Centre for the Advancement of Interprofessional Education

UNIVERSITY OF LEICESTER

Advancing Interprofessional Education

Professor Elizabeth Anderson

CAIPE Joint Chair

8th July 2024

Advancing IPE

Part 1: Care delivery today

- **The national and regional picture for safe, effective, efficient health care delivery within the NHS as a System.**
- **CAIPE**

Part 2: Solutions through meaningful IPE

- **Realist perspective - what works for whom, why and in what circumstances**

CAIPE

The leading organisation in the UK for Interprofessional Education (IPE) and Collaborative Practice (CP), established in 1987.

A UK-based charity with international outreach whose members work together to promote and develop IPE and CP and related research to facilitate the development of a workforce fit for purpose.

Recently launched its 5-year strategy which will pursue its evidence-based support and guidance to promote and sustain the growth of IPE and CP and influence health and social care policy for the improvement of health outcomes for all.

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President Professor Hugh Barr



Dr Angela Lennox



Prof Elizabeth (Liz) Anderson

Joint Chair



CAIPE administrator

admin@caipe.org.uk



Dr Sharon Buckley



Prof Dawne Gurbutt



Prof Susanne Lindqvist



Dr Pat Bluteau

The Scholarship and Strategy Committee

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Emma Pope



Senior Lecturer
Interprofessional lead.
Radiotherapy and Oncology Programme
Cardiff University

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"Occasions when two or more professions learn <u>from</u> and <u>about</u> each other to <u>improve</u> collaboration and the quality of care".

Barr H, 2002, Interprofessional Education Today, Yesterday and Tomorrow, LTSN, Occasional Paper 1, pg. 6. Revised from CAIPE 1997.

'Occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes'.

The World Health Organisation (2010). Framework for Action on Interprofessional Education & Collaborative Practice. WHO, Geneva. p13.

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Part 1: Care delivery today



Burden of disease

Increasing numbers of older people with co-morbidities and complexity, mental health, concerns for inequalities etc…



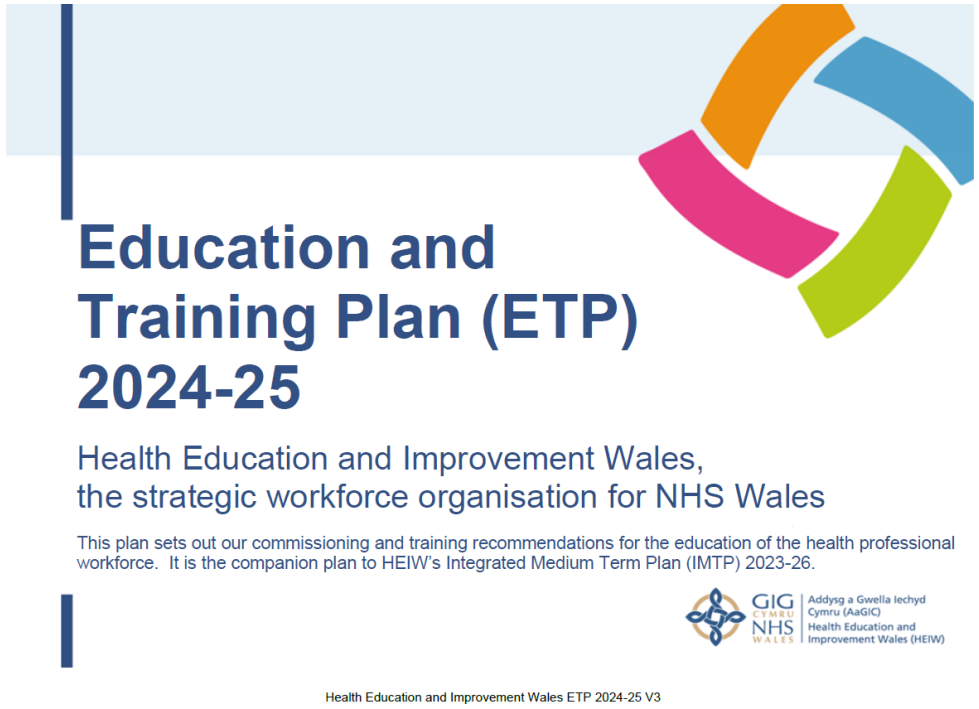
Capabilities

Fast paced team work, problem solving, innovation, critical thinking, supportive caring culture, compassionate leadership

This Photo by Unknown Author is licensed under CC BY-NC

Drivers for change

- Care closer to home
- Expanded Primary Care
- To build a sustainable workforce for the future



Annual Report finds sustained pressure on healthcare services across Wales

Published 6 Dec 2023

Today, 6 December, Healthcare Inspectorate Wales (HIW) has published its annual report for 2022-2023. The report summarises all of our activity, including the inspection of NHS and independent healthcare services.



