Interprofessional Learning and Working – what, why, how?

Lecture given by Dr Susanne Lindqvist
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Interprofessional Learning and Working – what is it?
Centre for Advancement of Interprofessional Education, CAIPE defines interprofessional education as follows:

“Interprofessional education occurs when two or more professions learn with, from and about each other in order to improve collaboration and the quality of care”

CAIPE, 2002

http://caipe.org.uk/
Interprofessional working involves different health and/or social care professionals working together in an integrated and collaborative way to improve the quality of care.
Interprofessional Learning and Working – why do we need it?
Why IPE?

• WHO report (1988) identified the need for interprofessional education, to ensure that a variety of health professionals could work together to meet the health needs of the people (Humphris, 2007)

• Death of Victoria Climbié (Laming, 2001)

• High mortality rate of babies undergoing heart surgery at Bristol Royal Infirmary (Kennedy, 2001)

• UK government produce policy documents highlighting the need for health & social care professionals to work more effectively together (DoH, 2001 & 2004)

• Death of Baby Peter (LSCB Haringey, 2009)
Why IPE?

- Follow up report by Laming (2009) shows recommendations following death of Victoria Climbie had not been acted upon
- Updated WHO report (2010) giving guidelines for IPE and collaborative practice
- Patient dignity compromised at James Paget Hospital (CQC Report on dignity & nutrition for older people, 2011)
- Failures in care at Mid Staffordshire (Langley Inquiry, Oct 2012)
- Francis Report following up on the failures at Mid Staffordshire (Feb, 2013)
Because health and social care – in the UK – need a Culture Change

Main outcome of The Francis Report, published February 2013
The Francis Report

- Over 250 witnesses
- More than a million pages of documentary material
- Three volumes
- 1782 pages
- 290 recommendations
What Francis Said…

Between 2005-2009, significant higher mortality rate than expected

Patients were so thirsty they drank water from flower vases, relied on their families for food and were left in sheets soiled with urine and faeces

Many suffered falls, some leading to serious injury, unobserved by staff
Issues from the report that specifically relate to IPL

• The organisation was failing to place quality of care and patients at heart of the work

• Lack of effective communication across the system in sharing information and concerns

• Lack of openness and transparency

• Lack of effective interprofessional interfaces

• Poor leadership and management systems
Health Education England (HEE)

- Around £4.9bn funding annually
- Around 159,000 students in the system now
- NHS Careers: Web-based service that promotes the NHS as a place of work to potential employees.
- Spent around £9,500 a minute on Education and Training
- Workforce planning: Commissioning under and postgraduate education to ensure we have a workforce in the right numbers, with the right skills, values and behaviours to respond to the current and future needs of patients.
- Recruiting for values and behaviours
- Undergraduate & postgraduate education: Commissioning places to reflect the future needs of patients.
- Continuing professional development (CPD)
- In service training for bands 1-4
- Dotted lines represent areas where HEE holds a leadership responsibility and indirect influence although direct influence lies elsewhere.
- Non-dotted lines represent factors for which HEE has a direct responsibility.

Centre for Interprofessional Practice
Early priorities for HEE…

- Pre-degree experience
- Focus on culture change in NHS
- Minimum Training Standards
- Focus on Bands 1-4
- Promoting the Constitution
- Situational Judgement Testing
- 3 tiers of dementia training
- Leadership of CPD
- Identifying training needs
According to HEE - Teams are pivotal

• HEE are committed to interprofessional learning and working and states that no one is exclusive

• HEE urges teams to constantly think about the patient being at the heart of all they do

We are as strong as our weakest link
Find time to listen, reflect and learn
Comparing UK with Iceland…

Iceland: 300,000 people
3 people/km²
1/3 of the population live in rural areas

UK: 63 million people
256 people/km²
Where ever we are in the world...

We have a responsibility to equip our future workforce to the best of our abilities.

Where possible, we need to provide students with opportunities for high quality IPL, that is patient centered, relevant to their experiences, and that helps foster positive attitudes and effective working relationships between professions.
Interprofessional Learning and Working – how we do it...
Centre for Interprofessional Practice, CIPP

- CIPP was founded in 2002
- Initially, CIPP delivered interprofessional learning (IPL) to active clinical teams
- From 2003, students at pre-registration level also became involved and CIPP now delivers IPL to students across ten different courses involving more than 1600 students each year.

