



**1st International
Interprofessional Health and Social Care Conference,
Faculty of Health and Social Care,
University of Salford.**

1-2nd July 2008

**Education
Practice
Nursing
Physiotherapy
Medicine
Occupational Therapy
Pharmacy
Orthotics
Prosthetics
Psychology
Complementary Therapies
Social Work
Social Policy
Dentistry**

**Editors:
Melanie Stephens and Mike Barker**

Foreword

The 1st International Interprofessional Health and Social Care Conference at the University of Salford is both the latest in the series of international conferences focussing on interprofessional learning and practice, and also marks significant developments. The organisers are to be congratulated in putting together such a stimulating conference.

Contributions draw on experiences in Canada, Finland, Japan, Norway, USA, Ukraine, England and Scotland. The wide range of topics include on-line collaboration, wikis and learning objects, action research, communication methods, practice development and continuing professional development, interprofessional learning in the work place and corporate learning, interprofessional practice in working with children and young people, the role of the supervisor, work force development, government policies and participation.

In particular, the conference responds to the challenge of sustaining interprofessional learning and practice through taking forward work in four key areas: firstly, the construction of a body of evidence from evaluations of the impact of interprofessional learning on students, practice and services; secondly, the construction of a body of theory concerning interprofessional learning; thirdly, links with work force development, participation and government policy; finally, in the person of Professor Ray Land, the need for educational specialists to be working with clinical teachers and practitioners in the development of interprofessional education.

It is particularly pertinent the Conference speakers also include Professor Madeline Schmitt, who includes in her many contributions to IPE and collaborative practice, acting as co-chair of the *All Together, Better Health III* conference in London in 2006. Professor Yumi Tamara was a panel member at that conference, is at the forefront in the development of interprofessional education in Japan and represents the continuing dialogue between educators in Japan and the UK about IPE. It has been the writing and conversation of Professor Hugh Barr that has helped me and many others to make sense of interprofessional education. He continues to articulate the significance and complexity of interprofessional learning and collaborative practice in a changing environment.

Following on the pioneering work of CAIPE, interprofessional education networks are growing across the world. There is keen interest across Europe, as evidenced in the well-established Nordic IPE Network (Nipnet), the first EIPEN conference in Krakow in 2007, development of interprofessional education in Poland, Hungary and Slovenia, transnational interprofessional collaborations, and proposals for research. InterEd, the new global organisation promoting scholarship in IPE and collaborative practice, co-organised the *All Together Better Health IV* conference 2008 hosted by the Karolinska Institutet and Linköping University in Sweden. The next conference in this series will be hosted by the new Australasian IPE Network in 2010 in Sidney.

The 1st International Interprofessional Health and Social Care Conference celebrates current work in IPE and collaborative practice and provides links with past and future developments in interprofessional education and collaborative practice.

Dr Marion Helme

Project Manager of the European Interprofessional Education Network
www.eipen.org

UK Higher Education Academy Subject Centre for Health Sciences and Practice

www.health.heacademy.ac.uk

Subject Centre for Medicine, Dentistry and Veterinary Medicine
(www.medev.ac.uk)

Subject Centre for Social Policy and Social Work (www.swap.ac.uk)

Board member of InterEd (<http://www.interedhealth.org/>)

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Overview of proceedings

30th June 2008

Time	Event
4:00pm - 6:00pm	Registration
5:30pm	Welcome with the Mayor of Salford

1st July 2008

Time	Event
8:00am - 9:00am	Registration The Themes of the Conference are intertwined to enable delegates to be exposed to a variety of topics and perspectives in relation to Interprofessional Education and Practice.
9:00am - 9:15am	Opening Welcome Professor Rona Howard, Dean of Faculty of Health and Social Care, University of Salford.
9:15am - 9:45am	Keynote lecture Professor Emerita Madeline H. Schmitt, Associate Editor of the Journal of Interprofessional Care, Member of the Board of InterEd and Member of W.H.O. Study Group on IPE and Collaborative Practice.
9:50am - 10:50am	Concurrent papers
10:50am - 11:30am	Coffee, poster and exhibition viewing
11:30am - 12:30pm	Concurrent papers
12:30pm - 2:00pm	Lunch and poster/exhibition viewing

2:00pm -	Keynote Lecture
2:30pm	Professor Ray Land, Professor of Higher Education and Director of the Centre for Academic Practice and Learning Enhancement at the University of Strathclyde. Programme Director of the Certificate/Diploma in Advanced Academic Studies. Member and founding accreditor of the Higher Education Academy.
2:35pm - 3:55pm	Concurrent papers
6:00pm - 7:00pm	Manchester United Football Club Tour
7:00pm - 12am	Conference Dinner (MUFC) Premier Suite
12am	Close

2nd July 2008

Time	Event
8:00am - 9:00am	Registration
9:00am - 9:15am	Keynote lecture Emeritus Professor Hugh Barr, Chair of the UK Centre for the Advancement of Interprofessional Education, Editor in Chief of the Journal of Interprofessional Care and Emeritus Professor of IPE at the University of Westminster.
9:20am - 10:20am	Concurrent papers
10:20am - 11:00am	Coffee, poster and exhibition viewing.
11:00am - 12:00pm	Concurrent papers
12:00pm - 1:30pm	Lunch and poster/ exhibition viewing.

1:30pm	-	Keynote Lecture
2:00pm		Professor Yumi Tamura, Professor of Nursing and Head of the Interprofessional Education and Work Center, Kobe University Faculty of Health Sciences, Japan.
2:05pm	-	Concurrent papers
3:25pm		
3:25pm		Closing Address
		Dr Adrian Graves, Registrar, University of Salford. Poster prize giving.
3:45pm	-	Conference ends
Close		

3rd July 2008

Time	Event
10:00am	<p>IPE Symposium</p> <p>On the third day of the conference there will be the opportunity for those delegates who wish to further their stay in Salford to consider the possibilities of future collaborations and networking gateways within the Faculty.</p> <p>This will include spending the morning viewing the facilities within the Faculty of Health and Social Care and then after lunch meeting with staff from the Research Institutes, Academic Enterprise and Teaching and Learning to explore the 'limitless opportunities'.</p>

Biographies

Professor Madeline Schmidt

Professor Ray Land

Professor Hugh Barr

Professor Yumi Tamura

Professor Madeline Schmidt



Madeline H. Schmitt, PhD, RN, FAAN, Professor Emerita, is a nurse-sociologist and former Professor and Independence Foundation Chair in Nursing and Interprofessional Education at The University of Rochester, School of Nursing, USA. For 35 years she has conducted measurement and outcomes studies of

collaborative practice, including the functioning and outcomes of geriatric health care teams, and collaborative decision making in ICU settings. She is currently a co-investigator for a 4-year ethnography funded by the National Institute for Nursing Research focusing on the integration of palliative care teams into the acute hospital environment; as well as for a 2-year study funded by the Robert Wood Johnson Foundation focused on the role of staff nurses in hospital-based care coordination.

In the late 1990's Dr. Schmitt was a co-investigator for the University of Rochester Medical Center (URMC) for a multi-site national educational project: Community-based Quality Improvement Education for the Health Professions. In 2005 she was the co-principal investigator for the URMC for the testing of the national Achieving Competency Today interprofessional quality improvement curriculum.

She is a consultant and sought after speaker in the USA and abroad on collaborative practice and IPE, including work in 2005 with the Canadian Health Services Research Foundation.

She was a co-chair of the London-based conference, All Together, Better Health III and major consultant to the recent American Canadian IPE conference, Collaborating Across Borders. She is an associate editor of the Journal of Interprofessional Care and a member of the Board of InterEd. She is also a member of the W.H.O. Study Group on interprofessional education and collaborative practice.

She has served as a member of the National Institutes of Nursing Research initial review group, and was Editor for 5 ½ years of Research in Nursing & Health, a top-rated international nursing research journal.

She is sole or co-author of more than 100 professional publications, many of them focused on interprofessional education and collaborative practice. Among her honors are induction as a Fellow of the American Academy of Nursing in 1977 and the National Academies of Practice in 2000, which honored her with their Award for Interdisciplinary Creativity.

Professor Ray Land



Ray Land is Professor of Higher Education and Director of the Centre for Academic Practice and Learning Enhancement (CAPLE) at the University of Strathclyde, Glasgow. He was previously Director of the Centre for Teaching, Learning and Assessment at Edinburgh University. He is a Fellow of the Royal Society of Arts, the Staff and Educational Development Association, and the Higher Education Academy. His research interests include educational

development, threshold concepts and troublesome knowledge, research-teaching linkages, and theoretical aspects of digital learning. He is the author of *Educational Development: Discourse, Identity and Practice* (Open University Press 2004) and co-editor of *Education in Cyberspace* (RoutledgeFalmer 2005), *Overcoming Barriers to Student Learning: Threshold Concepts and Troublesome Knowledge* (Routledge 2006) and *Threshold Concepts within the Disciplines* (Sense Publishers 2008).

Professor Hugh Barr



Professor Hugh Barr, PhD is Emeritus Professor of Interprofessional Education and Honorary Fellow at the University of Westminster UK and holds visiting chairs in the same field at King's College London, St George's University of London with Kingston University, and the University of Greenwich in the UK.

He was awarded an Honorary Doctorate in 2006 from the University of Southampton for his seminal role in promoting interprofessional education nationally and internationally.

He is the President of the UK Centre for the Advancement of Interprofessional Education (CAIPE), President for 2007/2008 of the General Practice with Primary Health Care Section of the Royal Society of Medicine, Joint Editor-in-Chief of the Journal of Interprofessional Care, a Board Member of the International Association for Interprofessional Education and Collaborative Practice (InterEd) and a member of the WHO Study Group on interprofessional education and collaborative practice.

He is also Series Editor for 'Promoting Partnership Health' for Wiley Blackwell which comprises three interprofessional books so far with others in the pipeline. All provide international perspectives for an international readership. He has contributed to successive systematic reviews of the effectiveness of interprofessional education as a member of the Interprofessional Education Joint Evaluation Team (JET). His extensive publications focus on clarifying the concept of interprofessional education, tracing its historical development, establishing its incidence and securing its evidence base.

He travels widely to promote interprofessional developments in other countries including Australia, Bahrain, Canada, Denmark, Finland, Germany, Greece, Japan, Hungary, Kenya, the Lebanon, New Zealand, Norway, Poland, Russia, Spain, Sweden and the United States. He held a visiting academic appointment in Finland for ten years and currently supervises and mentors Norwegian as well as UK PhD candidates conducting interprofessional research.

He was previously an Assistant Director of the (UK) Central Council for Education and Training in Social Work (CCETSW) and Special Professor in Interprofessional Studies at the University of Nottingham, having spent his earlier career in the Probation Service, criminological research in the Home Office and the voluntary sector of prison aftercare. He read social studies at the University of Nottingham before qualifying as a social worker.

Professor Yumi Tamura



Yumi Tamura is Professor of Nursing and Head of a center that promotes interprofessional work and education at Kobe University, Japan. Her research interests are collaborative practice, interprofessional education, reflection, wound and ostomy care, and international nursing with a focus on disaster relief. After obtaining a MSc from

London South Bank University in Interprofessional Health and Welfare Studies Yumi Tamura introduced the term “interprofessional” to Japan upon return in 1996. Her current hope is to establish a network for interprofessional education in Japan.

The Faculty of Health Sciences at Kobe University is at the forefront of the development and implementation of education for interprofessional work in Japan. Recently they were awarded the prestigious “Good Practice” educational fund to support implementation and further development of this program and establish a center for the promotion of interprofessional work and education.

Yumi Tamura was part of a team who were sent to the Sumatran Earthquake and Tsunami area in order to investigate support for long term healthcare relief and support to rebuild the country’s damaged infrastructure. While working as a clinical nurse, she was assigned on a 6 month Red Cross mission to Pakistan to work with war victims from Afghanistan. After spending half a year back home she was assigned on a mission to Armenia, which was recovering from the devastating earthquake in 1989, to work with spinal cord injured patients.

The Faculty of Health and Social Care

The Faculty of Health and Social Care is a significant provider of Health and Social Care education in the UK. Originally formed in 1996, with the merger of the University with University College Salford and the Northern College of Midwifery and Nursing, the Faculty has since undergone significant growth and expansion.

The Faculty currently has a staffing complement of 476, incorporating 323 academic staff and 12 professors, across 3 Schools. The Faculty has 6302 students, representing a third of all students registered with the University.

It is based around 3 Schools and a Research Institute which include the following subject areas:

The School of Community, Health Sciences and Social Care

Complementary and Alternative Medicine, Counselling, Exercise and health Psychology, Public Health and Society, Social Policy and Social Work.

The School of Health Care Professions

Radiography, Midwifery, Occupational Therapy, Podiatry, Prosthetics and orthotics, Physiotherapy, Sports Science and Sports Rehabilitation.

The School of Nursing

Professional registration as an adult, children's or mental health nurse

The Institute for Health and Social Care Research

The institute is grouped around five vibrant research centres which provide leadership and support for members within their respective subject domains:-

The Centre for Public Health Research brings epidemiological and social science based approaches to the study of contemporary public health issues and their policy solutions.

Centre for Rehabilitation and Performance Research – undertaking leading edge multi-disciplinary research related to rehabilitation and human performance and the associated allied health professions.

Salford Centre for Nursing, Midwifery and Collaborative Research is strongly linked to and supported by the School of Nursing and the Directorate of Midwifery.

Salford Centre for Social Work Research are curious about the world and enjoy engaging with how social work is made sense of; how practice is undertaken and how we can move towards the most helpful ways of working with service users.

Centre for Applied Health and Psychological Research is our recently established centre whose mission is to promote understanding and improvement of human well being and functioning through applied research.

As a Faculty we also ensure we offer:

- An inter-professional approach to health and social care that is based on the best available evidence
- Schools that work closely together, providing opportunities for students from different courses to share both work and leisure activities
- A thriving and supportive research environment with an international reputation
- Continuing Professional Development: We offer study days and short courses that are ideal for health and social care professionals from all backgrounds. We are committed to events that will motivate and challenge you and drive professional practice forward.
- Commitment to lifelong learning that means we'll help you develop after you've qualified

Word Class Facilities

The Faculty is home to a number of word class facilities offering a broad range of services, including:-

- Human performance laboratories which are equipped with a wide range of state of the art biomechanical and physiological instrumentation.
- A state of the art Podiatry clinic open to the general public
- Prosthetic and Orthotic workshops which boast a well equipped machine room with CAD/CAM facilities and a plaster room where impressions of patients anatomy can be modified for the subsequent manufacture of custom made prostheses or orthoses.
- Psychology lab containing a Tobii x50 eyetracker to monitor conscious and unconscious gaze movements, an observation suite with a two-way mirror, with a video game analysis laboratory where you can analyse the psychological and physiological effects of violent video games.
- Complementary and Alternative Medicine clinic open to staff, students, and members of the public, offering Acupuncture, Reflexology and Aromatherapy treatments.
- An e-lab which is equipped with a Health Informatics Usability Suite and Observatory.