Related

Annual reports
Chief Executive's Annual Reports

Our findings outline the sustained pressure on healthcare services across Wales, highlighting risks relating to emergency care, staffing concerns, poor patient flow and the accessibility of appointments.

We have continued to focus on patient safety through our inspection and assurance work by challenging healthcare services to look for different ways of working to improve outcomes for patients. Healthcare staff engaged well with our inspections and worked constructively to tackle any issues highlighted. Our annual report sets out how we carried out our functions across Wales, seeking assurance on the quality and safety of healthcare through a range of activities.

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Interprofessional Imperative

- Staff must work together to maximise time and resources and innovate
  - Do they know how to do this ?
- Quality of care depends on connections between different practitioners, integrating new roles, plugging the gaps
  - Do your patients fall through the gaps created by professions working in silos?

NHS England

NHS Long Term Workforce Plan

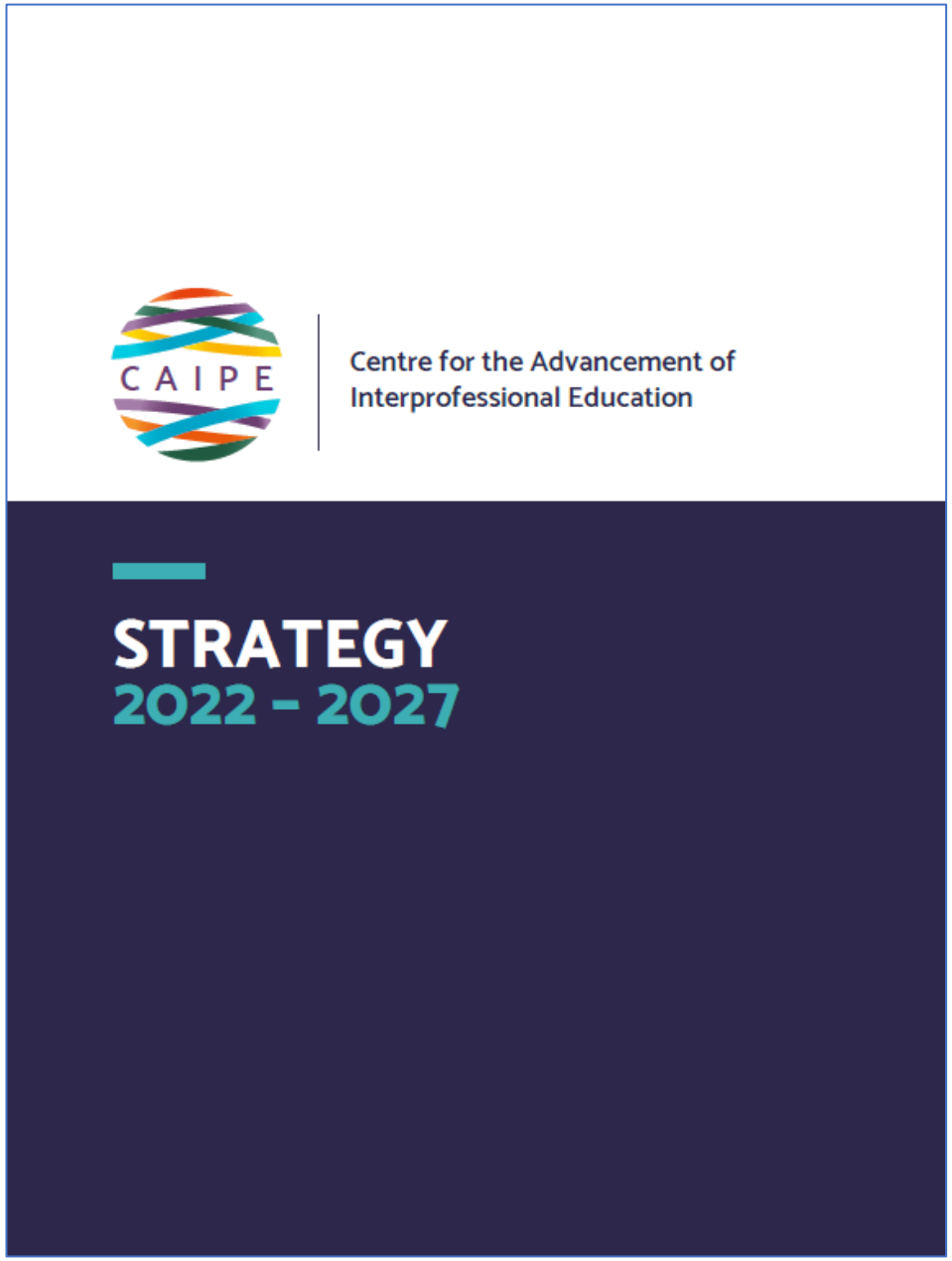
June 2023



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CAIPE Strategy



https://www.caipe.org/resource/CAIPE-strategy-2022.pdf

Strategy – 4 Priority Groups

Research

Generate, synthesise and translate the evidence-base for best practice in interprofessional education and collaborative practice.

