare Education Conference
Faculty of Health, Edge Hill University 9th July 2009

7) HEI visits:

Includes visits to Sheffield Hallam University, Warwick Medical School and HEA (London).

Appendix 2: Module Specifications:

MODULE SPECIFICATION (Revised November 2008)

Title: The purpose, scope and context of interprofessional collaboration (Interprofessional Module A – Year 2).

Code: TBC

Version: 1

Last Updated:

Level: 2

UWE Credit Rating: 20

ECTS credit rating: 10

Module Type: Project

Module Leader: Ian Fletcher

Owning Faculty: Health and Life Sciences – School of Health and Social Care

Field: Allied Health Professions

Field Leader: Diane Hawes

Faculty Approval Committee: HSC Quality and Standards Committee

Date:
27/11/09

Valid from: 01/09/2010

Discontinued from:

Contributes towards:

BSc (Hons)/BSc/GradDip/DipHE Adult Nursing

BSc (Hons)/BSc/GradDip Children's Nursing

BSc (Hons)/BSc/GradDip/DipHE Mental Health

BSc (Hons)/BSc/ GradDip Learning Disabilities Nursing

BSc (Hons)/GradDip Occupational Therapy

BSc (Hons)/GradDip/DipHE Social Work

BSc (Hons)/GradDip Physiotherapy

BSc (Hons)/GradDip Diagnostic Imaging

BSc (Hons)/GradDip Radiotherapy and Oncology

BSc (Hons) Midwifery

FdSc Degree (Health + Social Care)
UoB - MBChB Medicine

Pre-requisites:

Co-requisites:

Entry requirements:
(If the module is offered
as CPD / standalone)

Excluded combinations: None

Learning Outcomes:

By the end of the module the student should be able to:

Please tick if appropriate

	<i>Component A</i>	<i>Component B</i>
<i>Knowledge and Understanding</i>		
<ul style="list-style-type: none">• <i>Identify the development of service user and carer involvement in the evolution of services.</i>	✓	
<ul style="list-style-type: none">• <i>Outline the policy context (political, social, professional) that advocates interprofessional / inter-agency collaboration.</i>	✓	
<ul style="list-style-type: none">• <i>Explain factors that may facilitate or hinder interprofessional / inter-agency collaboration.</i>	✓	
<ul style="list-style-type: none">• <i>Identify ethico-legal frameworks pertinent to interprofessional / inter-agency delivery</i>	✓	

	<i>Component A</i>	<i>Component B</i>
<i>Intellectual Skills</i>		
<ul style="list-style-type: none">• <i>Discuss the value of service user and carer involvement / participation within the provision of services.</i>	✓	
<ul style="list-style-type: none">• <i>Discuss alternative philosophies / value systems / beliefs that underpin different occupational / professional roles.</i>	✓	
<ul style="list-style-type: none">• <i>Discuss the distinct contribution of different service providers / agencies (state, private, informal, voluntary) to collaborative working.</i>	✓	

	<i>Component A</i>	<i>Component B</i>
<i>Subject, Professional and Practice Skills</i>		
<ul style="list-style-type: none"> <i>Promote individual's right to and involvement in the provision of services.</i> 	√	
<ul style="list-style-type: none"> <i>Apply ethical principles to personal conduct and interprofessional / inter-agency practice.</i> 	√	

	<i>Component A</i>	<i>Component B</i>
<i>Transferable Skills</i>		
<ul style="list-style-type: none"> <i>Reflect upon own professional development and interprofessional collaboration.</i> 	√	

Syllabus Outline:

The Interprofessional Context of Care

- The purpose of interprofessional / inter-agency collaboration
- The scope and range of policy (international, national, local)
- Professional identity and socialisation, issues of power and responsibility
- The evidence base for interprofessional education.
- Issues relating to equal opportunities / anti-oppressive practice.
- Service user and carer's perspectives on service provision.
- Ethico-legal context of collaborative care.

Management and Teamwork.

- Consideration of location, organisation and dynamics of teams.
- Partnership / inter-agency involvement for effective team work

Communication

- Communication processes within groups – barriers and facilitators.
- Inter-agency networking – identifying core skills

Reflection

- Reflection on and within interprofessional practice

-
- Reflection on and within interprofessional education

Teaching and Learning Methods:

A variety of approaches will be used which may include:

Inter-professional enquiry based learning, supported by various teaching methods – including lectures, seminars, simulation of scenarios through ICT based platforms (e.g. 2nd Life) and attendance at an IP conference.

Students will be able to access fixed resources e.g. library and ICT resources together with lecturer facilitation and support.

Reading strategy:

Students will be directed to specific academic pre-reading / sources of evidence / resources to inform participation within simulated on-line scenarios (2nd Life) and the Interprofessional Conference contained within the module. These will include:

www.caipe.org.uk www.doh.gov.uk <http://biomed.nis.ac.uk> <http://www.elsc.org.uk>

The module will also utilise contemporary sources – for example multi-media materials / coverage – as required, to highlight current aspects in inter-professional / inter-agency care.