At the heart of the Faculty's philosophy lies a commitment to building relationships with national and international organisations both in the public and private sectors. The Faculty is also committed to cultivating a strong engagement with its local community.

Further information in relation to the Faculty and its activities can be found at www.fhsc.salford.ac.uk

Conference Programme

Concurrent papers 1st July 2008

Time	Event
8:00am 9:00am	Registration
The Themes of the Conference are intertwined to enable delegates to be exposed to a variety of topics and perspectives in relation to Interprofessional Education and Practice.	
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2:35pm 3:55pm	Concurrent papers
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12am	Close

9:50am 10:50am

Room 1: Chair: Professor Emerita Madeline H. Schmitt

Sustainability using the Collaborative Model.

Dr Ann Jackson, Associate Professor Interprofessional Education, Institute of Clinical Education, University of Warwick and Patricia Bluteau, Associate Director of CIPeL, Coventry University, England.

Multidisciplinary Learning within the MPharm Degree.

Dr Chris Langley, Lecturer in Pharmacy Practice and Professor Keith Wilson, Professor of Pharmacy, School of Life and Health Sciences, Aston University, England.

Collaboration: Do Web2 technologies truly support interprofessional collaboration and group assessment or do they lead to chaos?

Dr Ann Wakefield, Senior Lecturer, Dr Keith Elliot, Head of Teaching and Learning, Dr Jason Hall, Senior Teaching Fellow, Nicola Turner, Teaching Fellow, Carole Butterfield, Teaching Fellow, Rochelle Gunter, Web Technologist, Mark Blything, Teaching Assistant and Wayne Bulbrook, Learning and Teaching Officer, School of Nursing, Midwifery and Social Work, University of Manchester, England.

Room 2 Chair: Professor Rona Howard

The issues involved in developing sustainable interprofessional education in undergraduate professional programmes.

Kathleen Markey, Lecturer, Department of Nursing and Midwifery, University of Limerick, Ireland and Charmagne Barnes, Principal Lecturer, School of Health and Social Sciences, Middlesex University, England.

An Interprofessional, Collaborative Learning Unit: Development, implementation and evaluation within a framework of action research.

Assistant Professor Sissel Johnsson Brenna, Associated Professor Marit Graue and Associated Professor Janet Harris, Department of Postgraduate Studies, Bergen University College, Norway.

Achieving ‘added value’ through CPD and Life long learning: case study of an work based action learning project in an acute NHS trust.

Ruth Dawson, Lead Nurse Practice Development, Mary Douglas, Head of Learning and Development, Salford Royal NHS Foundation Trust, England.

11:30am 12:30pm

Room 1: Chair: Vicky McMillan – Head of Quality and Interdisciplinary Learning NHS Northwest.

Improving the Patient Experience: Developing professional capability via an agreed Competency Development Programme.

Ruth Dawson, Lead Nurse Practice Development, Mary Douglas, Head of Learning and Development, Gaynor Varden, Lead Nurse Practice Development, Diane Hickford, Lead Nurse Practice Development, Salford Royal NHS Foundation Trust, England.

Does interprofessional learning impact positively on interagency working in a community of child protection practice?

Elaine Uppal, Lecturer, Directorate of Midwifery, University of Salford, England.

Proposing Illeris’s Tension Triangle as a framework for Interprofessional education: conclusions from the PIPE Project.

Maggie Lord, Principal Lecturer in Community Health, Education and Social Care, and Dr Katy Newell Jones, Consultant Facilitator in Education, Faculty of Society and Health, Buckinghamshire New University, England.

Room 2: Chair: Professor Tony Warne – Head of School of Nursing, University of Salford.

“Multiprofessional qualifications – A new health practitioner?”

Professor Mike Thomas, Dean, Faculty of Health and Social Care, University of Chester, England and Celia Hynes, Director for Adult Nursing, School of Nursing, University of Salford, England.

Developing expertise facilitating a multiprofessional education wiki: introducing rigour

Leslie Robinson, Senior Lecturer in Radiography, Melanie Stephens, Lecturer and Strategic Lead for Interprofessional Education, Denis McGrath, Faculty Learning Technologist, Faculty of Health and Social Care, University of Salford, England.

Springboard

Micheal Murphy, Senior Lecturer, School of Community Health and Social Care and Michael Ravey, Senior Lecturer, School of Nursing, University of Salford, England.

2:35pm 3:55pm

Room 1: Chair: Professor Ray Land

Creating Interprofessional learning capacity in Children's Centres (CILCCC) within a health and social care community.

Jane McCombe, CILCCC Project Coordinator and Tina Worboys, Interprofessional Learning Manager, Nottinghamshire Health & Social Care Community Workforce Team (NHSCCW), Nottinghamshire County Teaching PCT.

A Promising Start – Creating Relevant, virtual and applied IPE.

Patricia Bluteau, Associate Director of CIPeL, Coventry University and Dr Ann Jackson, Associate Professor Interprofessional Education, University of Warwick, England.

The Realities of Delivering IPE; the Oasis in the Desert!

JoAnne Supyk, Senior Lecturer, Peter Bowden, Lecturer, Jan Dodgeon, Lecturer, Rachel Martin, Senior Lecturer and Christine Smith, Strategic Lead for Interprofessional Education, School of Health Care Professions, University of Salford, England.

From Rhetoric to reality. A Review of New Labour's Proposals for Greater Public Participation in Local Health Service Planning. How successful has the implementation of Government Policy within this area been ten years on?

Rita Howarth, Senior Lecturer and Bernard James Melling, Senior Lecturer, School of Community, Health Sciences and Social Care, University of Salford, England.

Room 2: Chair: Dr Viv Caruana.

Developing interprofessional e-learning: illuminating the perspectives and intentions of educational practitioners.

Professor Frances Gordon, Head of Interprofessional Education and CoDirector of the Centre for Interprofessional e-learning, Karen Booth, Principal Lecturer and Associate Director for Centre for Interprofessional e-learning, and Helen Bywater, Principal Lecturer and Associate Director for Centre for Interprofessional e-learning, Sheffield Hallam University, England.

Crisis teams – the challenge for workforce roles and relationships in the future.

Dr Hugh Middleton, Associate Professor, School of Sociology and Social Policy, University of Nottingham, England, Professor Onyett, Care Services Improvement Partnership, Somerset, England and Dr K Linde, Senior Research Fellow, University of Leeds, England.

First Do No Harm: An exploration of challenges associated with tackling student conduct through Fitness to Practice Panels in an IPE programme.

Carrie Saunders, Head of Department, Dr Chris Biela, Senior Lecturer and Alex Levine, Director Adult Nursing, Department of Nursing and Applied Clinical Studies, Canterbury Christ Church University, England.

Socializing Healthcare Students through Interprofessional Education; An Integrative Literature Review

Hossein Khalili, PhD Nursing Student and Carole Orchard, Associate Professor, The University Of Western Ontario, Canada.

Concurrent papers 2nd July 2008

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8:00am 9:00am	Registration
9:00am 9:15am	Keynote lecture Emeritus Professor Hugh Barr, Chair of the UK Centre for the Advancement of Interprofessional Education, Editor in Chief of the Journal of Interprofessional Care and Emeritus Professor of IPE at the University of Westminster.
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2:05pm 3:25pm	Concurrent papers
3:25pm	Closing Address Dr Adrian Graves, Registrar, University of Salford. Poster prize giving.
3:45pm	Conference ends

9:20am 10:20am

Room 1: Chair: Emeritus Professor Hugh Barr

Do professions have distinct or singular personalities? Using the Enneagram to support and facilitate interprofessional nursing.

Dr Elaine Ball, Lecturer in Nursing, School of Nursing, University of Salford, England.

“The interprofessional learning programme (IPL) was useful but it would have been better if...:Using first year students’ experiences of their initial participation in IPL to enhance assessment learning and teaching (ALT) issues.

Sue Smith, Principal Lecturer, Kate Karban, Principal Lecturer and Professor Ieuan Ellis, Associate Dean, Faculty of Health, Leeds Metropolitan University, England.

Interprofessional Education: Friend or Foe? The Students’ Perspective.

Sophia J Rabin, Student Radiographer, Kathleen Arnold, Student Physiotherapist, Jane I R brooks, Student Radiographer, Gemma Clarke, Student Podiatrist, Catherine Nicholls, Student Physiotherapist, Stephanie Nuttall, Student Occupational Therapist, and Lisanne Whalen, Student Occupational Therapist, Allied Health Programme, School of Health Care Professions, University of Salford, England.

Room 2: Chair: Mervyn Eastman

Learning theories: their current application and future contribution to interprofessional education.

Dr Sarah Hean, Senior Lecturer, School of Health and Community Studies, Bournemouth University, England, Deborah Craddock, MSc Programme Leader and School Lead for Interprofessional Education, University of Southampton, England and Dr Cath O’Halloran, Head of Department of Clinical and Health Sciences, University of Huddersfield, England.

Applying Interprofessional learning to a preregistration healthcare professions programme: the challenges for adult nursing.

Ian Felstead, Senior Lecturer, Pathway Director Adult Nursing, Alex Levine, Senior Lecturer, Ann Price, Senior Lecturer, Nursing and Applied Clinical Studies Department, Canterbury Christ Church University, England.

“Realising Workforce Potential” – Advancing Interprofessional Workforce Development within Knowsley Primary Care Trust.

Sue Watson, Workforce Development Lead and Julie Holland, Workforce Development Lead, Knowsley PCT, England.

11:00am 12:00pm

Room 1: Chair: Professor Stuart MacKay

Differentiated Learning: Hype, Help or Hindrance to Interprofessional Education?

Nick Napper, Education Advisor, Musgrove Park Hospital, Taunton, England.

Using story telling to promote clinical reflection on our common language

Carole Haines, Lecturer, School of Community Health and Social Care and Joan Livesley, Senior Lecturer, School of Nursing, University of Salford, England.

Developing interprofessional service processes for unemployed for reintegration to labour market.

UllaMaija Koivula, Principal lecturer, School of Social Services, Piramk University of Applied Sciences, Finland.

Room 2: Chair: Professor Mike Thomas – Dean of Chester

Collaboration, Evidence Based Practice and Shared Governance: A coming together!

Richelle Buckley, Professional Development Facilitator, Heywood, Middleton and Rochdale Primary Care Trust, England, Jacqueline A Leigh, Lecturer in Nursing, Michelle L Howarth, Lecturer in Nursing, Natalie Yates-Bolton, Lecturer in Nursing, School of Nursing, University of Salford, England.

Crossing Professional Boundaries: Design and ethical issues in creating an interprofessional learning object.

Jane Bloom, Midwifery Lecturer, Karen Booth, Associate Director Centre for Interprofessional e-learning, Luke Miller, Learning Technologist, Centre for Interprofessional e-learning, Sheffield Hallam University.

Staff Perspectives on Developmental Models of Practice Based IPE – Challenges and Solutions.

Helen Armitage, TULIP Project Lead, Penny Furness, TULIP Research Fellow, Faculty of Health and Wellbeing, Sheffield Hallam University, England and Richard Pitt, TULIP Coordinator, University of Nottingham, England.

2:05pm 3:25pm

Room 1: Chair: Professor Yumi Tamura

Disengagement and the Older Person

Dr Mervyn Eastman United Kingdom Director of Better Government for Older People and Editor of Strategem.

Challenges of different landscapes of knowledge: Swampy low grounds and theoretical high grounds, the role of supervisors’ in sign posting for success.

Dr Tim Clark, Senior Lecturer in Research and Mary Brown, Principal Lecturer in Nursing, Department of Nursing and Applied Clinical Studies, Canterbury Christ Church University, England.

Interprofessional Education Disclosure of Adverse Events. (Via video link)

Constance Sunderland, Medicine Program Operational Director and Glenna Churchill, Patient Relations Specialist, Kingston General Hospital, Canada.

The use of action inquiry to develop a model of interprofessional education for undergraduate social work and paediatric nursing students.

Valentine Scarlett, Teaching Fellow, School of Education, Social Work and Community Education and Robert Muirhead, Lecturer Child Health, School of Nursing and Midwifery, University of Dundee, Scotland.

Entry-to-service as a Multidisciplinary, Inter-agency Process for Secondary Care Mental Health Services

Malcolm Firth, Lecturer in Social Work, University of Salford, England

Room 2: Chair: Karen Kniveton – Chair of the IPE Steering Group, Faculty of Health and Social Care, Salford.

The Development of a year 1 IPE Programme.

Jayne Slonina, Lecturer in Interprofessional Education. Kings College London, England.

Interprofessional Learning in Practice Settings: Opening Doors.

Julie Wright, Principal Lecturer – Placement Learning, Manchester Metropolitan University, England and Sarah Booth, Practice Educator, Stockport Primary Care Trust, England.

Learning Together and working together..the reality of developing a multiprofessional curriculum, core skills for professional practice.

Lynne Downey, Principle Lecturer and Ann Miller, Senior Lecturer, Northumbria University, England.

Exploring the impact of interprofessional education on preregistration health and social care students' views: a prospective longitudinal survey.

Deborah Craddock, MSc Programme Leader, School of Health Professions and Rehabilitation Sciences, University of Southampton, England.

Working and Teaching Together To Teach Working Together.

Ros Johnson, Senior Lecturer in Physiotherapy and Hilary Pengelly, Senior Lecturer in Social Work, Faculty of Health and Wellbeing, Sheffield Hallam University, England.

Wednesday 3rd July 2008

Time	Event
10:00am	IPE Symposium

On the third day of the conference there will be the opportunity for those delegates who wish to further their stay in Salford to consider the possibilities of future collaborations and networking gateways within the Faculty. This will include spending the morning viewing the facilities within the Faculty of Health and Social Care and then after lunch meeting with staff from the Research Institutes, Academic Enterprise and Teaching and Learning to explore the 'limitless opportunities'.

Agenda

10:00am	Meet at the Mary Seacole Atrium for a tour round the Faculty
11:00am	Coffee
11:30am	Symposium Meeting
13:00pm	Lunch
14:00pm	Finish

Tuesday 1st July

**Opening Welcome:
Professor Rona Howard**

Sessions 1 & 2

Keynote Presentations:

**Professor Madeline Schmidt
Professor Ray Land**

Concurrent Papers

Professor Madeline Schmidt

Theorizing in IPE: Exploring Options: Old and New

The theoretical context of IP activities and evaluation efforts are often cited as “missing” in presentations and published work, despite a belief in the importance of theorizing. Presently, there is renewed interest in the theoretical dimensions of IPE. What is “theory”? Why is it important? What is unique about theories for IPE? How do we develop and/or apply theory in an IPE context? How are methods of evaluation influenced by the choice of theoretical focus in IPE? Answers to these questions will be illustrated through the discussion of a variety of relevant theories, some old, some new-- in the IPE context. The keynote will conclude with information about some of the contemporary initiatives for examining theory in an IPE context that can be resources to attendees at this Conference going forward .