Standard setting

Develop quality standards for the design, management and delivery of interprofessional education.

Faculty Development

Support higher education institutions and other educational organisations through departmental, curriculum and assessment guidance.

Translation of evidence into practice

Work to influence UK health and social care policy for the improvement of health outcomes for all, guided by international best practice.

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Standards-timetable

- Working group propose standards pre- 2017
- Stakeholder consultations
- Draft statements written
- September- revisions with NHS Regions, Professional Regulators, CAIPE board
- AGM – 15th November



- Governance
- Leadership and Management
- Interprofessional Education Framework
- Practice-based IPE
- Faculty Development
- Scholarship and Research

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Part 2 – Solutions through meaningful IPE- realist perspective.

Modern professional programmes balance…

Learning to be a particular type of professional



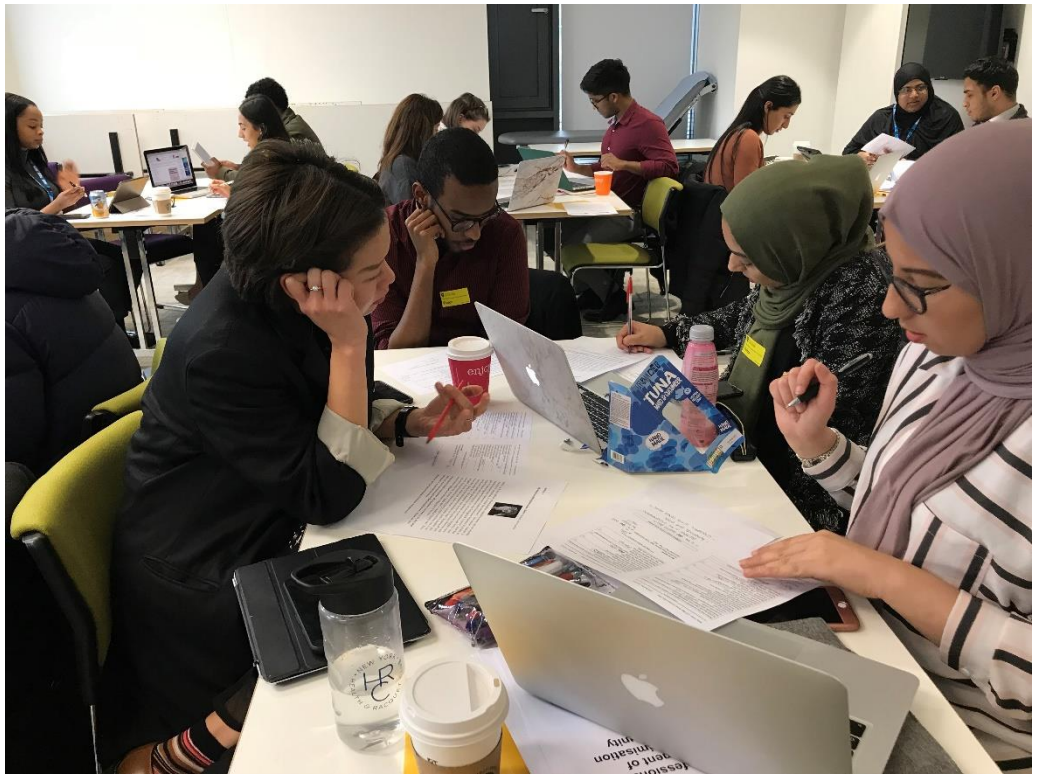
Learning to be interprofessional

- IPE history is short compared to bio-mechanics in physiotherapy, anatomy in medicine etc.
- IPE is now perceived as essential by regulators but we lack many years of cyclical work on IPE for full immersion and a long-term fix
- Curriculum: Cyclical shunting issues – new topic emerges pushes others out!