The vision statement was – and still is:

“To improve care delivery by developing knowledge, skills, attitudes and behaviour that enable effective interprofessional collaboration”
Learning Objectives

are for students to gain:

• critical understanding of why effective interprofessional/inter-agency collaboration is important to care delivery;
• knowledge and a critical understanding of their own role and responsibilities when working collaboratively with other health and social care professionals;
• knowledge about the roles and responsibilities of other health and social care professions and how they would collaborate to provide optimal care;
• knowledge of the benefits and challenges associated with collaborative practice;
• ability to critically evaluate the appropriateness of different approaches and tools that can be used to optimise collaborative practice;
• understanding of their own limitations and recognising their future learning needs to become an effective collaborative practitioner, through on-going self-appraisal and reflection.
Philosophy of interprofessional education (IPE) at UEA

In order for students to develop the knowledge, skills, attitudes and behaviour that enable effective collaboration UEA offers opportunities for IPL:

- From the beginning of the course and throughout
- In small groups of mixed professions
- With the support of trained IPL facilitators

Hammick et al, 2007; CAIPE, 2012
Facilitator training for educators involved in interprofessional learning

SARAH FREEMAN, ANNA WRIGHT, & SUSANNE LINDQVIST

Centre for Interprofessional Practice, University of East Anglia (UEA), Norwich, UK

Abstract
The provision of interprofessional education (IPE) within undergraduate healthcare programmes is now widespread, and a selection of approaches can be found in the literature. Although no optimal method of delivering IPE has been identified, some key elements, such as effective facilitation, are acknowledged to be a crucial part of successful IPE. However, to date, limited guidance is available on how to prepare facilitators involved in interprofessional learning (IPL). This paper aims to contribute towards bridging this gap by describing a facilitator training programme (FTP) for IPL facilitators in a Higher Education setting. The FTP comprises eight components relating to: objectives, context, role
Theoretical underpinning

Adult learning – which requires the following conditions:

- Active engagement in learning
- Small group work – to enable students to apply, analyse, synthesise and evaluate
- Safe environment – so the learner does not feel threatened, anxious or embarrassed

Speck, 1996; Knowles, 1975

Contact hypothesis, derived from Contact Theory, emphasises the importance of:

- Knowledge and understanding between groups
- Inter-personal interactions & face-to-face contact
- Need to acknowledge similarities and differences

Overview of IPL at UEA

IPL at UEA involves ~1600 Students from 10 different courses:

- Social Work
- Operating Department Practice
- Pharmacy
- Nursing
- Occupational Therapy
- Physiotherapy
- Speech and Language Therapy
- Medicine
- Midwifery
- Education

The Centre currently delivers six different opportunities of IPL to students across four different levels of (1-4)

IPL1 and IPL2 are compulsory; IPL3 and IPL4 are voluntary
IPL1

• Mixed professional groups work together during a two-hour teamwork session

• The focus is around group dynamics and individual behaviour that influences team performance

• Students learn about professional roles independently in their own time by watching pre-recorded interviews of health and social care professionals.
IPL1
Learning outcomes

*After successful completion of IPL1 and associated independent learning, students will be able to:*

- Constructively discuss and identify behaviours that impact on a team’s ability to function effectively
- Recognise the effect of interprofessional teamwork on care delivery
- Describe their own and others’ professional roles and responsibilities when delivering care as part of an interprofessional team
- Reflect on their own behaviour and role within a team
- Describe their on-going learning needs as a future collaborative practitioner
IPL1
Teamwork session

- Teamwork exercise
- MDT clip
# IPL1

**Reflective statement**

*Students are asked to reflect on:*

- assessment of personality type and preferred team role
- activities completed in teamworking session
- what they learnt from the interviews of professionals
- application of learning and future learning needs as collaborative practitioner

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**IPL1 (2012-13) Teamwork Session - Template for Reflective Assignment**

You are advised to answer Questions 1) and 2) as soon as possible following attendance at the Teamwork Session and completion of the assessment(s) of your personality type or preferred team role.

1) Describe your thoughts and feelings regarding what you have learnt about yourself from completing the assessment(s) of your personality type or preferred team role. Reflect on this in light of how you participated as part of your IPL1 group and/or as part of another team you have been involved with (Max 150 words)

2) Describe your thoughts and feelings regarding the MDT video clip you observed and compare this either with how your own IPL1 group worked together or with other teamwork experiences you have had (Max 150 words)
IPL2

1. For students in Allied Health and Education

2. For students in School of Nursing Sciences, Medicine and Pharmacy
IPL2
Workshops 1 & 2
### IPL2 Workshops 1 & 2

#### Discharge plan and checklist – An Example

<table>
<thead>
<tr>
<th>On admission – Start date</th>
<th>Circle multiple choice answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient name</td>
<td>Hospital number</td>
</tr>
<tr>
<td>Address</td>
<td>Provisional discharge date</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Home Care**