Professor Ray Land,

University of Strathclyde, Glasgow

Thinking Beyond Boundaries: Interprofessional Education as Troublesome Knowledge.

This talk will outline the potential of the analytical framework of ‘Threshold Concepts and Troublesome Knowledge’ as a means of conceptualising and organising Interprofessional Education. The concept of boundary crossing is emerging as a tool within developmental research and the Thresholds approach can be considered as akin to a portal, opening up new and previously inaccessible ways of thinking about situations, contexts or phenomena. It is a conceptual change, or transformational, model of professional learning. As a consequence of comprehending a threshold concept there may thus be a transformed internal view of practice or context. Difficulty in understanding threshold concepts however, may leave the learner in a state of 'liminality', a suspended state or 'stuck place' in which understanding approximates to a kind of 'mimicry' or lack of authenticity. Insights gained by learners as they cross thresholds can be exhilarating but might also be unsettling, requiring an uncomfortable shift in identity, and involving a sense of loss. A further complication might be the operation of an 'underlying game' which requires the learner to comprehend the often tacit games of enquiry or ways of thinking and practising inherent within specific disciplinary or professional knowledge practices.

In considering IPE learning environments in this way the session will identify linkages with notions of ‘Third Space’ (Gutierrez et al), Expansive Learning (Engeström), and Pedagogies of Uncertainty (Barnett). It will also point to the potential of new digital environments as possible ‘mediating objects’, or spaces in which to encounter troublesome knowledge, in this transformative process.

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Sustainability using the Collaborative Model

Dr. Ann Jackson and Mrs. Patricia Bluteau
Institute of Clinical Education, Warwick Medical School, University of Warwick
CIPeL, Coventry University

This paper will build on previous work of the authors (Jackson & Bluteau 2007) and others (Barker et al 2005, Gilbert 2005) of the challenges, hurdles and opportunities of establishing Inter Professional Learning in clinical and academic settings, using virtual and face to face models of delivery. This work focussed firstly on establishing an understanding of the challenges of developing and piloting a small transferable practice based Inter Professional learning opportunity and secondly the challenges of developing and implementing an Inter Professional e learning pathway catering for 1000+ students. Using experiences and reflections gained from both of these projects, covering a 5 year period, this paper will unpack underlying pre requisites which are essential as the infrastructure for sustainability. A working model of collaboration will be shared identifying components necessary for implementing successful and sustainable Inter Professional Learning in a range of environments. The model is built around key themes which are interdependent and impact fundamentally on the process and development of collaboration. Qualitative and quantitative evaluative data will be used to illustrate participants' perspectives of the key themes which lend support to this collaborative model. This paper will suggest that key components within the model are essential to the creation of a sustainable and successful interprofessional opportunity, and that collaboration underpins not only the process but also the growth of the individual and team.

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Multidisciplinary Learning Within The MPharm Degree.

Dr Chris Langley and Professor Keith Wilson, School of Life and Health Sciences, Aston University, Birmingham.

The Government has stated its aim to increase inter-professional learning within health professional education.¹ This study used triangulation of quantitative course document review, qualitative staff interview and quantitative student self-completion survey to final year undergraduates (n=1847; response rate 51%).

Interviews indicated that five SOPs undertook multidisciplinary learning, two were involved in multidisciplinary teaching and five undertook teaching with other science students. In the other four the entire programme was delivered only to pharmacy undergraduates. These findings were supported by the documentary analysis. In general most interviewees viewed multi-disciplinary learning favourably and a number of advantages and disadvantages were recognised.

Respondents (n=159) from the five SOPs with multidisciplinary learning, a majority (n=96, 60%) found the experience very or moderately useful, although there was variability. Respondents (n=72) from the SOPs involved in multidisciplinary teaching showed much less support for the process. All respondents (n=917) were asked whether they agree with the statement that "joint learning with other health professional students should be a requirement for all undergraduate degrees in pharmacy". Over half of the respondents (n=533, 58%) either strongly agreed or agreed with the statement.

Staff interviews highlighted the wide variability in the use of multidisciplinary learning within the MPharm course. Respondents recognised many advantages but there were significant logistical problems. Students' experiences were variable but overall a majority had found it valuable and this was reflected in majority support for its compulsory inclusion. By focusing upon current examples within existing MPharm courses, successful wider implementation of multidisciplinary learning can be achieved.

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Collaboration: Do Web2 technologies truly support interprofessional collaboration and group assessment or do they lead to chaos?

Dr Ann Wakefield, Dr Keith Elliott, Dr Jason Hall, Ms Nicola Turner, Ms Carole Butterfield, Ms Rochelle Gunter, Mr Mark Blything, Mr Wayne Bulbrook
School of Nursing Midwifery and Social Work
University of Manchester

Introduction of Web2 technologies has ostensibly made it easier for students to collaborate on-line. In keeping with this philosophy, a group of academics have formulated a new unit of learning which incorporates a series of educational innovations including: problem based learning, interprofessional learning and web2 technologies. The innovation that is to be explored in this paper is the notion of online collaborative assessment. For this, students are being asked to generate an information leaflet related to a student selected health promotion topic for a tutor determined target audience. Thus the question we are asking is: whether it is possible to foster true collaboration by asking students to communicate solely within an on-line environment.

The following paper will therefore examine the findings generated following evaluation of the online unit of learning run for the first time between 1st February and 2nd May 2008. As part of the evaluation students will be asked to complete an online questionnaire to establish if this mode of learning is appropriate and viable as it stands or needs to be considerably modified in order to better service the students' particular learning needs. Additionally online moderators will also be asked to evaluate the success or otherwise of the unit to see if they too feel competent in their ability to support such a radical change in their approach to teaching/supporting students. Finally the paper will examine if it is possible to promote interprofessional learning by using the above educational innovations.

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The issues involved in developing sustainable interprofessional education in undergraduate professional programmes.

Kathleen Markey and Charmagne Barnes

Department of Nursing and Midwifery, Faculty of Education & Health Sciences
University of Limerick

School of Health and Social Sciences, Middlesex University

IPL pilot 1 was a five week pilot, titled “interprofessional student learning in practice” (IPSLIP) and included first year students from nursing (n - 8), traditional Chinese medicine (n - 2), herbal medicine (n - 2), sports rehabilitation (n - 2) and bio-medical science (n - 2) undergraduate programmes. IPL pilot 2 was a four week pilot, titled “interprofessional learning: care of the older person” (ILCOP) and included third year medical students (n - 4) and second year nursing students (n - 4).

Both projects incorporated a variety of learning and teaching approaches to interprofessional education and required participants to learn with, from and about one another in the theoretical sessions, practice experiences and facilitated structured reflective sessions.

A combined approach was adopted to evaluate both of these pilot projects, to generate findings that have both meaning and utility. A range of evaluation data collection methods were used such as: questionnaires, focus groups, presentations and nominal group technique. Descriptive statistical analysis of the questionnaires, general inductive analytic approach of the focus groups and a thematic analysis of the presentation and nominal group technique evaluation was undertaken.

The findings highlight the many positive benefits associated with interprofessional education in undergraduate programmes. However, the findings and processes involved also highlighted the issues around developing interprofessional education learning that reflects reality, is sustainable and can meet the needs of a diverse range of learners from different disciplines and backgrounds.

The above presentation and discussion should promote discussion into how we can move interprofessional learning forward within undergraduate programmes.

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An Interprofessional, Collaborative Learning Unit: Development, implementation and evaluation within a framework of action research.

Assistant Professor Brenna, Sissel Johansson, Associated Professor Marit Graue and Associated Professor Janet Harris

Bergen University College, Norway

A Collaborative Learning Unit (CLU) is established at Bergen University College, Norway. The unit is based on the growing international interest in interprofessional education, as well as on national regulations claiming increased collaboration between professionals and care levels. It is also based on a common core included in Norwegian bachelor health- and social education programs. During their participation in CLU, interprofessional student teams will plan and perform services to persons or groups demanding interprofessional assistance.

As the CLU is developed, some of the important challenges have been to clarify the content of “*collaboration competence*”, and to evaluate if and how participation in CLU influences the student’s collaboration competence. Questions about what the goals and actions mean to the participants, and why the goals should be reached includes a focus on critical- and communicative rationality as well as on goal rationality.

One pilot group has been carried out and data from this group have been analysed. Several competence areas have emerged and will be further developed as other groups continue. A framework of action research was chosen because of the complex nature of the project. The methodology in this project is participative and cyclical. The collaboration competence in the project groups will later be compared to collaboration competence of ordinary students.

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Improving the Patient Experience: Developing professional capability via an agreed Competency Development Programme

Ruth Dawson, Mary Douglas, Gaynor Varden, Diane Hickford

Salford Royal NHS Foundation Trust.

An internal audit undertaken in 2006 by the Multidisciplinary Clinical Outreach Team reported highly variable techniques in the practice of clinical skills across the organisation. This led to development of a Trust wide project focusing on improving the patients experience through developing clinical care, professional leadership and management skills.

Aims of study

To deliver safe practice and improve the quality of patient care through developing professional clinical expertise.

Methods

A cohort of staff were invited to lead a six month project to benchmark current practice, introduce educational programmes and audit changes in practice which focused on developing, recording and interpretation of clinical observations to improve the quality and safety of patient care.

Participants were organized into groups of 5-10. Each group was supported and coached by a practice development team member in the implementation and evaluation of the project.

Expected outcomes:

- Patients would receive improved quality care
- Competency of all clinical staff would increase
- There would be a critical mass of competent clinical leaders
- The organization would have a culture of organisational learning and development.

Discussion and Conclusions

Results from the project will be reported and discussed. Audit review, review of complaints and accident/incident reports and achievement of competency were measured to evaluate improvements in care. Identified deficits were addressed through providing clinical leaders with the skills and expertise to take control of their own environments and enable them to promote, embed and sustain high standards of patient care in their respective clinical settings.

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Achieving 'added value' through CPD and Life long learning: case study of an interdisciplinary work based action learning project in an acute NHS Trust

Mary Douglas and Ruth Dawson

Salford Royal NHS Foundation Trust.

Education and learning are fundamental to delivery of the ambitious targets of the NHS plan (DOH 2000). Supported by NHS Northwest, the Learning and Development Department, Salford Royal NHS Foundation Trust and the School of Nursing, University of Salford developed a work-based, continuous professional development/training needs analysis project (by action learning) for Practice Educators. The project aimed to facilitate development of equitable and transparent mechanisms to support staff at all levels and professions to engage in CPD commensurate with the Trusts' business objectives and priorities.

Aims

- Develop participants' critical and evaluative skills to identify staff development needs in interdisciplinary practice and organisational settings.
- Enable participants to develop a training needs analysis to achieve return on investment.

Intended outcomes included:

- Demonstrate a systematic understanding and critical awareness of current problems and/or new insights in professional practice
- Critically evaluate problem solving frameworks
- Demonstrate their ability to prepare a professional plan for TNA within an inter-disciplinary team / multi-agency context.

Conclusion

This project put Practice Educators at the centre of the learning experience. The ultimate aim of the project was that each participant would develop a training needs development plan for their respective clinical area. This presentation describes the extent to which objectives were achieved. In addition, how, given its interdisciplinary nature, it offered the opportunity for interdisciplinary clinical colleagues to work together in exploring and implementing learning and development opportunities for the benefit of patients and the service.

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Does inter-professional learning impact positively on inter-agency working in a community of child protection practice?

Elaine Uppal

University of Salford

Aims/objectives

1. To provide a psychodynamic account of interpersonal identifications within the community of child protection practice.
2. To provide a social cultural analysis of the discursive terrain, its silences and its impact on perceived social roles.
3. To contribute to social science theory regarding the nature of inter-professional learning.
4. To provide a framework to guide future practice in the context of IPL in child protection towards enhancing multi-agency working.

Research methods:

The overall methodological approach is qualitative in nature, utilising ethnography, with a range of data collection methods including various observational approaches and questionnaires to capture a variety of overt and covert discourse.

Background

IPL implies learning for a common purpose to improve collaboration or quality of care (CAIPE, 2003); in this study the focus is collaborative learning to improve the quality of child protection working practices. Following the Climbié Inquiry (Laming, 2003) child protection policy and practice trends within the UK have made a decisive shift towards encouraging and supporting multi-agency working (DH, 2004; DfES, 2004). Yet professional barriers (Harlow & Shardlow, 2006) within the professional-cultural dimension (Hudson, 2005) and the micro-politics of joined-up endeavours (Garrett, 2004) resist easy transition. In particular, inertia resulting from embedded definitions of professional identifications, particularly relating to individuals' perceptions of self and others could be posited as a restraining factor, dampening any renewal of relationships between agencies. This apparent collision of communities of practice invites research to examine how a transition to a more collaborative and effective state of affairs might be achieved. By combining socio-cultural learning theory, particularly in relation to communities of practice and situated learning, and psychodynamic theory this study proposes to address some of these issues. The forum for research is Local Safeguarding Children Board's multi-agency training provision, where practitioners from the various professions involved in child protection have accessed education for almost twenty years.

Theoretical underpinnings

Socio-cultural theory supports the work drawing in particular on situated learning (Lave and Wenger, 1991) as a process of participation. Yet rather

than considering this theory in relation to apprenticeship or gradual assimilation within an existing community, the various participants are representing their respective professions, organisations and existing power constructs within these. Thus the renewal of professional relationships is to be negotiated within a situation of co-participation rather than competition. This invites Wenger's (1998, 1999) later development of peripheral participation into the idea of a community of practice as a framework for analysis of the practice of working groups. Team building principles (Adair, 1987) can be applied as a basis to investigate the process of learning and working together, recognising that the sum of the parts can be greater than the whole. With reference to distributed cognition (Salomon, 1993) a group of learners working together potentially learn more than individually, building on Vygotsky's (1978) Zone of Proximal Development, indeed in child protection practice not everyone needs the same knowledge, expertise, information or pieces of the jigsaw puzzle. Whilst socio-cultural conceptions of identity supports the account of realignment of communities of practice, psychoanalytic theory (Lacan, 2005, Zizek, 2005), is also deployed in building conceptions of subjectivity and identity, particularly with regard to perceived images of self and others. Zizek (2005) proposes that reality can only be mediated through subjectively produced fantasies. For example he describes the film-maker Kieslowski who resorted to fictionalised accounts rather than documentary to avoid intrusion on emotional lives and false presentation of idealised images (see also Insdorf, 1999). Likewise the study examines how variously situated professionals construct or "play" themselves.