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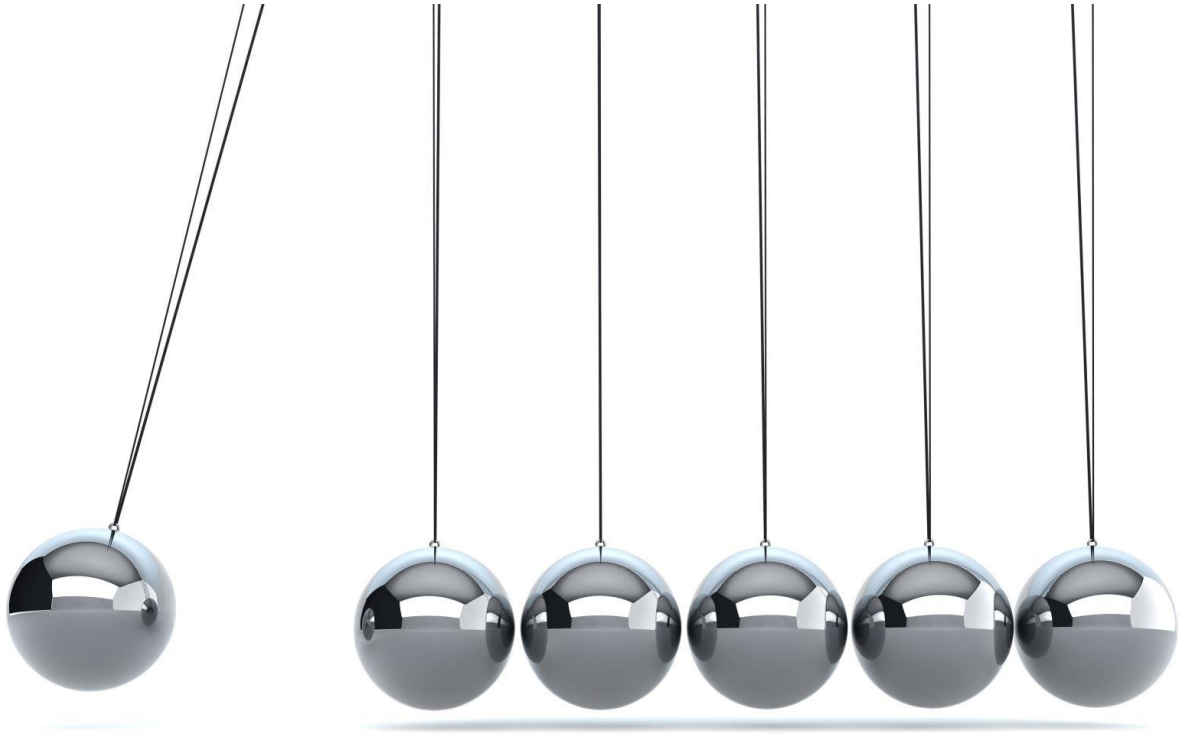
Research has shown

- Integrated IPE (*do not add on*)
- Authentic
- Bespoke towards large scale
- Faculty support and training



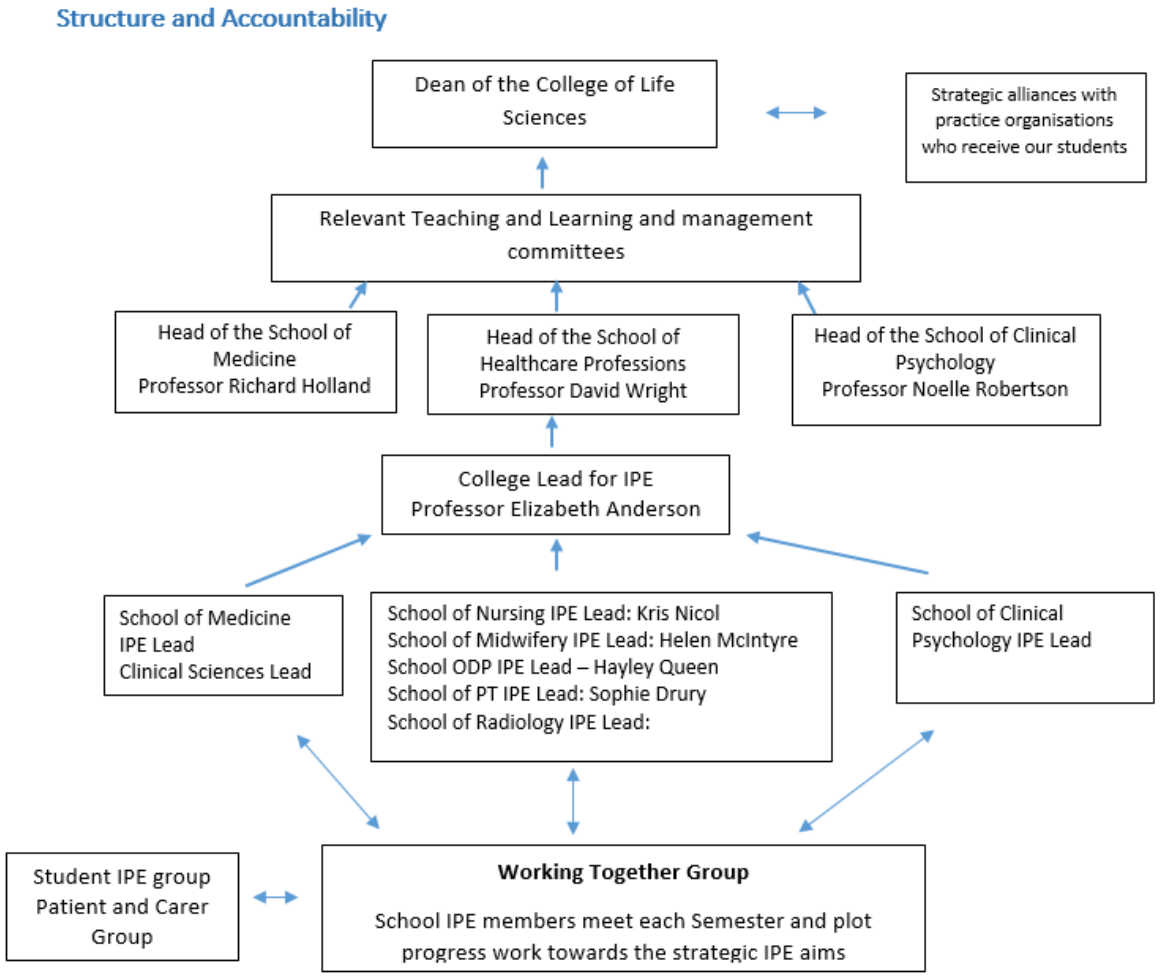
Integration: Design, Delivery Management