<table>
<thead>
<tr>
<th>Does patient have any existing services?</th>
<th>Complete the list of services below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td></td>
</tr>
</tbody>
</table>

**Other Community Services**

<table>
<thead>
<tr>
<th>District Nurse</th>
<th>Reason?</th>
<th>Frequency?</th>
<th>District nurse cancelled?</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td></td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aids/Adaptions to be put in place for discharge?</th>
<th>Which aids include oxygen/nebuliser</th>
<th>Date requested</th>
<th>Date planned for aids to be in place?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No/NA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other relevant information**

**Home circumstances**

<table>
<thead>
<tr>
<th>Type of accommodation?</th>
<th>Lives alone/Carer</th>
<th>Lives with carer – relationship and name</th>
<th>Other forms of support in the neighbourhood Y/N</th>
<th>Name of Nursing Home/Residential Care OR N/A</th>
<th>Past Support required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bungalow/Flat/House/Care Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total/NA: Personal hygiene and dressing only/reminding/food and medication/NA Detail</td>
</tr>
</tbody>
</table>
Peer Assessment

These are the results of your assessment by your Peer Group.

The information from the peer assessment is not for the benefit of you as student. The purpose of the exercise is for each student to think about how everyone contributed and then receive feedback from peers about what they thought of your contribution.

Please see below your summary score from your peers. For each of the different four the maximum score is 5 and the total maximum average is 20. If your score is very low for the first one for example, it may be because you were not able to attend and therefore nothing to worry about.

<table>
<thead>
<tr>
<th>Question Id</th>
<th>Question Text</th>
<th>Rating Average</th>
<th>Rating %</th>
<th>Rating %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contribution during Workshop 1</td>
<td>4.83 (5.00)</td>
<td>96.67</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Communication between workshops</td>
<td>4.83 (5.00)</td>
<td>96.67</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Attendance at team meetings between workshops</td>
<td>4.83 (5.00)</td>
<td>96.67</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Contribution to final presentation</td>
<td>4.50 (5.00)</td>
<td>90.00</td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td>18.99 (20.00)</td>
<td>94.95</td>
<td></td>
</tr>
</tbody>
</table>
IPL2

Peer Assessment

Results Page

These are the results of your assessment by your Peer Group.

The peer assessment is for the benefit of you as student. The purpose of the exercise is for you to think about how everyone contributed to the team task during IPL2, and then for you to receive feedback from your peers about what they thought of your contribution.

Please see below the summary scores from your peers. For each of the four questions the maximum score is 5, making the total maximum 20.

<table>
<thead>
<tr>
<th>Question Id</th>
<th>Question Text</th>
<th>Rating Average</th>
<th>Rating %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contribution during Workshop 1</td>
<td>1.00 (5.00)</td>
<td>20.00</td>
</tr>
<tr>
<td>2</td>
<td>Communication between workshops</td>
<td>2.00 (5.00)</td>
<td>40.00</td>
</tr>
<tr>
<td>3</td>
<td>Attendance at team meetings between workshops</td>
<td>1.00 (5.00)</td>
<td>20.00</td>
</tr>
<tr>
<td>4</td>
<td>Contribution to final presentation</td>
<td>1.00 (5.00)</td>
<td>20.00</td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td>5.00 (20.00)</td>
<td>25.00</td>
</tr>
</tbody>
</table>

Attention – you have received a low score.

Please get in touch with your personal advisor to discuss reasons that may have affected your ratings and ways for you to make sure that peers will assess you higher next time.

If you score highly on most items then it means that you peers scored you highly and felt that you contributed well to the task the team was given.

If your score is very low for the first one for example, it may be because you were not able to attend and therefore nothing to worry about. However, if you peers scored you low on most items then you need to think about why that would be. Perhaps there is a very logical explanation e.g. you have been unwell, or there is another reason that you are aware of which made it difficult for you to contribute. Being on placement would have made it difficult for you to attend meetings, but you may still have been able to communicate and contribute to the final presentation.