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Proposing Illeris's Tension Triangle as a framework for Interprofessional education: conclusions from the PIPE Project

Maggie Lord and Dr. Katy Newell –Jones

Buckinghamshire New University

The Promoting Inter-Professional Education (PIPE)¹ project aimed to enhance the preparation of teachers and facilitators to effectively deliver inter-professional learning in a range of settings. The crucial role of the facilitator in developing, delivering and evaluating interprofessional education is widely accepted (Bray, 2008). The project contributed to the evidence base through an exploration of the processes involved in facilitating IPL.

One scheme of the project addressed how best to prepare facilitators to choose their approaches to teaching and learning and group processes. Educators in health and social care, both novice and experienced, are faced with a variety of models and learning theories. The challenge is which to choose and when (Newell- Jones and Lord, 2008).

Illeris's (2002) tension triangle was introduced into the project as an overarching framework within which other theories and approaches could be positioned. This constructivist model is based on two dynamic processes: the internal acquisition of knowledge and an external reaction with the environment, all involving the secondary considerations of the cognitive, psychodynamic and societal elements of learning. The tension triangle can be used to explore competing values and concepts related to interprofessional education such as contact hypothesis and identity defence (Newell-Jones and Lord, 2008). The tension triangle also allows for the positioning of programmes and events in interprofessional education and it is suggested that it should be explored and implemented as a framework to encourage practitioners to consider a range of cognitive, psychodynamic and societal elements when selecting their approaches to learning and teaching. (249 words).

¹ The project was hosted by The University of Reading in collaboration with six other organisations within the Thames Valley. All partners have an active role in the development of teachers in health and social care.

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“Multi-professional qualifications – A new health practitioner?”

Professor Mike Thomas and Celia Hynes

University of Chester and University of Salford

The concept and the context of “nursing” is wide and generalised across the healthcare spectrum with a huge number of practitioners in separate branches, specialities and sub-specialities. As a profession, nursing consists of different groups in alliance with each other. How different is the work of the mental health forensic expert from an acute interventionalist, or a nurse therapist, from a clinical expert in neurological deterioration? The alliance holds because of the way nurses are educated and culturalised into the profession; and the influence of the statutory bodies and the context of a historical nationalised health system. This paper discusses the potential for a new type of healthcare professional, one which pushes the intra and inter-professional agenda towards multi-qualified staff who would be able to work across current care boundaries and be more flexible regarding future care delivery. In August 2003 the Nursing and Midwifery Council stated that there were ‘more than 656,000 practitioners’ on its register and proposed that from April 2004 there were new entry descriptors. Identifying such large numbers of practitioners across a wide range of specialities brings several areas of the profession into question. Above all else it highlights how nursing has fought and gained recognition for specialisms and that through this it may be argued client groups receive the best possible ‘fit’ for their needs, wants and demands. However, it also highlights deficits in certain disciplines of care, for example, in mental health and learning disabilities. We argue that a practitioner holding different professional qualifications would be in a position to provide a more holistic service to the client. Is there then a gap for a ‘new breed’ of practitioner; ‘a hybrid’ that can achieve a balanced care provision to reduce the stress of multiple visits and multiple explanations?

Intended learning outcomes

- 1 To describe the potential benefits of a multi-qualified health practitioner.
- 2 To be able to evaluate the issues to be addressed in order to achieve a multi-professional award
- 3 To critique the pros and cons of a multi-qualified health practitioner

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Developing expertise facilitating a multi-professional education wiki: introducing rigour

Leslie Robinson, Melanie Stephens and Denis McGrath

University of Salford

Aim

To explore the impact of academic ground rules applied to an interprofessional learning wiki,

The context was a wiki for student radiographers and nurses building on an inter-professional learning experience.

The aim of the wiki was to provide an on-going learning environment for students who had only 1 face-to-face meeting and was designed to allow students from differing disciplines to:

- construct knowledge together
- learn from and about one another beyond the classroom event (4 weeks).

Method

Level-two nursing diploma students and radiography undergraduates were provided with an interprofessional PBL trigger. The students met one week later, in mixed groups to discuss professional roles, in general, and related to the trigger. Further learning was enabled through online support (separate group wikis) for 4 weeks. Wiki editing skills were provided via cascade or individual training. At week 4 the separate wikis were made visible to all students for group peer assessment/evaluation.

Student experience of the process and the collaborative outputs from two different cohorts were compared using questionnaires and a wiki assessment rubric for group work.

Results

Cohort 1 experience was positive; suggestions included improving the process such as individual training and engaging non-participants. Wiki outputs were disappointing: the best wiki used a range of media and references, but contained copied, unacknowledged text from the internet. Editing involved adding rather than refining information.

Cohort 2 had a number of set wiki ground rules:

- a word limit for each section
- work was to be paraphrased
- Harvard references compulsory
- all students to contribute
- Individual Wiki training
- Peer assessment using a wiki assessment rubric.

By adding rules, usually associated with summative assessment we were hoping students would take on-line collaboration seriously. Evaluation of this second cohort - June 2008

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Springboard

Michael Murphy and Michael Ravey
University of Salford

This is the first of two abstract that focus on an extensive piece of research undertaken by Salford University, commissioned by Blackpool Borough Council.

Since the early 1800's Blackpool has been a popular coastal resort for not only the people of the Northwest of England but for the United Kingdom as a whole. Its beaches, bright lights and amusements have and continue to be a Mecca for both holidaymakers and those individuals and families who perceive it as a possible source of income. The development of Blackpool's role as an entertainment centre has brought with it a set of unique social problems. These are not always obvious to the casual observer who often perceives Blackpool as an affluent town free from problems. However, a short walk from the sparkle of the promenade leads into areas of the town that have such a high social need that Blackpool is described as one of the most deprived areas of the United Kingdom. This presents Blackpool's services with significant challenges, which are compounded by high levels of population movement and by the fact that a significant number of the families moving into Blackpool originate from socially and economically deprived backgrounds. These form a pool of hard to reach families that have complex needs, placing considerable demands on services.

Blackpool Council has responded to this challenge by adopting a proactive stance in developing a myriad of services that offer these families efficient and effective support ranging from preventative to complex multi-disciplinary interventions. One of these services has been described as 'Springboard' and it is this service that forms the bases of the research highlighted in this abstract.

Springboard

This is a piece of Action Research that is evaluating the development of a 'virtual' multidisciplinary service for those families that services deem as 'hard to reach'. This is a three year project, which has almost reached its end point. The service has worked with 60 families using a multi agency approach.

During the development of the service the 'virtual' nature of the service was emphasised to ensure that another level of service delivery was not established. This was instigated by placing the practitioners within their own originating agency. The development phase of the project involved the construction of two documents, the first being a screening/assessment document and the second a baseline document that was developed to measure changes in the families' situation. A raft of data collection tools were employed within the study ranging from interviews with service users and staff from all levels of service provision, conference and focus group approaches including 'world café' and 'open space approaches', researcher observation and field notes. In relation to the service user experience both the qualitative and the quantitative data from the project is very encouraging.

This abstract for the conference will focus on the family's experience, which has been explored through a series of interviews followed by the development of a number case study. The findings of the interviews will be presented, which display a very positive perception held by the family's, regarding the staff and the service they have received. Alongside the themes from the interviews the case studies will be employed to emphasise the positive impact 'Springboard' has had on the families.

Creating interprofessional learning capacity in Children's' Centres (CILCCC) within a health and social care community

Jane McCombe and Deborah Develin

Nottinghamshire County Teaching PCT and Skills for Care East Midlands,

As part of the government strategy (DH 2004, HMSO 2004, 2006), the co-locating of services in SureStart Children's Centres, extended schools and health settings, promotes professionals working collaboratively for the early assessment and recognition of the needs of children and families, with subsequent effective resolution of education, health and social care issues. Students from all the professions involved in providing these services should observe and obtain practice learning experience through being allocated to Children's Centres, not only to learn about the role of their chosen profession, but to be exposed to models for good collaborative working and participate in interprofessional practice learning.

The main aim of CILCCC is to promote the creation of centres for interprofessional learning within a selection of Children's Centres in one health and social care community. The champions of interprofessional collaboration argue that students need exposure to appropriate practice learning opportunities (Meads & Ashcroft, 2005). Barr's (2002) well known definition of Interprofessional learning (IPL) was accepted as a basis for evaluating progress in achieving the aims of the project. A model for promoting IPL in the practice setting, originally developed by Teeside University, was accepted as a realistic template for establishing and promoting the sustainability of recognised IPL placements (Northumberland, Tyne and Wear SHA, County Durham and Tees ValleyWDC,2004)

Every Child Matters: Change for Children requires professionals to work together to improve life chances and outcomes for children. Students from professions involved in delivering children's services will have the opportunity to undertake practice learning in Children's Centres to learn the role of their profession, be exposed to models of good collaborative working and participate in interprofessional learning activities.

CILCCC is joint initiative between Skills for Care East Midlands and the Nottinghamshire Interprofessional Learning Unit. The objectives of CILCCC are being achieved through collaboration between our key stakeholders in health, social care and higher education: Nottingham City Council, Nottinghamshire County Council, University of Nottingham and Nottingham Trent University. The aim is to create interprofessional learning within Children's Centres for health and social care students across Nottingham City and Nottinghamshire.

The first cohort of students completed their interprofessional learning in April 2007, having experienced learning opportunities that included shadowing, attendance at interactive facilitated workshops, participation in discussion sessions organised by interprofessional learning facilitators within Children's Centres and completion of reflective activities in a handbook devised to compliment their learning on placement.

An interim evaluation report of the project, completed by an independent researcher in August 2007, highlighted that the first cohort was successful. The students highly valued their experience of interprofessional learning and understood its relevance for current and future practice. Key stakeholders were positive about the continuation and expansion of the project.

The second cohort of students have just completed their interprofessional learning placements and attended a focus group to explore their experiences. Project team members attended a focus group and analysis of these two groups is now being undertaken for reflection and dissemination.

The project team is currently working together to place the third cohort of students from February to May 2008. An exit strategy is now being devised to maintain 'CILCCC' when the project team disband at the end of June 2008.

The presentation will focus on;

- lessons learnt establishing CILCCC
- logistical and practical challenges encountered
- evaluation data obtained from the students and project team
- exit strategy to maintain CILCCC

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A Promising Start - Creating relevant, virtual and applied IPE

Patricia Bluteau and Dr. Ann Jackson

CIPeL, Coventry University and University of Warwick

The Interprofessional eLearning Pathway(IPeLP) is a thematic approach to interprofessional learning developed over the last three years by two universities in which 14 health and social care professional groups have engaged to a greater or lesser extent. The pathway favours a learning and teaching approach which is collaborative and constructivist (as opposed to didactic approaches which might be used e.g. to teach factual aspects of clinical conditions, diagnosis and treatments), hence the predominant learning activity is exploration and online discussion based on authentic patient/client/service user journeys. This paper details the ground work undertaken to develop the content, format and implementation of the IPeLP by indicating the steps that were necessary to produce a rigorous and transferable teaching and learning experience, drawing on the work of Barker et al (2005) in terms of challenges to the execution of IPE.

Issues relating to learning, teaching and assessment will be included with particular reference to the virtual learning environment, the nature of the assessment and the facilitator training requirements in addition the work of D'Eon (2005) & Miers et al (2007) will be considered and reviewed in terms of an emerging pedagogy for IPeL.

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The Realities of Delivering IPE; the Oasis in the Desert!

Jo-Anne Supyk, Peter Bowden, Jan Dodgeon, Rachel Martin and Christine Smith

University of Salford

The University and local strategic health authority worked in partnership with service managers, user representatives and practitioners to develop a problem based learning (PBL) programme for the allied health professionals. This programme for occupational therapy, diagnostic radiography, physiotherapy, and podiatry leads to a BSc Honours degree and eligibility for registration. The programme responds to the Government's modernisation agenda, set out in documents such as "Meeting the Challenge" (2000), which recommends both inter-professional education and the employment of more practitioners with extended inter-professional knowledge and skills. The programme commenced in 2004 and the first cohort of students graduated from their chosen professional BSc (Hons) route in 2007.

An inter-professional PBL curriculum has been made a priority to facilitate a wide skills mix, and the programme's focus on practical experiences is designed to meet the current workforce diversification agenda (*Supyk et al 2007*). It is designed to produce practitioners with broader roles and an increased understanding of each other's roles within the multi-professional team, whilst maintaining professional identity, effective communication, problem solving and team-working skills (*Wilkie, 2000*).

This project has raised much debate but has also brought the multi-professional project team closer and increased their commitment to the education of the allied health professions of the future. The presentation will evaluate the inter-professional aspects of the academic and placement experience, using reflections from the students, lecturers and practice educators involved. The presentation will consider whether undergraduate inter-professional education can meet the Government's agenda and share the lessons that have been learned by the team to date.

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From Rhetoric to Reality.

A review Of New Labour's Proposals for Greater Public Participation in Local Health Service Planning. How successful has the implementation of Government Policy within this area been ten years on?

Rita Haworth and Bernard James Melling

University of Salford.

Embroiled in the notion of `social inclusion` which allegedly lies at the heart of New Labour's `third way` politics, the government have fostered the way for collaborative working in health and social care. Within this framework public, patient and service user involvement in how local services should best be delivered is a central wheel in the cog of collaboration. The White Paper *The New NHS Modern and Dependable* (1997) and subsequent legislation (1999) (2000) (2006) and more recently *The Local Government and Public Involvement in Health Act* (2007) has set the agenda for greater public participation in how local health services should best be delivered. However, the implementation of such a task is fraught with difficulties and highly problematic. Medical and managerialist dominance of health care, lack of public knowledge and agreed definitions of what constitutes an appropriate level of health care for all service users are just some of the issues which need to be addressed, if the rhetoric of strong democratic public participation in the decision making process is to become a reality within the NHS. This paper intends to highlight such issues by citing relevant research and also offering for debate a number of suggestions, which may foster greater equitable public participation in health care planning and delivery of service.

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Developing interprofessional e-learning: illuminating the perspectives and intentions of educational practitioners.

Professor Frances Gordon, Karen Booth and Helen Bywater.