Students will be expected to read widely to support / underpin discussion of their identified project. In addition to utilising materials from the module handbook, students will be expected to access and search the library catalogue including, bibliographic and full text data-bases and relevant independent sources.

The development of literature searching skills is supported elsewhere by dedicated sessions within uni-professional modules. In addition, support is also available through interactive tutorials on the use of specific electronic library resources and general search skills within UWE online / Blackboard.

University of the West of England

MODULE SPECIFICATION

(Revised November 2008)

Title:	Exploring Quality Practice for interprofessional / inter-agency collaboration (interprofessional Module B – year 3)	
Code:	TBC	
Version:	1	
Last Updated:	22/09/09	
Level:	3	
UWE Credit Rating:	20	
ECTS credit rating:	10	
Module Type:	Project	
Module Leader:	HUGHES M.	
Owning Faculty:	Health and Life Sciences – School of Health and Social Care	
Field:	Allied Health Professions	
Field Leader:	Diane Hawes	
Faculty Approval Committee:	HSC Quality and Standards Committee	Date 20/11/09
Valid from:	01/09/2010	
Discontinued from:		

Contributes towards:

BSc (Hons)/BSc/GradDip/DipHE Adult Nursing

BSc (Hons)/BSc/GradDip Children's Nursing

BSc (Hons)/BSc/GradDip/DipHE Mental Health

BSc (Hons)/BSc/GradDip Learning Disabilities Nursing

BSc (Hons)/GradDip Occupational Therapy

BSc (Hons)/GradDip/DipHE Social Work

BSc (Hons)/GradDip Physiotherapy

BSc (Hons)/GradDip Diagnostic Imaging

BSc (Hons)/GradDip Radiotherapy

BSc (Hons)Midwifery

UoB MBChB Medicine

Pre-requisites:

Interprofessional Module A (or equivalent).

Co-requisites:

None

Entry requirements:
(If the module is offered
as CPD/standalone)

Excluded combinations:

None

Aim:

The aim of this module is to give students an opportunity to reflect on their interprofessional / inter-agency experience and discuss the extent to which the principles of effective interprofessional working addressed in the previous IP module are being / could be achieved in practice.

Learning Outcomes:

By the end of the module the student should be able to:

Please tick if appropriate

	Component A	Component B
<i>Knowledge and Understanding</i>		
<ul style="list-style-type: none"><i>Explore the complexities involved when promoting interprofessional / inter-agency collaboration.</i>	✓	

	Component A	Component B
<i>Intellectual Skills</i>		
<ul style="list-style-type: none"><i>Critically evaluate and reflect on the contribution of professional / non-professional groups within the context of interprofessional / inter-agency practice.</i>	✓	

	Component A	Component B
<i>Subject, Professional and Practice Skills</i>		
<ul style="list-style-type: none"><i>Promote and support the roles of service users, carers and other service providers within service provision.</i>	✓	
<ul style="list-style-type: none"><i>Reflect on appropriate leadership and team-working skills.</i>	✓	

	Component A	Component B
<i>Transferable Skills</i>		
<ul style="list-style-type: none"> • <i>Reflect on own and others contributions within the context of interprofessional / inter-agency practice.</i> 	✓	
<ul style="list-style-type: none"> • <i>Reflect on individual professional development within the context of interprofessional / inter-agency working.</i> 	✓	

Syllabus Outline:

The Context of Interprofessional / Inter-agency Collaboration.

- Consideration of the impact of contemporary international, national and local policies on interprofessional / inter-agency service provision.
- Consideration of the changing landscape of service provision.
- Consideration of the effect of related policy drivers (e.g. work-force remodelling) on interprofessional / inter-agency service provision.

Management.

- Promotion and management of quality of care.
- Consideration of research and quality assurance issues related to interprofessional / inter-agency service provision.
- Promotion of evidence based practice within service provision.
- Promotion of service user and carer rights and participation within care.
- Consideration of ethico-legal issues within interprofessional / inter-agency service provision (e.g. changing professional regulation / professional boundaries).

-
- The range of personal, professional and group accountability within interprofessional / inter-agency service provision. .

Teamwork.

- Problem solving and decision making processes within interprofessional / inter-agency collaboration.
- Effectice leadership, team-working, conflict resolution.

Communication.

- Consideration of strategies / systems to maximise interprofessional / inter-agency communications.
- Information and Communication Technology.
- Technologies enabling inter-professional / inter-agency collaboration.

Reflection.

- Reflection on and within interprofessional education and interprofessional / inter-agency practice.

Teaching and Learning Methods:

A variety of approaches will be used which may include:

Introductory lecture / seminar.

On-line resources.

Students will be supported by a facilitator and utilising a problem based learning approach encouraged to analyse and reflect upon examples drawn from practice settings.

In addition, simulation of scenarios through ICT based platforms (e.g. 2nd Life) may be utilised as appropriate.