Regardless of your score, you need to reflect on this exercise as part of your reflective assignment. Please also complete the feedback form that is now available to you on blackboard as we value your constructive comments on how to improve this final part of IPL2.
IPL3 & IPL4 – topic based events

Learning outcomes

*For students to:*

- consolidate their IPL experiences so far and their understanding of the benefits of, and constraints on interprofessional teamworking
- gain awareness of a particular area (e.g. domestic abuse, eating disorders, alcohol misuse, drug misuse)
- develop their understanding of the perspective of service users
- understand the interprofessional / multi-agency response to a particular issue
- help them to reflect on their role as an individual and as a member of a health and/or social care team when delivering care
- contribute to the preparation for their transition from student to professional
What is the value of topic based IPL events?
Development of the ‘Attitudes to Health Professionals Questionnaire’ (AHPQ): A measure to assess interprofessional attitudes

SUSANNE LINDQVIST, ANNA DUNCAN, LEE SHEPSTONE, FIONA WATTS & SHIRLEY PEARCE

Centre for Interprofessional Practice (CIPP), University of East Anglia, Norwich, UK

Abstract
This paper describes the development and preliminary validation of a measure to investigate interprofessional attitudes and how these attitudes change over time. Items for the questionnaire were elicited from ‘construct exercises’ with staff from different Health Schools resulting in a 20-item ‘Attitudes to Health Professionals Questionnaire’ (AHPQ). The questionnaire was completed by first year students from five different health professions. Its structure was evaluated using principal components analysis, the internal consistency was determined and the test-retest reliability assessed. Analysis of these data led to rephrasing/ removal of certain items and a revised form of the AHPQ. The
Measuring attitude change
The Attitudes to Health Professionals Questionnaire, AHPQ

Two different dimensions: ‘Caring’ and ‘Subservient’
Results suggest that IPL has a positive effect on the development of positive interprofessional attitudes.
Caring for attitudes as a means of caring for patients – improving medical, pharmacy and nursing students’ attitudes to each other’s professions by engaging them in interprofessional learning

GILLIAN HAWKES, IAN NUNNEY & SUSANNE LINDQUIST
University of East Anglia, UK

Abstract

Introduction: Negative attitudes between pharmacists, doctors and nurses can impact adversely on patients’ medicines management. A seven-week interprofessional learning (IPL) intervention was delivered to foster positive attitudes.

Methods: First-year pharmacy, nursing and medical students’ attitudes were assessed using the Attitudes to Health Professionals Questionnaire before and after IPL intervention.

Results: Students viewed pharmacists, doctors and nurses as more ‘caring’ after IPL. Nurses were viewed as most ‘caring’. Nursing and pharmacy students perceived doctors as least ‘caring’ before and after IPL, whereas medical students viewed pharmacists as least ‘caring’. Students perceived their own profession as more ‘caring’ than others did. The three-way analysis of variance showed a significant difference between student groups (p < 0.0001), professions (p < 0.0001) and before-and-after IPL (p < 0.005).

Conclusion: Findings suggest that students’ attitudes are more positive after they have worked together during seven weeks of IPL. Each student group view their own profession more positively than others. Views become more aligned after this IPL intervention. Time may be an important factor in allowing for attitudes to change. IPL can help foster positive attitudes between doctors, pharmacists and nurses, which may facilitate effective collaboration and thus enhance patients’ medicines management.

![Graph showing changes in perceptions](image-url)
Post-registration IPL

• Preparing for Change: 3-hour Master Class
• Lasting change: 3-month intervention
Overall aim of the Master Class

To help individual professionals who wish to optimise care delivery prepare for how to initiate, manage and sustain lasting change in a way that engages all members of their team.

A successful team is self-aware and can adapt to build on strengths and compensate for weaknesses.
Model of Change
Based on Kurt Lewin’s 3-step model, 1946

Step 1: ‘Unfreezing’
Understanding each member’s contribution, sharing practice, identifying strengths and weakness, recognising need for change, agreeing what needs to change and how change is going to occur.

Step 2: ‘Moving’
Working together towards an agreed vision by setting goals, including training/learning/support/guidance and time to allow progress.

Step 3: ‘Refreezing’
Stabilising the situation, balancing driving and restraining forces, strengthening new patterns of working with monitoring of performance and individual satisfaction.

Agreed vision
Engagement by all
Optimal Care Delivery
Introducing a post-registration interprofessional learning programme for healthcare teams

F. Watts1, S. Lindqvist1, S. Pearce2, M. Drachler1 & B. Richardson1

1Centre for Interprofessional Practice, University of East Anglia, 2Loughborough University formerly University of East Anglia, UK

Abstract

Introduction: Few studies have evaluated interprofessional learning (IPL) and teamworking in active clinical teams. The aim of this study was to evaluate an IPL programme offered to established clinical teams by assessing team climate before, during and after the intervention.

Methods: A previously validated questionnaire, that explored team members’ views of team climate, was administered before the IPL programme, at four months following facilitated meetings, and again at eight months. Responses were analysed using one-sample and independent samples t-tests.

