

A literature review analysing current research into undergraduate interprofessional learning in the health and social care context

Practitioner Research
in Higher Education
Copyright © 2007
University of Cumbria
Vol1 (1): page 56-58

Shirley Yearsley Grad Dip Phys MCSP PGDE MSc
University of Cumbria
shirley.yearsley@cumbria.ac.uk

Abstract

This literature review analyses current health and social care literature regarding interprofessional learning in undergraduate curricula. It is based on search of academic data bases for published research written in English over the last ten years. It also includes review of government policy documents regarding interprofessional learning in undergraduate curricula of health and social care students. The literature reviewed suggests that interprofessional learning is received most positively by undergraduates when introduced later in the undergraduate experience, during practice placements and with a clear link to assessment, be this formative or summative.

Introduction

Over the past decades legislative and social policies have required health and social care agencies to work collaboratively in partnership with service users (Department of Health 1999). The Department of Health (2000) has been explicit in its support of Interprofessional learning (IPL) stating, 'The government intends to build on successful initiatives to make Inter professional education a key feature of National Health service education over the next few years'.

Within this paper the terms interprofessional education (IPE) and interprofessional learning (IPL) will both be used. This is because both the terms are used within the relevant research interchangeably. The definition of IPE used within this paper is that defined by the Centre for advancement of interprofessional education (CAIPE) in 1997, 'The explicit creation of an opportunity for members (or trainees) of more than one social/health care occupation to learn together' (Hammick et al 1998 p5). Other definitions suggested by CAIPE include ideas around professionals not only learning together but—'...from and about each other to improve collaboration and quality of care' (Freeth et al 2005 p11).

Effective healthcare delivery in hospital and community sectors requires all health and social care professionals involved to work collaboratively within and between teams to ensure the best possible outcome for clients (Department of Health 2000, Parsell and Bligh 1999). The aim of IPE is to help overcome ignorance and prejudice among health and social care professionals as learning together at undergraduate (and post graduate) level would lead to health care professionals working together more effectively and therefore improving quality of care for patients and clients. (Department of Health 2001)

Every year thousands of students enter undergraduate programmes for health related courses and research has shown that most students have views about their future role and the role of other healthcare professionals (Tunstall-Pedoe, Rink and Hilton 2003). How these views change during their undergraduate career will depend upon their learning experiences during their various courses. The World Health Organisation (WHO) in 1998 highlighted the importance of fostering positive interprofessional learning (IPL) relationships within health and social care. Since then IPE has received increasing support from the United Kingdom government (Department of Health 2000, 2001 and 2002).

Many Higher Education Institutions have introduced IPL opportunities for pre-registration students with the aim of promoting positive interprofessional attitudes. Research has shown a mixed response from students

undertaking this learning experience (Mires et al., 1999; Gilbert et al., 2000; Tunstall-Pedoe et al., 2003; Johnson, 2005). One of the factors discussed is the optimal time at which to introduce IPE (Mandy, Milton and Mandy 2004) as well as relevant subject content of any IPE experience (Mitchell, McCrorie and Sedgwick 2004, Aveyard, Edwards and West 2005). Freeth et al (2005) also identified that the success of any IPE venture is dependent upon a large number of other aspects such as enthusiasm, determination and patience from planners and facilitators.

Freeth et al (2005) describe a range of choices available to those who are planning IPE. At one extreme the whole course content is explicitly interprofessional, "people are brought together to learn with, from and about each other and about interprofessional collaboration as a means of improving care" (Freeth et al 2005 p16). At the other end of the interprofessional spectrum other learning outcomes become more important, 'the dominant focus being on, for example, developing technical knowledge or practical skills to address particular conditions such as diabetes' within an IPL group (Freeth et al 2005 p16). In the latter example interactive elements within the course such as small group discussions would naturally draw on the range of profession specific expertise within the group therefore promoting a certain amount of IPL.

Effective IPL requires students to understand different professional perspectives, cultures, norms and language. This difference in groups of students undergoing IPL brings challenges. Students will come to the IPL event with differing levels of background knowledge and differing pre-conceptions of what the event will give them and how it will enrich their specific professional course. The author aims to research the changing nature of IPE provision within a HEI and its role in development of professionals who can work collaboratively to increase the quality of patient care (Department of Health 2000).

Where in the curriculum and where geographically IPE should take place has been considered by many researchers. Mandy et al (2004) concluded that IPE should be placed in the academic institution but after a period of clinical exposure, as they found that student physiotherapist and podiatrist stereotypes of each other in the first year of undergraduate study following an IPE intervention worsened. Banks and Janke (1998) found that students from nursing, physiotherapy, occupational therapy, pharmacy and social work recognized that their IPE led to improved communication with other healthcare professionals, discovering and understanding each other's roles and that interacting on a formal and informal manner were invaluable. Banks and Janke (1998) however did not state at which stage of their undergraduate studies these students were. Linqvist et al (2005) discovered that when first year medical, physiotherapy, occupational therapy, nursing and midwifery students worked together on an IPE project around the role of different professions and team working in a case-based scenario, their perceptions of each other changed with regards to the adjectives 'caring' and 'subservient' pre and post intervention. Students from Tunstall-Pedoe, Rinks and Hiltons (2003) study were all first years undergoing a common foundation curriculum for the first semester of their course. Students from the physiotherapy, medicine, radiography and nursing degrees all took part. Students' views that the common foundation programme could enhance their learning or increase respect, knowledge or understanding of other professions significantly reduced after the intervention. Evidence would suggest therefore that students don't appear to gain favourably from IPE early on in their course.