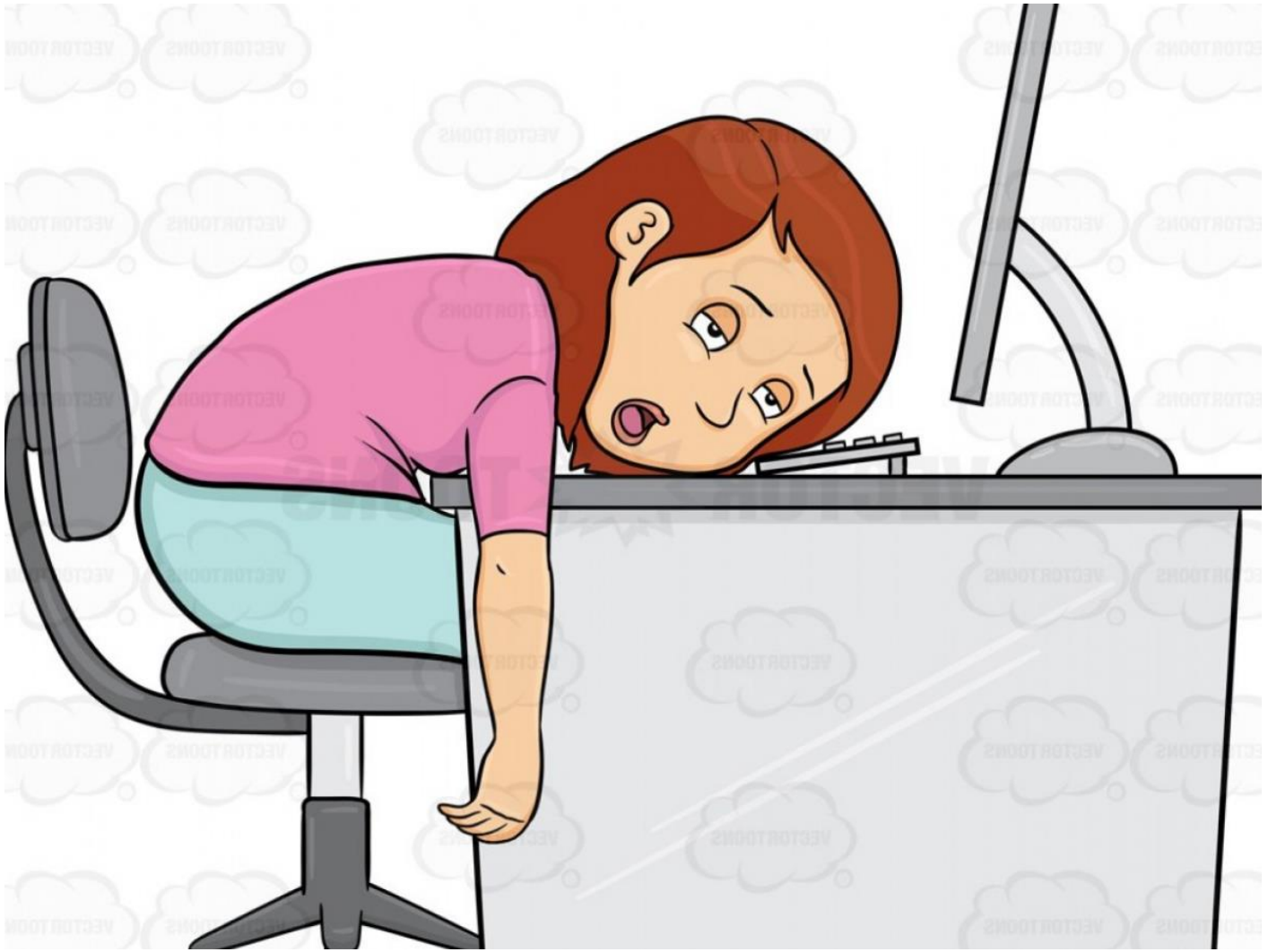
Governance for integration



Integration: Structure and purpose

- Systems in place for IPE
  - Written - alignment of ILO's and assessed
- Leaders with IPE roles
  - Structure for reporting
- Faculty alignment to IPE
  - Faculty development training
- Resource
- Cocreation- community of practice