CIPeL, Sheffield Hallam University

It has been noted that initiatives in interprofessional education (IPE) have focussed historically on relatively small-scale interventions, involving a limited range of professions and seldom during undergraduate education and training (Freeth et al 2002). Undergraduate IPE in health and social care is notoriously difficult to implement systematically on a wider scale due to barriers such as:

- *Lack of appropriate learning materials*
- *Stereotypical views of other professions*
- *Status and power relationships*
- *Imbalance of professional representation*
- *Variable exposure to inter-professional collaboration in practice*
- *Capacity*
- *Logistics.*
- *Addressing the patient perspective*

However, IPE is gaining ground in the undergraduate curricula of many institutions and e-learning is perceived as a possible solution to the above barriers. Although the authors' and others' (Cooper et al, 2005) experience has revealed that e-learning can be powerful in overcoming some of the logistical barriers to IPE, more challenging are the issues around how its underlying precepts – the '*with from and about each other*' (Barr, 2000) can be achieved through this medium and collaborative skills enhanced.

This study was qualitative in approach and explored how academics involved in IPE respond to this challenge. Individual semi-structured interviews were conducted with lecturers from a range of professions (n=13) who had completed a secondment with the Centre for Interprofessional eLearning (CIPeL) to support their e-enhancement of the undergraduate interprofessional curriculum. The interviews were transcribed verbatim and underwent thematic analysis. The findings of this study illuminated the perspective of those planning the educational process and offer insights into an emerging interprofessional e-pedagogy.

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Crisis teams-the challenge for workforce roles and relationships in the future

Dr Hugh Middleton, Prof Onyett and Dr K Linde

University of Nottingham, Care Services Improvement Partnership and University of Leeds,

Crisis intervention teams were a pivotal development for changing the whole service system in recent policy led reform (DH1999) and were set up rapidly across the UK. Timely and appropriate responses in crisis have been a key demand of service users and such teams aim to provide an alternative to admission by intervening in the pathway between community-based referrers and in-patient care. This requires a 24-hour service to users in their own homes and opportunities to resolve crises in the contexts in which they occur. Workforce guidance prescribed the fully multidisciplinary nature of team posing a significant challenge to the traditional role and preeminence of psychiatrists and nurses in acute care. This paper will explore evidence of the emerging national workforce profile of such teams in 2005-6 (Onyett et al,2007) in the first phase of implementation and consider the extent to which aspirations for multidisciplinary,role blurring and role change are being realized . The role of the consultant psychiatrist holds a central place in these relationships, perhaps as a “boundary spanner” (Richter et al, 2006) promoting more effective inter-term working. Our evidence suggests that improvements in outcomes are most clearly seen where psychiatrists have embraced recent service developments, and used their informal power to support them.

First Do No Harm- An exploration of challenges associated with tackling student conduct through Fitness to Practice Panels in an IPE programme.

Carrie Sanders, Dr Chris Biela and Alex Levine

Canterbury Christ Church University,

In September 2007 it became compulsory for all UK academic institutions to implement formalized policies and procedures for dealing with student misconduct in the form of a ‘Fitness to Practice’ panel, to consider any student health or character issue that impacts on the standard of learning and behaviour in practice, and to ensure that public protection is maintained (NMC 2007). We aim to discuss the challenges associated with enforcing national policy drivers at a local level and the disparities this creates in practice. We will explore the tensions that exist for academics involved in assessing, monitoring and evaluating student conduct in pre-registration IPE programmes. A systematic framework of measures and approaches needs to be able to ensure that the student has received appropriate support and advice, that patient safety and quality of care is upheld, and that the views and concerns

of registered practitioners are heard, valued and incorporated into the action plan and resultant decision making outcome (Donaldson 2006). Assessment should be holistic and not just confined to knowledge and skills (Dauphinee 1999). We will present our experiences of setting up a Student Conduct Board and Fitness to Practice panel, which aims to promote clarity and decision transparency and is based on ethical principles of natural and social justice as well as equity and fairness. We will share some of our case experiences to gain feedback from conference participants and talk about how our framework has reinforced a shared partnership approach to supporting and monitoring student learning in practice. (250 words)

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Socializing Healthcare Students through Interprofessional Education; An Integrative Literature Review

Hossein Khalili and Associate Professor Carole Orchard

University of Western Ontario

The World Health Organization (1978) and (2005) has stressed the need to prepare health professionals who can work within collaborative patient-centred teams to meet the challenges of growing complex patient needs. Researchers around the globe, in particular the UK, the USA, and Canada, have heeded the WHO call and the result has been a proliferation of theoretical and empirical literature addressing different dimensions of interprofessional collaboration. In Canada, the Canadian federal government through the Health Canada IECPCP program (2006) and more recently the Ontario government through the HealthForceOntario Interprofessional Care and Education program (2007) is fostering a change in delivery of care within its health system in support of collaborative patient-centered practice.

Essentially, collaborative patient-centered practice needs partnerships among health professionals in which these partners should have reasonable knowledge and skills not only of the services provided by each other but also of how to effectively work as a team. However, the current research shows that the health professionals are not prepared for this interprofessional teamwork. This is because the current health professionals have historically been educated in isolation from each other. It is not surprising that the health

professionals who being educated in isolation from other health disciplines are not able to collaborate with their colleagues as they would have developed their uni-professional identities. Psychology research conducted on groups has for the past decades demonstrated that groups develop both in-group and out-group behaviours during their evolution that lead to the distrust of out-group members. Educating health professionals within uni-disciplinary foci has perpetuated the current form of health delivery. Moving towards interprofessional education (IPE) across health disciplines and its outcome can be studied through application of Social Contact and Social Identity Theories. These theories can provide a means of studying the process students adopt in shifting their uni-disciplinary thinking and practice to a more balanced and shared perspective.

Conclusion.

The purpose of this paper is to provide a comprehensive review of current literature that addresses the interprofessional socialization of health students. I orient this paper within a model that I have developed called Interprofessional Communities of Practice Model (ICPM) which highlights the process of interprofessional socialization of health students through IPE.

Wednesday 2nd July

Sessions 1 & 2

Keynote Presentations:

**Emeritus Professor Hugh Barr
Emerita Professor Yumi Tamura**

Concurrent Papers

Keynote Presentation

Transforming Interprofessional Education?

National and International Perspectives

Emeritus Professor Hugh Barr

Expectations of interprofessional education (IPE) have multiplied since its inception forty years ago, ranging from improving grassroots collaboration to reforming the workforce. Whilst some stakeholders focus on defining achievable goals, others find looser formulations more accommodating. Nowhere is this tension more evident than in the United Kingdom (UK) where Government has invoked 'common learning' to generate a more adaptable, flexible and transferable workforce to effect changes in the organisation and delivery of services in pursuit of its policies for modernisation. Laudable in intention, common learning carries quite different implications for objectives, content and learning methods from those now widely adopted in IPE which it threatens.

Overseas delegates tempted to treat this as peculiarly British disease, beware! Every country needs to improve its health and social care services, dependent on reforming its workforce and professional education systems. If that is true for developed countries, it is doubly so for developing countries. The World Health Organization (WHO) has long driven home that message. IPE, if it is to have any place in WHO priorities, must respond to the global crisis in healthcare workforce.

Politics, principles and practice demand that advocates of IPE embrace these challenges, but how? Answers may be many. This presentation will explore one.

Keynote Presentation

IPE/L at Kobe University: Transforming from tradition-bound education.

Emerita Professor Yumi Tamura

We see IPW (Interprofessional Work) as one way toward fulfilling the demands of current and future health and welfare. Against the background of changing illnesses and corresponding care, progress in health care and specialization, raising quality of care, ensuring safety of health services, improving treatment efficiency and sharing of bioethics, it is an important and essential challenge to bring together the various health and welfare professions and to attach importance to a team-view in addition to the different professionals' points of view.

However, given our Japanese background, where "WA" guides us to maintain harmony in relationships, the change to IPW is not that easy to achieve.

Medical doctors have a big influence on healthcare policy and education for health and welfare professions generally leans towards medical theory, but that is not enough and can be thought of as one reason why education and training for IPW has not been incorporated in the educational curricula.

Overcoming many difficulties, we have launched an IPE/L (interprofessional education/learning) program as of the 2007/2008 academic year. Our IPE/L program has been designed taking into consideration health care issues outlined above and has collaboration as central concept. The curriculum spans the full four year for the health sciences students and six years for the medical students. It includes regular subjects, both common and specialist, clinical practice as well as extra-curricular activities, with the aim of rearing people who can also provide client-centered services.

In this presentation, I would like to share our experiences and address the following issues:

1. Current Japanese health care situation
2. Japanese health professional education
3. Triggers to develop IPE/L at Kobe University
4. How we developed and integrated IPE/L into uniprofessional learning curricula
5. Where to go?

I will also express my personal commitment to developing IPE/L for IPW. Since I became a nurse I have come to value the idea that people are educated by other people and each and everyone needs to be respected as an equal person in society.

Do professions have distinct or singular personalities? Using the Enneagram to support and facilitate inter-professional nursing.

Dr Elaine Ball

University of Salford

Inter-professional nursing (IPN) shares its rationale with other professions who believe that working together results in better care for the patient (Kipp 07). IPN is centred around good practice guidance and evidence-based practice which acknowledges that caring for patients is best managed in a multi-professional team who use their clinical, managerial and communication skills effectively and efficiently, providing best patient care. So far so good, but the limitations to working inter-professionally are as varied and extensive as the many cited benefits (Mallik 1998), and students can return from practice identifying those limitations to working together we have sought to eliminate for many years. Inter-professional issues are often sited as:

- Limitations in the knowledge and skills possessed by practitioners
- Not enough help given to support partnership working
- Not knowing where ultimate responsibility of the patient lies
- Working within a hierarchical model does not always lend itself to collaboration

In an educative environment, I have devised an interprofessional health-care model from the Enneagram which demonstrates impressive ability to support problem-solving approaches when dealing with inter-professional issues in nursing. It is fun and highlights the uniqueness of each profession while maintaining that although there are issues with inter-professional working it is positive and effective for both patients and staff

A definition of the Enneagram: “Ennea” means nine and the name in Greek literally means “the nine diagram” (Riso 2002). The Enneagram is a writing about nine character types. No type is better or worse than the other and each have their own strengths or specialisms. The Enneagram is always depicted by a visual nine-pointed diametric figure (like a star) and is used to indicate distinct yet inter-connecting types. No one is sure of the origin of the Enneagram, but it has been developed by professional psychologists, human resources, recruitment consultants and sociologists over many years into an astoundingly accurate tool.

“The interprofessional learning programme (IPL) was useful but it would have been better if....” Using first year students’ views on their participation in IPL to enhance assessment learning and teaching (ALT) issues.

Sue Smith, Kate Karban and Professor Ieuan Ellis
Leeds Metropolitan University,

Literature consistently declares the first year of HE to be the most critical in shaping student attitudes and approaches to learning (Blythman & Orr, 2003). Universities’ perspectives should now centre on using students’ verbalised experience to enable them to reach their goals and change practice (Henkel & Vabo, 2000).

300 students from health and social care pre registration courses participate in each year of a new IPL programme. Students attend 2 workshops, and complete an assessed workbook in a tutor-supported mixed professional group. Students complete a workshop evaluation sheet and a RIPLS questionnaire (Parsell and Bligh 1999). A 10% sample of students took part in focus groups conducted by an independent facilitator. Transcripts were analysed and saturated in parallel by the 3 co-authors. Emergent themes were discussed and conflated in a 2 stage process. The results here focus on student views articulated about ALT issues

Students

- i) Valued the summative nature of their assessment.
 - ii) Disengaged when their own professional group was not the central focus in learning resource material.
 - iii) Reported that the mixed profession work groups enhanced their awareness of other professions’ roles
 - iv) Perceived that tutor involvement did not always enhance intra group dynamics
 - v) Had diverse expectations of the IPL programme
- Data from the RIPLS questionnaires is also presented.

Findings were used to modify the first year IPL curriculum, delivery and planning specifically relating to student and tutor preparation and learning materials. Student representatives are now part of the academic planning group

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Interprofessional Education: Friend or Foe? The Students' Perspective.

Sophia J. Rabin, Kathleen Arnold, Jane I. R. Brooks, Gemma Clarke, Catherine Nicholls, Stephanie Nuttall and Lisanne Whalen.

University of Salford

The Centre for the Advancement of Interprofessional Education (1997) defines interprofessional education (IPE) as "when two or more professions learn with, from and about each other to improve collaboration and the quality of care" (Barr, 2002; 6). Interprofessional education has been suggested as a possible way of improving collaboration between professionals. Increased levels of collaboration enable complex cases to be handled more effectively providing a more streamlined approach to patient care (Zwarenstein, 2007).

The University of Salford's Allied Health degree programme provides an inter-professional education and training experience to undergraduate students. In addition, it provides students with the opportunity to progress on to the final year of BSc honours degree programme in Diagnostic Radiography, Occupational Therapy, Physiotherapy or Podiatry.

The NHS Plan (DoH., 2000) highlights the need for collaboration between health and social care professionals in order to promote interprofessional working. It aims to value and support staff to ensure that there are sufficient resources for the modernisation agenda. (DoH., 2000; 6.14-17)

Within the Allied Health programme a strong emphasis is placed on team work. The poster sets out to explore the challenges students face whilst learning within work based placements and university environments. The poster also aims to outline the perceived benefits that the programme affords the student and the service user. The student group has agreed to provide their views via peer questionnaire and e-mail correspondence.

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Learning theories: their current application and future contribution to interprofessional education

Dr Sarah Hean, Deborah Craddock and Dr Cath O'Halloran.

Bournemouth University, University of Southampton and University of Huddersfield

IPE is no longer theory less. Many theories from a range of disciplines have been applied to the field, but with little apparent consensus on which theories have the greatest utility. This paper aims to contribute to the debate on the theoretical underpinnings of IPE by presenting a heuristic overview of contemporary learning theories and their current use in IPE.

Following a brief description of a scoping exercise carried out to assess the current application of learning theories in IPE, the paper presents a map of the evolution and relationships between these theories as used in IPE.

This will help researchers/ practitioners reflect on the theoretical perspectives they choose to underpin curriculum design and evaluation. It explores specifically the application of both behaviourist (e.g. interprofessional competencies) and constructivist approaches (e.g., stage theories) as well as those theories that focus on the context of learning such as socio-cultural learning and, at a macro level, activity theory and expansive learning

It also pays particular attention to repositioning the ubiquitous, albeit superficially employed adult learning theories. The paper was presented to participants of a recent seminar series and their opinion on theoretical priorities recorded. These opinions are integrated into the conclusions of the paper where comparisons between learning theories are made. Theories are presented as a tool kit to be employed dependent on context and gaps in the literature, opportunities and priorities for future theoretical development are discussed.

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Applying Interprofessional Learning to a pre-registration healthcare professions programme: the challenges for adult nursing!

Ian Felstead, Alex Levine and Ann Price

Canterbury Christ Church University

Interprofessional education has been suggested as a way of improving communication between health care professionals within the NHS (Thistlethwaite 2008). Canterbury Christ Church University implemented a pre-registration programme that included nursing (adult, mental health and child), diagnostic radiography, occupational therapy, midwifery, social work and operating department practice 3 years ago. The programme has been challenging for a number of reasons including students' perceptions, changes to the way staff work and the varying needs of the different professions.