Results: Nine teams, made up of 79 individuals, agreed to join the IPL programme. After four months, during which time the teams were supported by an educational facilitator, the overall team climate increased by 8.0% of the maximum possible score of the questionnaire (95% confidence interval = 7.4% to 8.6%). This difference was highly statistically significant (p-value <0.001) and similar increases in scores were seen in each section of the questionnaire. This significant change was sustained after a further four months when the programme continued without the support of an educational facilitator.

Conclusion: An IPL programme, such as the one described in this paper, can improve team climate and raise awareness of professional roles within established clinical teams.


Effective collaborative working between the different professions and agencies working to safeguard children is essential. Lack of knowledge of others’ roles, perceived differences in status and expertise, and negative stereotypes are examples of why this can be difficult to achieve. A facilitated interprofessional learning (IPL) programme was implemented to assess if such an intervention could overcome some of the barriers to effective interprofessional and inter-agency team working. Six teams based in primary and secondary care trusts took part with participants from health, education, police and social services. Quantitative and qualitative data were collected from individual participants using a pre-validated team climate inventory and reflective statements. Findings from this study demonstrate statistically significant changes in five out of six categories in the inventory. Reflective statements suggested that overall the programme offered a positive learning experience at both an individual and team level. The importance of outside facilitation to maintain the team’s momentum was acknowledged, as was the difficulty of maintaining a good level of activity once the programme had ended. Nevertheless, the IPL programme provided a timely opportunity to reflect upon the interprofessional and inter-agency team working needed within Children’s Trusts and the implications for staff involved with regard to skills development. Copyright © 2009 John Wiley & Sons, Ltd.
Examples of Goals Achieved

• Devise a questionnaire to gain greater insight into the patients’ understanding of risk factors between diabetes and eye disease.

• Carry out an independent investigation using semi-structured interviews with patients to examine possible duplication of verbal and written information given to them when attending the antenatal clinic.

• Improve communication between the ward and the Pharmacy department by implementing a link nurse system.

• A member of the team to take responsibility for improving inhaler technique for patients on a respiratory ward.

• Devise a criterion to prioritise patients’ requiring vascular emergency treatment in the angiography department to ensure their care throughout any procedure was as safe as possible.
Evaluation Tool

• Questionnaire aimed to assess interprofessional working relationships.

• Based on the Team Climate Inventory (TCI) developed by Anderson & West 1994, that was later validated as a tool for measuring group processes and team climate for innovation (Anderson & West 1996, 1998).

• It is assessing six different categories:
  o Participation
  o Support for new ideas
  o Objectives
  o Task Orientation
  o Reviewing processes within your working relationship
  o Social relationships within the team
## Mean scores of team climate at baseline, 4 months and at 8 months

SD=Standard Deviation

<table>
<thead>
<tr>
<th>Scales</th>
<th>Baseline mean (SD)</th>
<th>At four months mean (SD)</th>
<th>At eight months (four months after facilitation ceased) mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Participation</td>
<td>34.9 (8.1)</td>
<td>42.6 (6.8)</td>
<td>43.3 (6.9)</td>
</tr>
<tr>
<td>Support for new ideas</td>
<td>25.4 (4.9)</td>
<td>29.1 (3.7)</td>
<td>29.6 (4.3)</td>
</tr>
<tr>
<td>Team objectives</td>
<td>51.7 (13.6)</td>
<td>61.1 (8.6)</td>
<td>60.8 (7.8)</td>
</tr>
<tr>
<td>Task orientation</td>
<td>26.7 (8.7)</td>
<td>32.7 (7.1)</td>
<td>32.7 (6.6)</td>
</tr>
<tr>
<td>Reviewing processes</td>
<td>25.8 (7.2)</td>
<td>31.7 (6.2)</td>
<td>31.0 (6.5)</td>
</tr>
<tr>
<td>Social relationships</td>
<td>36.6 (5.6)</td>
<td>40.3 (5.6)</td>
<td>42.0 (4.4)</td>
</tr>
<tr>
<td>Overall Team Climate</td>
<td>202.4 (35.9)</td>
<td>239.1 (28.1)</td>
<td>238.1 (26.9)</td>
</tr>
</tbody>
</table>

n=71                                                                                       n=64                                                                                       n=42
High Quality Care is delivered by

High Quality Teams who have received

High Quality Education and are undertaking

High Quality, Ongoing Training and Self-Reflection

Don’t just “Do different”, “Do it!”, and “Do it well…”