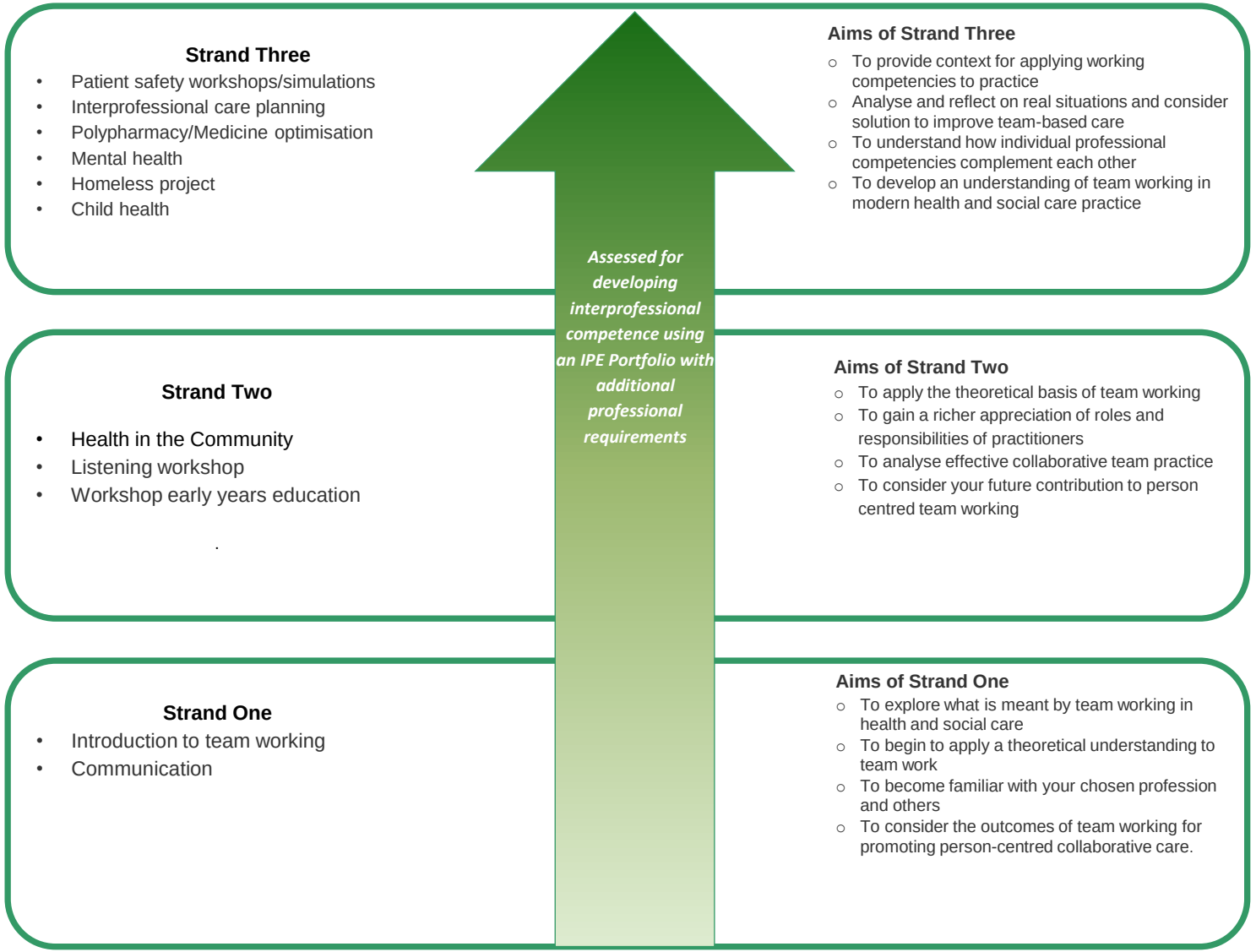




https://threequartersandcounting.com/2017/07/13/exhausted-2/

Integration-Framework

- How is your IPE
  - Designed
  - Managed
  - Delivered



Anderson, ES, Smith, R. & Hammick, M. (2015) Evaluating an Interprofessional Education Curriculum: A Theory-informed Approach. *Medical Teacher,* 36: 495–504. http://dx.doi.org/10.3109/0142159X.2015.1047756

Authentic:
Mechanisms for success

- Your framework = your local context
- Embedded requires integration, disaggregation within curriculum content

REFORMATION

ADDITION

…a few examples



Authentic: Reformation

Looking at changes to what already exists

I. **Communication skills**: Add interprofessional add intraprofessional and link to patient safety

II. **Team meetings**: Transform the MDT into learning about interprofessional team-based meetings, equity, patient-centred