The Interprofessional Learning (IPL) elements imposed a structure that affected academic and professional freedom and led to debate about meeting the needs of each profession within the curriculum framework. The programme has IPL modules throughout all three years with an emphasis on IPL in year 1 and more emphasis on professional needs in years 2 & 3. Like Rees & Johnson (2007), staff found the huge size of the programme, the need for facilitation skills and the cross Faculty working a challenge; this required innovative teaching strategies and staff development.

The nursing department integrated both degree and diploma students into the IPL pathway. Nursing students, therefore, dominated the IPL programme which staff, and other pathway students, sometimes found monopolized discussions.

Evaluations of the IPL elements have highlighted whether some modules are truly IPL or just common to all pathways. However, a practice based collaborative module has been well received by students. The need for a professional identity for each pathway has been evident in the programme (Nisbet et al 2008).

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“Realising Workforce Potential”- Advancing Interprofessional Workforce Development within Knowlsey Primary Care Trust.

Sue Watson and Julie Holland

Knowlsey PCT

It is evident from the literature (CAIPE and DH 2007, SFHSC 2007), the Department of Health NHS Plan (DH, 2000) and National Service Frameworks (2001 onwards) that working together in interprofessional teams improves patient outcomes.

Knowlsey PCT is an integrated PCT for Health and Social Care and as the title would suggest there is a real commitment to support interprofessional practice and workforce development.

The jointly managed Occupational Therapy and Physiotherapy service strategised a workforce development initiative to ensure that opportunities for staff development through the modernisation agenda were realised across the service.

The different stages of the initiative have included:

1. Development of a workforce vision.
2. Creation of Assistant Practitioner Posts.
3. Enablement of single job descriptions across disciplines.
4. Partnership working through clinical governance strategies.

These initiatives have had many effects on staff attitudes, values and belief systems and has led to:

- a greater commitment and recognition of the opportunities for staff and career development through skill mixing,
- new and enhanced roles,
- commitment to training and development,
- commitment to the NVQ programme,
- joint working strategies including student placement,
- KSF champions,
- a diversification for qualified staff.

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Differentiated Learning: Hype, Help or Hindrance to Interprofessional Education?

Nick Napper

Musgrove Park Hospital, Taunton

Interprofessional education is most likely to succeed when it is of the highest quality and designed to stimulate all learners. Currently much learning provision in the NHS fails to meet this necessarily high standard. Too often, teaching comprises the spoken word supported by large amounts of repetitive text visuals which are assumed to satisfy learners with a 'visual' learning preference; but which instead have become known as 'Death by PowerPoint'.

This presentation analyses the success of a recent interprofessional learning experience in a District General Hospital in Somerset. A series of carefully designed interactive presentations aimed at reducing healthcare associated infections were experienced by over 2,000 staff from all professions. Feedback from all professions involved was equally positive. Most importantly, MRSA and C.diff rates were dramatically reduced, early isolation of C.diff patients doubled and the use of broad spectrum antibiotics was minimised.

The reasons for the success of this interprofessional venture are examined in the context of current debates around educational theories and new understandings from neuroscience. The presentation looks at some of the latest research into learning and questions the way theories such as Visual/Auditory/Kinaesthetic (VAK) learning styles and Howard Gardner's Multiple Intelligences (MI) are interpreted. We ask whether the initial teacher training provided by FE colleges gives adequate preparation for NHS teachers and consider how we might support this in order to provide truly inspiring interprofessional learning experiences for the future.

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Using story telling to promote critical reflection on our common language.

Carole Haines and Joan Livesley

University of Salford.

Improving communication between professionals is key to developing effective interprofessional practice. One way of achieving this is to open our practice up to the scrutiny of other professionals in order that shared understanding can be developed. This paper explores the language used by a nurse and a social worker working together in the context of Safeguarding children. We examine how misinterpretation can lead to frustration and a defensive position. Story telling is utilised as a tool to facilitate discussion with our student audience. The story telling takes place during one timetabled session as part of a planned interprofessional learning module for students of nursing and social work. The idea for the session was developed from conversations we had about the differences between our own nursing and social work practice with children and families. It became clear to us that we often used the same words to make sense of our practice with children and families, but in different ways.

The story, 'Telling Tales', focuses on the reflections of a nurse who worked with a young boy. In this paper we describe the background to the initiative, how we use the story and what happens when we do. Story telling is not only a powerful tool but also provides an effective vehicle to invite the students to critically challenge what they hold dear, just in case they are wrong.

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Developing inter-professional service processes for unemployed for re-integration to labour market

Ulla-Maija Koivula

PIRAMK University of Applied Sciences, Tampere, Finland

In the beginning of 1990's Finland experienced its most severe economic recession during history. Some of the regions experienced unemployment rates as high as over 20%. In the region of Tampere, situated in the south-western part of Finland, the unemployment rate remained high for a long time even after the peak years because of rapid structural change from heavy metal industry towards information technology, communication technology (e.g. Nokia industries) and bio-technology. The challenges faced were answered by a multi-sectoral cooperation with agencies working in employment, social and health care and education. The region involving seven different municipalities and over 300 000 inhabitants shares at present a regional employment strategy which realization is steered and monitored by a regional cooperation board in employment policy. The board represents both municipalities, employment agency, educational sector, third sector, labour unions and unemployed's associations. The present strategy covers the years 2005-2012.

But how have the services changed towards inter-professional cooperation? How have they been developed and how the service-processes are linked? Is policy only policy without actual impact on service-processes? The services and the service processes and their "gaps" are analyzed in the presentation based on interviews with professionals working with long-term unemployed and with young unemployed. The focal point of the research is on the inter-professional cooperation: What are the main challenge areas? What kind of cooperation structures and forums have been developed and how they are benefiting the clients as well as the professionals? What are the "biggest gaps" which need yet to be overcome?

The research is based on semi-open interviews with professionals from employment, education and social and health care sectors working with unemployed for re-integration. The research is being finalized at present and the results are being published during autumn 2008.

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Collaboration, Evidence Based Practice and Shared Governance: A coming together!

Richelle Buckley, Jacqueline A Leigh, Michelle L Howarth and Natalie Yates-Bolton

Heywood, Middleton and Rochdale Primary Care Trust and University of Salford.

The impetus to promote an evidence- based culture within the NHS has received growing attention. Most notably, the focus on delivering high quality evidence based services, which enhance patient care sits at the heart of clinical governance structures within the UK. A 'Shared Governance' (Stetler 2007, Zuzelo et al 2007) incorporating a 10 stage Developing Practice Framework was adopted by a Primary Care Trust (PCT) in the North West of England to assist then in meeting the evidence based and quality driven NHS agenda.

Despite the work undertaken to develop a Shared Governance framework within the PCT it became evident that the Developing Practice Framework was not consistently being utilised. Particular difficulties arose from the limited guidance available for practitioners in relation to the expectations of evidence that they should use to support practice development and the peer review process needed to ensure robust developments.

Recognising the extent of this problem, the Shared Governance committees addressed the shortfall through the development of a full day workshop in collaboration with a local Higher Education Institution (HEI) School of Nursing Academic in Practice Team (Grant et al 2007). The workshop sought to demystify the shared governance process and explore how healthcare practitioners can influence practice through use of the Developing Practice Framework.

This paper describes the event structure, process and outcomes and provides insight for other organisations who may wish to address the continuing professional development and lifelong learning needs of practitioners using a successful collaborative approach between Higher Education Institutions and NHS Trusts.

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Crossing Professional Boundaries: Design and ethical issues in creating an interprofessional learning object.

Jane Bloom, Karen Booth and Luke Miller
Sheffield Hallam University

Current failings in health care systems to safeguard vulnerable children prompted us to create a series of learning objects for health and social care students that would raise awareness of their individual and collective responsibilities when planning multidisciplinary care. We wanted to enable students to learn together across the traditional boundaries of their professions. We planned to raise awareness of the pitfalls that can occur within and between professional groups.

The learning objects were created using funding from the *Centre for Interprofessional e-Learning* (a collaborative CETL) at Sheffield Hallam University (SHU). We aimed to provide an authentic learning scenario for a range of health and social care professions. Interprofessional education has a strong emphasis within the curriculum at SHU and e-learning is used to address some of the logistical barriers to engaging large numbers of students in collaborative learning.

In the process of creating the e-learning scenario around domestic violence and child protection, we encountered unexpected barriers in the boundaries between the private and the public domain. Some of these presented ethical and social dilemmas that not only challenged us, but also paralleled difficulties that face professionals in the provision and acceptance of multidisciplinary care. The very issues we wanted our students to consider as an interprofessional team became part and parcel of the planning team's story.

So for both staff and students dilemmas and issues in collaborating were encountered whilst engaging with the scenario as a multi-disciplinary team.

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Staff Perspectives on Developmental Models of Practice-based IPE - Challenges and Solutions

Helen Armitage, Penny Furness and Richard Pitt

Sheffield Hallam University and University of Nottingham.

Currently the majority of structured, planned Interprofessional Education in the UK takes place within the university setting. These learning experiences are valuable and provide a foundation for practice placement learning but there is evidence that it is in practice where students really learn about collaboration (Barr 2003). Canada provides us with examples of interprofessional models successfully used in practice but in general these are confined to a small proportion of health workers (Cook 2005).

The Trent Universities Interprofessional Learning in Practice project (TUILIP) has been developing sustainable models of interprofessional learning that will promote and facilitate the professional skills of students through collaborative working within the practice setting.

The project entails collaborative working by two Universities; Sheffield Hallam and Nottingham, and involves NHS Trusts and Social Care organisations across the Trent Region and students from 13 professions, all of whom have placements in a range of primary and secondary care settings.

This presentation will focus on the findings of the preliminary studies conducted to examine the effectiveness of interventions introduced at five of the TUILIP pilot sites. The presentation will explain the initial key themes that have emerged from five very different practice areas and will show how Kirkpatrick's Model (Kirkpatrick, 1996) has informed the evaluation of the TUILIP models. In particular the experience of staff that have been subject to significant organisational changes within both acute and primary care NHS Trusts will be described and how this has impacted on their ability to embrace a changing educational culture.

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Disengagement and the Older Person

Mervyn Eastman

BGOP

Documents will be available on the IPE Website after the event.

Challenges of different landscapes of knowledge: Swampy low grounds and theoretical high grounds, the role of supervisors' in sign posting for success.

Dr Tim Clark and Mary Brown

Canterbury Christ Church University

“On the high ground, manageable problems lend themselves to solution through the use of research-based theory and technique. In the swampy lowlands, problems are messy and confusing and incapable of technical solution.” (Schon, 1983)

The swamp of important problems is deepened in those researching professional practice in an interprofessional context where tension is created between the practice discipline specificity and Interprofessional agenda. For many undergraduate and post graduate students undertaking research dissertations within an Interprofessional context there has been a hierarchical separation of research and practice which is reflected in the normative curriculum of the professional schools.

Students and supervisors may view the research question from two conflicting perspectives. The challenge for the supervisor is to be both participatory and visionary to draw the student from the messy lowlands of practice and facilitate an understanding of appropriate research theory at the Dissertation stage. This is where the supervisors can facilitate the necessary conditions for technical expertise and critical thinking within an appropriate framework.

Students often currently lack sufficient knowledge and skills to select an appropriate methodology and rely on their supervisor resulting in a potential lack of fit between the question and the chosen research perspective. Supervisors often prefer one methodology and this may influence students' choices regarding the nature of their studies The Quality Assurance Agency for Higher Education Code of Practice (QAA, 2004) emphasises a move away from the single supervisor system towards the notion of a "supervisory team" who have the expertise and knowledge to support students.

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Inter-professional Education Disclosure of Adverse Events

Glenna Churchill and Constance Sunderland

Kingston General Hospital

Health care professional's attendance at corporate education is an ongoing challenge at the ambulatory and tertiary hospitals. The purpose of the project was to develop an inter-professional teaching and learning experience for each hospital when corporate initiatives require broad education across disciplines and departments. The working group comprised of eight people across five disciplines.

The purpose of the inter-professional working group was to develop the curriculum for the Disclosure of Adverse events learning session and inter-disciplinary co-presenters. Secondly, develop inter-professional expertise to support the delivery of the program across the organizations. A pilot at both sites was conducted to evaluate the design and inter-professional approach.

The session included an introduction to inter-professional learning and teaching and definitions of disclosure of adverse events, a video, discussion, resources, handouts, mission statement, and evaluation.

The outcomes anticipated were reinforced by positive feedback and desire for future education in a similar manner. The evaluation results demonstrated that 81% of the participants understood their role of their disciplines in disclosure of adverse events, 86% felt their learning was enhanced by other members in the inter-professional group, 85% had a greater understanding of the policy on disclosure of adverse events as a result of the workshop, and 99% recommended the inter-professional model of education for future initiatives.

As a result of the feedback, plans are in development to promote the process for future corporate education.

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The use of action inquiry to develop a model of inter-professional education for undergraduate social work and paediatric nursing students.

Valentine Scarlett and Robert Muirhead

University of Dundee

Background:

The increased emphasis on inter-professional working has necessitated adaptation undergraduate nurse education. Inter-professional education (IPE) with undergraduate nurses and social work students has identified positive

outcomes. The study wanted to identify if the students gained a greater understanding and knowledge of each professional role identified by the learning outcomes. The preferred delivery of learning material was also investigated.

Method:

Second year Social Work students (SW n=36) and second year Paediatric Nursing student (PN n=15) were introduced to the learning material which was delivered in two specific formats. The first teaching session was a modified lecture (session 1) the second session was small group work facilitated by a lecturer (session 2). Questionnaires were distributed prior too and post the two teaching sessions.

Results:

Session 1 questionnaires n = 44 (PN n=8 SW n=36). SW students identified a greater understanding and knowledge of the PN role by identifying the learning outcomes. Proportionally fewer PN identified the learning outcomes. Session 2 questionnaires N = 39 (PN n=13 SW n= 26) both cohorts identified a greater understanding and knowledge of respective roles Session 2 was identified as more productive because it encouraged greater interaction, discussion and reflection than session 1.

Discussion and Recommendation:

The findings of this study have identified that both PN and SW had a greater understanding of each others roles in relation to child protection. IPE is required across a range of subjects and a range of professionals to increase knowledge and understanding of the respective professions roles and responsibilities.

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Collaboration driven by compassion: examples of inter-professional education in Kiev and Kryrgyzstan.