Researchers have looked at IPE experiences in placement. Some developing specialist 'training wards' for this purpose (Reeves et al 2002, Reeves and Freeth 2003). Students reported that the experience helped them to understand other professions competencies and skills, preparing them for future practice. Moving IPE into practice with students who were at a later stage in their course appears to bring about more positive outcomes. However the organization needed to facilitate learning in these wards with tutors from all the participating professions involved and the potential for 'burn out' of facilitators as reported by Reeves et al (2002) suggests other placement opportunities should be sought. Roberts et al (2000) also discovered that even though medical and nursing students on a community placement enjoyed the chance to get together in shared learning seminars and recognized their benefit in developing communication skills the lack of summative assessment attached to the process lessened its relevance to their own courses. Stephens and Smith (2001) used placement settings to encourage nursing and physiotherapy students to explore the relationships between theory and practice and had an overwhelming positive reaction from those students who took part.

From the studies discussed it would appear that the place to encourage IPE is later in the undergraduate experience, during practice placements and with a clear link to an assessment that the student will undertake, be this formative or summative.

It can be seen therefore that IPE can take place in a number of places both formally and informally and to a greater and lesser degree using CAIPE's definition (Hammick et al 1998). Many researchers have studied students IPE experiences in HEI, fewer have looked at the IPE taking place on 'training wards' and that which occurs more naturally during practice placements. The author suggests that this could take the form of informal opportunities to work alongside qualified practitioners from other professions, facilitated IPE between differing healthcare students whilst on placement in the same geographical location or the use of the virtual environment for students to keep in touch with interprofessional colleagues from Higher Education institutions (HEI's) whilst out on placement. As a result of this literature review it is proposed to further research

'How will the delivery of IPE in the practice placement environment, and via the virtual learning environment, aid in the development of professionals who can learn with, from and about each other to improve collaboration and quality of care?'

References

- Aveyard, H., Edwards, S. and West, S. (2005). Core topics of health care ethics. The identification of core topics for interprofessional education. *Journal of interprofessional care*. 19 (1).
- Banks, S. and Janke, K. (1998). Developing and implementing interprofessional learning in the faculty of health professions. *Journal of allied health*. 27 (3).
- Department of Health (1999). *A first class service—Quality in the new NHS*. London—Department of Health.
- Department of Health (2000). *The NHS plan. A plan for investment*. London—Department of Health.
- Department of Health (2001). *Working together, learning together—A framework for lifelong learning for the NHS*. London—Department of Health.
- Department of Health (2002). *Shifting the balance of power—The next steps*. London—Department of Health.
- Freeth, D., Hammick, M., Reeves, S., Koppel and Barr, H. (2005). *Effective interprofessional education—development, delivery and evaluation*. Oxford—Blackwell Publishing.
- Gilbert, J., Camp, R., Cole, C., Bruce, C., Fielding, D. and Stanton S. (2000). Preparing students for interprofessional teamwork in healthcare. *Journal of interprofessional care*. 14 (3).
- Hammick, M., Zarenstein, M., Atkins, J., Barr, H., Koppel, I. and Reeves S. (1998). Interprofessional education and systematic review—A new initiative. Paper presented at British Research Association annual conference. August 1998.
- Johnson, R. (2005). Exploring students' views of interprofessional education—1 year on. *International journal of therapy and rehabilitation*. 12 (5).
- Lindqvist, S., Duncan, A., Shepstone, L., Watts, F. and Pearce, S. (2005). Case-based learning in cross professional groups—The development of a pre-registration interprofessional learning programme. *Journal of interprofessional care*. 19 (5). 509-520.
- Mandy, A., Milton, C. and Mandy, P. (2004). Professional stereotyping and interprofessional education. *Learning in health and social care*. 3 (3). 154-170.
- Mires, G., Williams, F., Harden, R., Howie, P., McCarey, M. and Robertson, A. (1999). *Medical teacher*. 21 (3) 281-285.
- Mitchell, B. S., McCrorie, P. and Sedgwick, P. (2004). Student attitudes towards anatomy teaching and learning in a multiprofessional context. *Medical education*. 38. 737-748.
- Parsell, G. and Bligh, J. (1999). The development of a questionnaire to assess the readiness of healthcare students for interprofessional learning (RIPLS). *Medical education*. 33. 95-100.
- Reeves, S., Freeth, D., McCrorie, P. and Perry, D. (2002). 'It teaches you what to expect in the future'—Interprofessional learning on a training ward for medical, nursing, occupational therapy and physiotherapy students. *Medical education*. 36. 337-344.
- Reeves, S. and Freeth, D. (2002). The London training ward—An innovative interprofessional learning initiative. *Journal of interprofessional care*. 16 (1).

Roberts, C., Howe, A., Winterburn, S. and Fox, N. (2000). Not so easy as it sounds—A qualitative study of a shared learning project between medical and nursing undergraduate students. *Medical teacher*. 22 (4).

Stephens, J. and Smith, A. (2001). Learning in clinical practice—A multidisciplinary approach. Paper presented at Qualitative Evidence Based Practice conference, Coventry University 2001.

Tunstall-Pedoe, S., Rink, E. and Hilton S. (2003). Student attitudes to undergraduate interprofessional education. *Journal of interprofessional care*. 17 (2).

WHO. (1998). *Health for all in the twenty-first century*. World Health Organisation. Geneva.