III. **Professionalism**: See past hierarchy to develop interprofessionalism
   - Leadership
   - Culture
   - Safety

IV. …and more



Authentic: Addition- what will be new

Later in the curriculum

I. **Learning from and with:** Helping student to learn interprofessionally when they know about all professions

II. **Doing clinical work together**: Workplace, simulation unit, skills laboratory, involve patients or simulated patients

III. **Innovation**: Looking at new roles and ways of delivering services



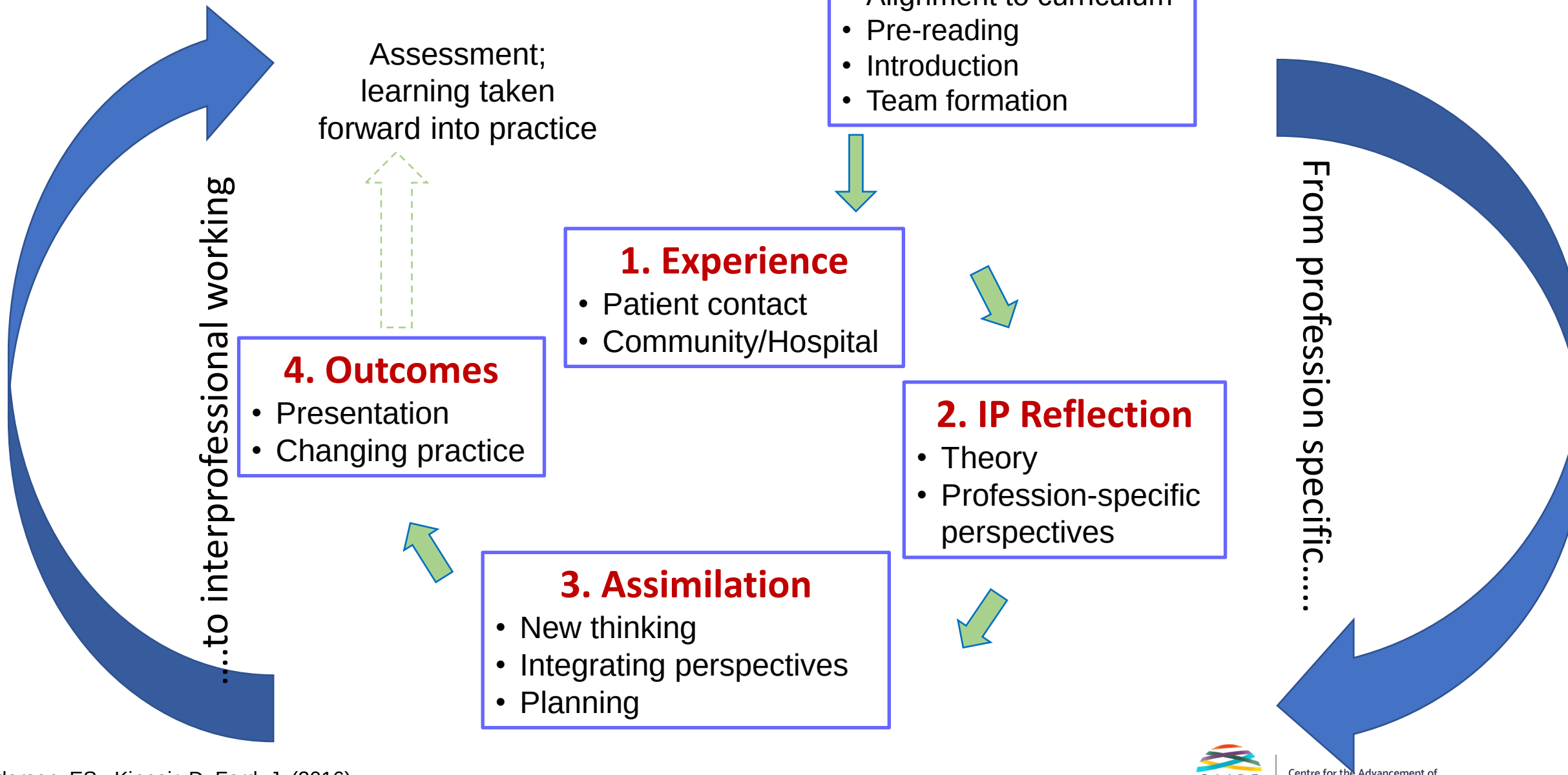
Authentic: Practice-base

- Links to part 1: New team-based health care
  - Mental Health
  - Stroke work
  - Discharge
  - Listening with patients
  - Medicines Optimisation
  - Older patients complexity
  - Disadvantage….





The Leicester Model



Anderson, ES., Kinnair, D, Ford, J. (2016).