Jill Jesper

University of Sheffield

In 2004, the writer became involved in the delivery of a Tempus, European Commission funded, programme of training for professionals working in the field of intellectual disability in Ukraine. This was the first of its kind, offering an assessed, modular taught programme, delivered by subject specialists and approved by the Ministry of Education. Participants included teachers, nurses, doctors, psychologists and speech therapists, all seeking to enhance their knowledge and expertise in the provision of services for children with profound disabilities. The project has long term sustainability attained by the continuation of the training programme, establishment of a new network (Ukrainian Association of Special Pedagogues), a resource centre and the publication of training manuals. The successful completion of the project and the powerful links established have enabled the writer to maintain relationships with participants and to develop fund raising initiatives to support some of the institutions caring for stigmatised children. It also led to a new opportunity in which the writer devised a brief, but intensive programme of training for professionals in similar circumstances in the under-resourced Batken region of Kyrgyzstan (Central Asia). Independent management of this small project raised a number of challenges, but the enthusiastic commitment of compassionate individuals in the host country led to an innovative and extremely powerful collaboration which, again, has long term aims. The positive experience in each country has been a privileged opportunity. The most significant outcome is that the profile of vulnerable and stigmatised children has been raised.

References:

www.gjp-global.org (Global Initiative on Psychiatry)

www.globalnursesnetwork.org.uk

The Development of a year 1 IPE Programme

Jayne Slonina

Kings College London.

Kings College London provides programmes leading to qualification in the following health care disciplines: dietetics, dentistry, medicine, midwifery, nursing, pharmacy and physiotherapy. The current year 1 IPE programme includes all the above disciplines except dentistry. The approximate number of students undertaking the programme this year was 1,300. The course began in 2002; a longitudinal evaluation of this has been conducted. In 2006 the course structure was revised so students now undertake an inquiry based learning activity. They explore three areas: communication in healthcare; becoming a healthcare professional and ethical considerations in patient centred care; culminating in a presentation of their findings. The presentation is summatively assessed along with an individual portfolio which provides evidence of work undertaken throughout the course and a reflection on their experience.

In order to sustain the programme over the last 5 years there has been a commitment from the senior managers within the university. Facilitators are drawn from all participating departments; however there is a varying commitment from lecturers at grassroots level to become involved.

The summative assessment is a key element in validating the significance of the course for both students and staff. However different departments give the assessment a different weighting; a source of anxiety for the students

Student evaluations overwhelmingly state that they welcome the opportunity to learn with students from other disciplines. Many students struggle with the process of inquiry based learning, reflecting the findings of Thomas et al (2007), however I would argue that it is an invaluable learning strategy for meeting the aims of interprofessional education.

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Inter-professional Learning in Practice Settings: Opening Doors.

Julie Wright and Sarah Booth

Manchester Metropolitan University and Stockport Primary Care Trust

This paper aims to outline the 'Interprofessional Learning (IPL) Placement Strategy' developed by the Faculty of Health, Psychology and Social Care, Manchester Metropolitan University (MMU) with its Practice Partners and to report on the progress made to date. It also aims to highlight specific innovative developments to 'open doors' to IPL, in health and social care teams within Stockport PCT and Adult and Community Services.

Relevance:

Interprofessional learning and working are key priorities in Government and Higher Educational agendas (Department of Health, 2004).

Description:

The IPL strategy was produced in 2006 following a review of the existing evidence on IPL and interprofessional working (IPW). The strategy was strongly influenced by the Interprofessional Education for Collaborative Patient-centred Practice (IECPCP) framework (D'Amour and Oandasan, 2005). The strategy has a number of objectives including;- setting up a 'Practice Champions Group' to steer the strategy, increasing the opportunity for IPL placement experience, preparing and inspiring mentors/clinical educators to facilitate opportunities for IPL, carrying out research and working closely with NHS NW in supporting a new infrastructure for placements across the NW.

Evaluation :

Pilot studies are planned in a number of sites including Stockport PCT to evaluate: the learning experience of students and mentors, the effect on outcomes in patient care and the impact on existing teamwork.

Implications :

Through the development of close collaborative working between education and practice, it is envisaged that both patient care and team working will be enhanced through the involvement of both students and practitioners in IPL and that the interplay and interdependency between education and professional practice will be recognised by all partners (D'Amour and Oandasan, 2005).

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Learning and working together ... the reality of developing a multi-professional curriculum, core skills for professional practice.

Lynne Downey and Ann Miller

Northumbria University

In recent developments Northumbria University agreed a strategy and vision for the future delivery of clinical skills across the undergraduate health care pre-registration curriculum. This was part of the ongoing inter-professional and multi professional approach to health and social care. Inter-professional working within the current health climate is gaining increasing importance and has led to a cultural change in the way health professionals' are required to work. The drivers for change were influenced by the need to support the development of a health care workforce that can adapt to a dynamic health and social care environment including the need to improve efficiency in communication, the reduction in junior doctor hours and the blurring of professional boundaries for practice. Further to be able to work within an inter-professional and collaborative context and to be able to demonstrate appropriate levels of competence. (Skills for Health 2005) This presentation provides a fascinating insight into the collaborative process behind this innovation.

To facilitate this approach it was necessary to consider a new framework for clinical skills delivery which would ensure a robust, externally validated system of high quality learning and teaching, which places students at the centre of the strategy. A core aim of the curriculum is to enable students to acquire the skills for effective practice in a modernised, collaborative working environment where the perspective of patients is of central importance and inherent in the development of the Nursing and Midwifery Council (NMC) Essential Skills Cluster document and NMC (2004), National Health Service KSF (2004) and the Health Professional Council (2005). The option of a collaborative, curriculum initiative affords the opportunity to enhance skills across the professional boundaries and ensures students are fit for practice within a modernised health care environment.

This was achieved by creating a suite of programmes that share year long 20 credit modules titled 'Foundation' and 'Development' of Core Skills for Professional Practice; and Core Skills for Professional Practice – Transition. The thematic content of the modules includes such skills as basic life support, conflict resolution, infection control, clinical decision making and assessment frameworks. It provided the opportunity to examine how professional negotiation to develop a collegiate response was achieved in determining which skills are core to adult, children's, mental health and learning disability nurses, midwives, physiotherapists, occupational therapists and operating departmental personnel.

This development took place through liaison and discussion between lecturers from all the professional groups, enhancing expert knowledge in the teaching of clinical skills.

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Exploring the impact of interprofessional education on pre-registration health and social care students' views: a prospective longitudinal survey

Deborah Craddock

University of Southampton

Background:

The inclusion of inter-professional learning opportunities in health and/ or social care (h/sc) ensures that professionals engage in collaborative practice from the point of qualification¹. This is considered to be crucial for optimal healthcare delivery² yet evidence of the effectiveness of interprofessional education (IPE) remains largely untested³.

Aims:

To explore pre-registration h/sc students' perceptions of podiatrists' roles and inter-professional learning before and on completion of an IPE module.

Material and Methods:

An anonymous questionnaire was self-administered to an incidental sample of h/sc students before and on completion of an IPE module, in participating higher education institutions (HEIs). 1151 students participated in the pretest phase [81.1% (933) female, 18.9% (218) male] in 6 HEIs; and 1060 students participated in the posttest phase [81.2% (861) female, 18.8% (199) male] in 5 HEIs.

Results:

Excluding podiatry students, h/sc students' knowledge of podiatrists' roles was better on completion of an IPE module [Mean Rank (MR)=997.5, n=967] than at the start of an IPE module [MR=934.4, n=964], U=435660, Z=-2.51, p=0.01, r=0.06. A Kruskal-Wallis Test highlighted a significant difference in this posttest students' knowledge across HEIs [H=122.87, 4df, p=0.000, n=967].

Overall there was a significant difference in students' total Readiness for Interprofessional Learning Scale (RIPLS) scores before [Md=75, n=1151] and on completion [Md=71.5, n=1060] of an IPE module U=502201, Z=-7.196, p=0.000, r=0.15. A significant difference was also noted in students' total RIPLS scores across HEIs both before [H=32.8, 5df, p=0.000, n=1151] and on completion [H=41.27, 4df, p=0.000, n=1060] of such a module. Interestingly however lower posttest median scores were observed across all HEIs compared with pretest median scores.

Conclusions:

Completion of an IPE module may be having a more positive impact on students' understanding of podiatrists' roles as opposed to their perceptions of interprofessional learning. Implications of these findings are discussed and recommendations are made to facilitate future development of IPE initiatives.

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Working And Teaching Together To Teach Working Together

Ros Johnson and Hilary Pengelly

Sheffield Hallam University

Aim of Paper:

The organisational difficulties associated with interprofessional education are painfully familiar to many health and social care academics - classroom space, timetable gridlock, administrative support, staff development, learning resources for huge cohorts, IT infrastructure, and managing a large and diverse staff team. The aim of this paper is to report initial findings from an Appreciative Inquiry project into the delivery of interprofessional education. It seeks to move away from a problem solving approach and instead to identify achievements, successes and benefits, in order to identify strategies for supporting and promoting successful delivery of interprofessional education to undergraduate students. The paper will share experiences of conducting an Appreciative Inquiry project and present key areas of activity for organisational and pedagogic development.

Abstract

Whilst government policy urges health and social care professionals to work together collaboratively, professional identities and boundaries may militate against effective practice.

The development of interprofessional education (IPE) is a response to this problem and IPE is integral to all health and social care professional courses in the Faculty of Health and Wellbeing at Sheffield Hallam University. Effective IPE requires academics from different disciplines to work collaboratively, and developing effective interprofessional teaching teams across the health and social care subject areas may offer a paradigm for promoting effective interprofessional practice.

The authors of this paper are undertaking a research project to evaluate the experience of academics who deliver the level 4 interprofessional module, "Foundations of Interprofessional Practice". An Appreciative Inquiry approach is being used in order to explore and identify beliefs and behaviours associated with current and future IPE delivery. Underpinned by a world view of Social Constructionism, Appreciative Inquiry is an approach that explores what people value in their practice. It then seeks to develop ways to build on these activities and enhance positive responses to challenge and change at individual, team and organisational levels (Leibling and Arnold, 2005; Reed, 2007).

This paper will present findings from the initial stages of the study, exploring the wealth of frequently positive personal experience of collaborative practice, both from practitioners and within the academy. We look at how these experiences can contribute to organisational and pedagogic innovation to facilitate the effective delivery of interprofessional education.

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Poster Presentations

Blue remembered skills: self-harm in police custody.

Ian Cummins

University of Salford

This workshop is based on research carried out with two North-West police forces. The research has examined two key areas the mental health awareness training that custody officers receive and an analysis of incidents of self-harm that took place in custody setting over a six month period. Over the period of deinstitutionalisation, police officers have had increased contact with people experiencing mental distress(Borum(2000) (Hartford et al 2005).Theses developments seem to support Penrose's (1939) argument that there is a relationship between the societal functions of the mental health and criminal justice systems. Being in custody itself is a risk. The extent of mental health problems experienced by prisoners is well –documented (Singleton et al 1998). The initial research involved a series of interviews with custody officers. This group have a key role under the Police and Criminal Evidence Act in the assessment of detained persons. However, police officers lack training and awareness in this field (Pinfold et al 2003). Following this research, another project was undertaken with a second police force. Access to custody records where a detained person had injured themselves. As a result of this research, changes have been made to the training of custody officers and the way that incidents of self-harm are recorded. The revised training includes input the researcher. The workshop will include an examination of the challenges a “civilian” faces when training police officers

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Do profession and setting matter? Practice educators' experiences of supervising two students together on allied health practice placements

Joanna Dawes & Paul Lambert

NHS Education for Scotland

Introduction: Literature exists to support placing two or more students together with one practice educator on practice placement with benefits noted in relation to peer assisted learning and collaboration (referred to as the "2:1 model" of practice education). This research sets out to explore the actual experiences of using the 2:1 model across various AHPs and clinical settings, with a view to establishing whether there are specific professional or setting attributes that contribute to the success of this approach.

Methods: An iterative, qualitative study design was adopted, using a combination of nine one to one interviews and a focus group. Participants were recruited by means of purposeful sampling. The data were recorded, transcribed verbatim and analysed using the computer based software package NVivo 7.

Findings: Positive and negative experiences of this model were reported. There did not seem to be any indication that one profession found this model of practice education to be more or less acceptable than another. It would also appear that although clinical setting often presented practical barriers to the success of this model, there was no clear pattern regarding the type of clinical setting that facilitated the use of this model.

Discussion: The findings suggest that the success of this model appears to bear a greater relationship to the attitude and approach of the practice educator and the support they have from colleagues to manage the students learning and other work place duties, than specifically related to profession or clinical setting.

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The Highs and Lows of Interprofessional Education – Reflections of A Facilitator.

Marianne Hensman and Jacky Conduit

University of Birmingham

A key area for development in the education of healthcare professionals is the ability to work collaboratively in patient care. The Centre for Advancement of Interprofessional Education (CAIPE 2006) published a framework for all involved in patient care to have access to interprofessional learning opportunities. Higher education institutions therefore have the responsibility of developing these skills in students, in preparation for their future roles.

For this reason, The University of Birmingham, together with other local universities are involved in the CITEC project (Centre for Innovation and Training in Elective Care). The project encompasses a number of different inter-professional education (IPE) interventions. One of these is a 'plenary day' in which students from different disciplines participate in a series of group exercises to promote learning with, from and about each other. Facilitators also come from a range of healthcare disciplines, many new to facilitating learning in a multidisciplinary setting. Oandasan and Reeves (2005) reviewed the literature on the implementation of IPE. They concluded that good facilitator preparation is a key part of its' success, but that there is limited knowledge of the specific preparation needed. Rees and Johnson (2007) interviewed university faculty staff who facilitated IPE. Their respondents expressed concerns about inexperienced staff members being involved, and highlighted the need for appropriate support for IPE facilitators.

This poster focuses on observations of the skills needed to facilitate IPE, linked to current literature. Conclusions include reflections on facilitating the process of IPE, and insights for the future on supporting the facilitator in best educational practice.

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The Integrated Team: Are Four Heads Better Than One?

Rachel Martin, Peter Bowden, Jan Dodgeon, Christine Smith, Jo-Anne Supyk

University of Salford

The University of Salford's inter-professional Allied Health programme for Occupational Therapy, Diagnostic Radiography, Physiotherapy, and Podiatry leads to a BSc Honours degree and eligibility for registration with the Health Professions Council (HPC). The programme responds to the Government's modernisation agenda, set out in documents such as "Meeting the Challenge" (DoH, 2000), which recommends both inter-professional education and the employment of more practitioners with extended inter-professional knowledge and skills.

This presentation will focus on an inter-professional module, which utilises a partnership approach with advanced practitioners and service users in a user-friendly way. The module aims to enable the student to integrate existing skills and knowledge, and apply these to health promotion and complex casework, whilst also allowing the students to review and reflect on their role as emerging practitioners within an inter-professional team (Schon, 1983).

The innovative design of the module includes an interactive "surgery" with advanced practitioners and service users, where the students collect information via pre-prepared questions developed from the case study trigger to meet their identified learning outcomes. The module culminates in a group presentation by the students, which demonstrates their learning in relation to an inter-professional approach to the management of a terminal condition. The evaluation of this module suggests positive learning occurs via shared inter-professional experiences, for the students and practitioners alike.

This model of collaborative learning combines inter-professional and problem based learning, and facilitates the group work skills necessary for effective communication, team working, conflict resolution and management of the team's 'business' (Savin-Baden and Howell Major, 2004).

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PICU Junior Doctors Nursing Shift – a useful introduction?

Tamzin Dawson and Dr. Mehrengise Cooper

St. Mary's Hospital, London.

Introduction:

In the light of the drive towards interprofessional learning, our PICU Nursing and Medical educators allocated all junior doctors commencing their PICU rotation to undertake a nursing shift. The aim of the nursing shift is to develop teamwork, partnerships and collaboration, improve skill mix within the working environment and also increase flexible working between the professions.

Methods:

From August 2007 all doctors new to the PICU environment were rostered onto a 7.5 hour nursing shift with their nurse mentor. They were then asked to evaluate the day.

Results:

13 junior doctors starting their PICU posts were rostered onto a nursing shift. All doctors had exposure to similar basic nursing skills, with some gaining an insight into the extended treatments of patients within a PICU setting.

All doctors found the day challenging be it the continuous work load of one patient, exposure to new equipment, communicating with the family or just being on "their feet all day".

Conclusions:

Despite the different challenges faced, all those involved, found this day to be a positive experience. They felt it was beneficial to their work within PICU, improved communication between the nursing and medical staff, which has ultimately improved team work on the unit over the following months. It was felt by all participating staff that the nursing day should become integrated into the doctors' orientation programme for PICU.

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Interprofessional Education in the workplace for Trainee Advanced Practitioners. A case of all things to all men.

Lynne Gaskell

University of Salford

The University of Salford's two year inter-professional Advanced Practice programme for nurses and allied health professions leads to an MSc degree and eligibility for registration as an Advanced Practitioner.

Hamric and Hanson (2003) outlined the necessity of combining clinical competency and role enactment and awareness within graduate AP programmes. Moreover, an educational curriculum needs to be flexible and visionary to prepare the AP for practice (Furlong and Smith, 2005) and to meet the needs of each individual. The team at Salford strives to identify knowledge and skills common to all students but to differentiate between the common and specialist content necessary to support clinical expertise in designated areas of practice. This is achieved by the provision of specialist master classes, action learning sessions, portfolio development incorporating an Independent Learning Pathway (ILP) and facilitation of learning within the workplace. The (ILP) allows students to identify learning needs to prepare them for their new role aligned with specific service needs and Trust policies and protocols.

Consultation, collaboration and communication between home Trusts and University are required to ensure successful implementation of the AP role (Jackson and Bluteau, 2007). To facilitate this Learning Facilitators (LF's) are aligned to specific Trusts and work in collaboration with managers assessors and champions, to recruit students, identify and enhance learning opportunities within and outside the Trust to develop and monitor clinical competency, prepare and monitor assessors, and attend workforce development and other meetings champions and their students.

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Visibility, Appropriateness and Effectiveness: A qualitative investigation into the principles of Choosing Health in health promotion practice.

Nichola Downs

University of Gloucestershire

Choosing Health (Department of Health, 2004) reinforced the Governments approach to tackling and improving the health of the nation through the empowerment of individuals to make healthier choices. Three underpinning principles of Choosing Health were proposed to achieve change: informed choices, personalisation and working together. Appropriate evaluation of new initiatives and health promotion positions could enable investigation into the appropriateness and effectiveness of health promotion policy in practice, to enable evidence based practice to be developed in the future (Nutbeam, 1999).

Following the approval of the local NHS Research Ethics Committee and Health Trust, data was collected through focus groups and individual interviews with health promotion specialists (n=2) who implemented the health promotion project, project committee members (n=5), deliverers (n=2), steering group members (n=5) and members of the initiatives (n=16). Interpretive Phenomenological Analysis was used to analyse the data. Resultant themes included self empowerment, role of the health promotion specialists, lifestyle considerations and holistic benefits. The underpinning principles of Choosing Health were visible and their perceived level of appropriateness and effectiveness was evident in specific themes. Role of the health promotion specialists and project structure, content, development and progression were themes where dissemination of information, member support, partnership developments and interprofessional working were particularly prominent.

The paper concludes that, the visibility, appropriateness and effectiveness of the underpinning principles are evident in health promotion practice, and that the principles are of particular significance in effective and appropriate health promotion practice.

Making it real! Development of a learning resource for the partnerships in practice interprofessional/interdisciplinary modules within the pre-qualifying health and social care curricula.

Bev Gillings, Sue Hutchings and Netta Lloyd Jones

Oxford Brookes University

The poster aims to share the process of developing an IPL resource based upon current professional practice experience.

The 12 pre-qualifying professional programmes within the School of Health and Social Care participate in three Partnership in Practice modules which promote IPL. Through which students develop self-awareness, professional identity and understanding of interprofessional collaboration.

This project is developing an on-line learning resource for pre-qualifying health and social care students undertaking the Partnerships in Practice modules. The learning resource aims to:

- develop explicit links between theory and practice of interprofessional learning and working
- develop students as professionals able to work in an interprofessional workforce
- support the development of students' professional portfolios for registration and employment

The learning resource is being developed through the collection of practice scenarios from students.

Student volunteers from all of the pre-qualifying programmes are currently being invited to participate.

Structured reflection will be utilised to explore student experiences of interprofessional practice, the links between interprofessional theory and practice and their own development as an interprofessional practitioner.

These student experiences will be developed into a learning resource for use by individual students, lecturers facilitating IPL seminars, personal tutors and by practice assessors.

The 'Myth' of Patient Centrality in Chronic Back Pain Services

Michelle Howarth & Carol Haigh

University of Salford

The socio-economic effects of chronic back pain are immense and demands holistic multi-professional care management approaches. To address this, the management of chronic back pain should engage a variety of interventions and therapies. Multi-professional working is energetically promoted as a key component (RCA 2003). The complex needs of patients who suffer from chronic back pain suggest that the patient should sit at the heart of decision making in multi-professional services and there is a need to ensure 'patient centrality' within service provision (Howarth & Haigh 2007).

This study aims to explore the extent of patient centrality within multi-professional chronic back pain management services from the patients perspective.

A grounded theory approach was adopted to explore the patient's perspectives of the multi-professional pain management team. In total 17 patients who had attended a multi-professional pain management programme were interviewed. The interviews were unstructured and lasted between 40 – 60 minutes. Following transcription data were analysed using a constant comparative method.

Early findings suggest that the patient feels central when they are embraced by the team. To facilitate this, patients like to be made welcome and feel part of the process. Teams that were friendly towards the patient helped them develop a sense of control and confidence therefore enhancing the centrality experience. Patients particularly enjoyed the informality of the teams.

Exploring the patients experience of teams has revealed previously unknown data about the need for teams to make patients feel welcome and secure. The way in which patients perceive teams differs from the health perspective and patients enjoy the informal setting seeing the team outside of their professional 'box'. Future IPE could be developed through placing a focus on stereotypical images patients have of teams, exploring the informality of communication and enhancing patient control through improved team dynamics.

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Springboard

Michael Murphy and Michael Ravey

University of Salford

This poster presentation focuses on an extensive piece of research undertaken by Salford University, commissioned by Blackpool Borough Council.

Since the early 1800's Blackpool has been a popular coastal resort for not only the people of the Northwest of England but for the United Kingdom as a whole. Its beaches, bright lights and amusements have and continue to be a Mecca for both holidaymakers and those individuals and families who perceive it as a possible source of income. The development of Blackpool's role as an entertainment centre has brought with it a set of unique social problems. These are not always obvious to the casual observer who often perceives Blackpool as an affluent town free from problems. However, a short walk from the sparkle of the promenade leads into areas of the town that have such a high social need that Blackpool is described as one of the most deprived areas of the United Kingdom. This presents Blackpool's services with significant challenges, which are compounded by high levels of population movement and also by the fact that a significant number of the families moving into Blackpool originate from socially and economically deprived backgrounds. These form a pool of hard to reach families that have complex needs, placing considerable demands on services.

Blackpool Council has responded to this challenge by adopting a proactive stance in developing a myriad of services that offer these families efficient and effective support ranging from preventative to complex multi-disciplinary interventions. One of these services has been described as 'Springboard' and it is this service that forms the bases of the research highlighted in this abstract.

Springboard

This is a unique service that is described as a 'virtual' multidisciplinary service for those families that services deem as 'hard to reach'. The service has engaged with 60 families using a multi agency approach and has supported them to make significant changes to their lives.

A raft of data collection tools were employed by the research team to gather both qualitative and quantitative data. This poster focuses on one data set that originated from a tool that was developed at the outset of the project in conjunction with all levels of service provision in Blackpool. This tool was described as a baseline document and was employed to highlight changes within the families against Blackpool's Public Service Agreement targets, which included:

- Health
- Social care
- Housing
- Offending and anti-social behaviour
- Education.

The baselines related to the previous twelve months before the family received support from 'Springboard' and these were then compared at six weekly intervals with the family's situation. The findings are proving to be very dramatic with significant reductions in offending and anti-social behaviour, increased stability in the housing situation, health and attendance in educational settings and a reduction in the enforcement aspect of social care.

Why collaborate? Exploring collaborative practice amongst health and social care academics.

Karen Kniveton

University of Salford

The poster will convey some of the emerging themes and insights of a qualitative research project, which is using a grounded theory approach to data generation and analysis. The project is exploring the experiences of health and social care academics in collaborating to provide interprofessional education and aims to determine what factors influence success in developing and sustaining interprofessional programmes. There are numerous studies and a plethora of reports that assist our understanding of interprofessional education. There is not a total picture and there is no general theory of 'interprofessional education'. Nor is there development of theory relating to 'collaboration' amongst health and social care academics.

The latter appears to have been largely absent in the research to date, with focus mostly being on student experiences and the desire to identify the impact of interprofessional education programmes. This research project aims to address this situation. The poster will attempt to convey the grounded insights and themes emerging from the one to one and focus group interviews and will aim to generate interest amongst this particular community of practice.

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Interdisciplinary Formative OSCAs to assess Multi-professional Advanced Practice Students Clinical Examination skills

Jane Roberts

University of Salford

Formative Objective Structured Clinical Examinations (OSCEs) are commonly used in pre-registration nurse education programmes. They enable an emphasis on constructive advice and feedback to students (Major 2005). Formative assessments can be used to support students to fulfil goals such as the development of clinical skills (Price 2005). This structure of assessment has been adapted to meet the requirements of post graduate students studying Advanced Practice.

Advanced practice students, who tend to practice in very specialised areas, positively evaluated the interdisciplinary learning that was experienced when formative Observed Structured Clinical Assessment (OSCAs) were introduced.

The opportunity to interact with lecturers and other students of varying professional backgrounds was found to be beneficial. Students are assessed at stations that are unfamiliar to their daily practice to develop the generic clinical skills expected of an Advanced Practitioner.

Timely feedback provides a mechanism for students to discuss and correct their performance with the support of a lecturer or practitioner experienced in their field (Billings and Halstead 1998).

This presentation will discuss how a summative OSCE framework has been adapted to provide Advanced Practice students, from a variety of health care disciplines, the interdisciplinary exposure they require to develop their clinical skills.

The revised OSCA enables students to be formatively assessed by practitioners from a variety of healthcare professions.

The formative nature of the OSCA has proved successful as a constructive learning experience. Advantages reported by students include the immediacy and quality of feedback with an opportunity to discuss individual performance interactively with their assessor.

The variety of professionals and promotion of interdisciplinary team work to organise and provide the OSCAs has improved the students experience and the multi-professional lecturer's knowledge and insight into other practitioner's roles and areas of expertise.

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Collaborative working: does academia mirror practice?

Sam Baron, Dawn Gawthorpe, Carole Haines, Dawn Hennefer and Michelle Howarth

University of Salford

Traditionally, the focus of interprofessional practice (IPP) is located within the domains of practice based organisations delivering health and social care. A plethora of legislation, policy drivers and contemporary research, focuses upon facilitating practitioners and managers to work in collaboration to improve outcomes for service users and patients.

By drawing upon the work of Howarth & Holland (2005), this poster presentation aims to explore the relationship and parallels between team working within interprofessional education settings and interprofessional practice settings. In examining the six core competencies defined by Howarth & Holland (2005), this poster will draw upon the experiences of academics working within an IP team to deliver IPE. In particular, notions of professionalism, culture, identity, team development and process will be examined, thus considering the implications of the organisational context on collaborative working.

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Reflections on the first run of an online Post Graduate Certificate in Cancer Care for Teenagers

Maria Cable

Coventry University

It is well documented that Teenagers and Young Adults with Cancer (TYAC) are faced with significant challenges throughout their cancer journey and that the psychosocial issues are considered to be one of the most challenging issues faced by patients, families and health care professionals alike (Smith et al 2007). Helen Langton, then Associate Dean at Coventry University met with a group of international interprofessional (IP) experts in Bangkok in 2006 to discuss meeting the specific educational needs of various members of the IP health care team who care for TYAC. Key concepts discussed there became a reality when this 3 module, 60 credit on line course was accredited and commenced in Feb 2007. Two modules are subject specific and the third is a Work Based Learning (WBL) project.

It was designed by subject experts and instructional designers where a host of e-learning objects were created. Subject specific teaching material was created by clinicians from the various IP backgrounds and patients with the assistance of the Instructional Designers who created additional learning materials to guide and support students in using this mode of learning.

The course commenced with 19 students, 13 were based in the UK and the remaining students in Australia or New Zealand. All but one were nurses working in a variety of roles and settings. One student was a charity worker with TYAC. The course was facilitated by a UK based Clinical Nurse Educator and supported by a University based lecturer with clinical and educational experience in the subject.

Assessment methods used included case studies, reflective summaries of online discussions, portfolios of Work Based Learning Projects and essays.

Jochems et al (2002) suggest that any e-learning curriculum needs to balance the pedagogic, technical and organisational aspects to be successful. In compounding this framework the author proposes that evaluation of this course addresses these and that findings should be gathered from the student and teacher viewpoint. These findings will be presented in bullet points in the poster.

Lastly, the poster will outline the profile of students on the next course which has gathered a further international IP momentum and is due to commence in May 2008 and advise of some of the amendments made to the course based on the evaluation and mapping of pedagogical processes (Conole et al, 2004)

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