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Authentic: Schwartz Rounds

The Point of Care Foundation

Schwartz Midlands

Aims to support students to be able to care for patients and one another

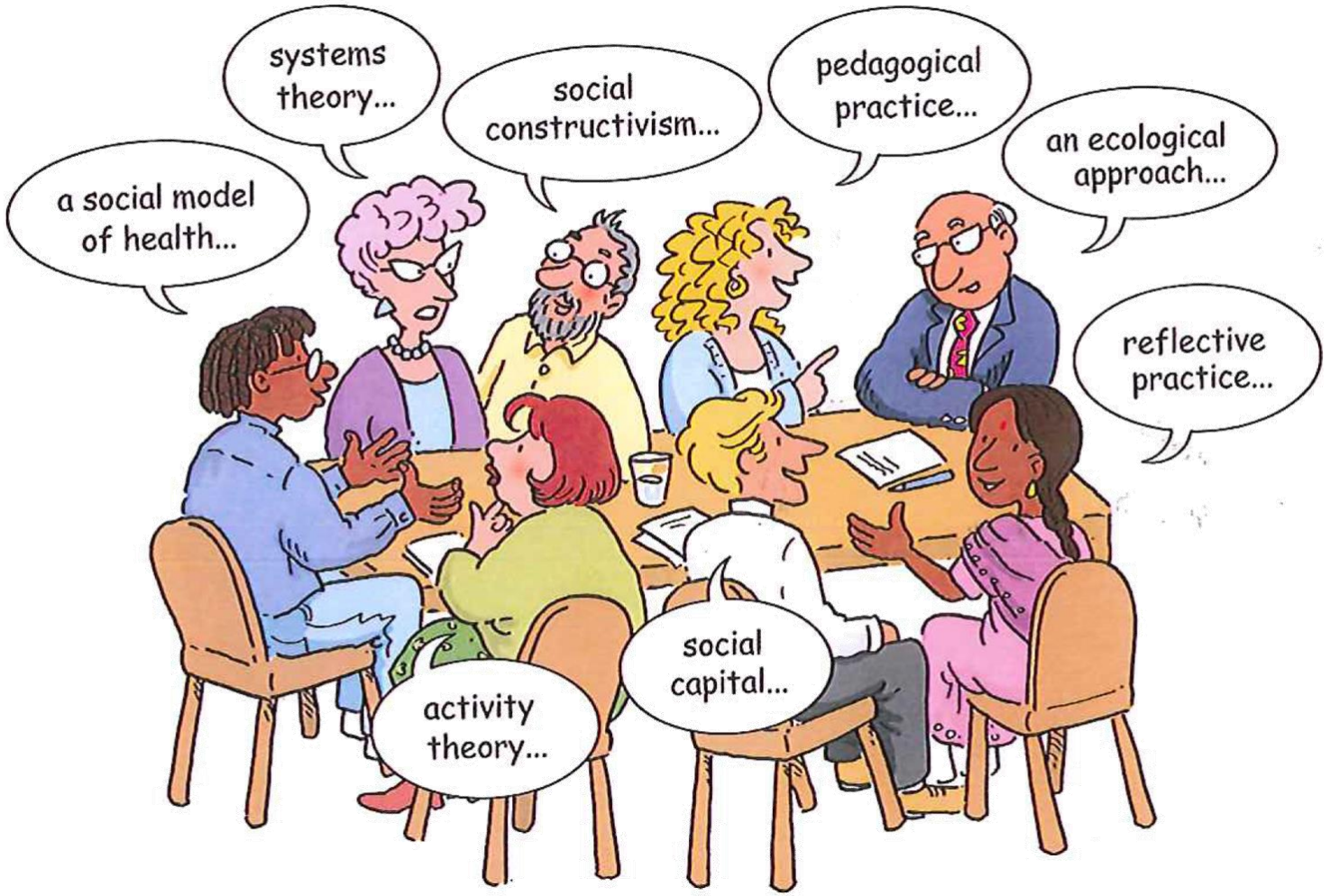
- Recognise the emotional context of care
- Care for each other
- Flatten hierarchies
- Time and space to reflect
- Develop compassion

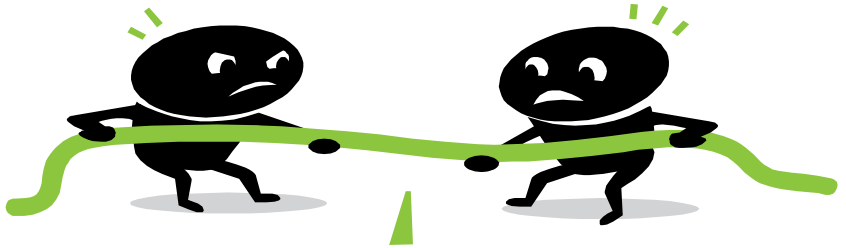


Gloucester Royal Infirmary
https://www.youtube.com/watch?v=JUk-mIGZm7s

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Faculty Support and Training: Faculty Development



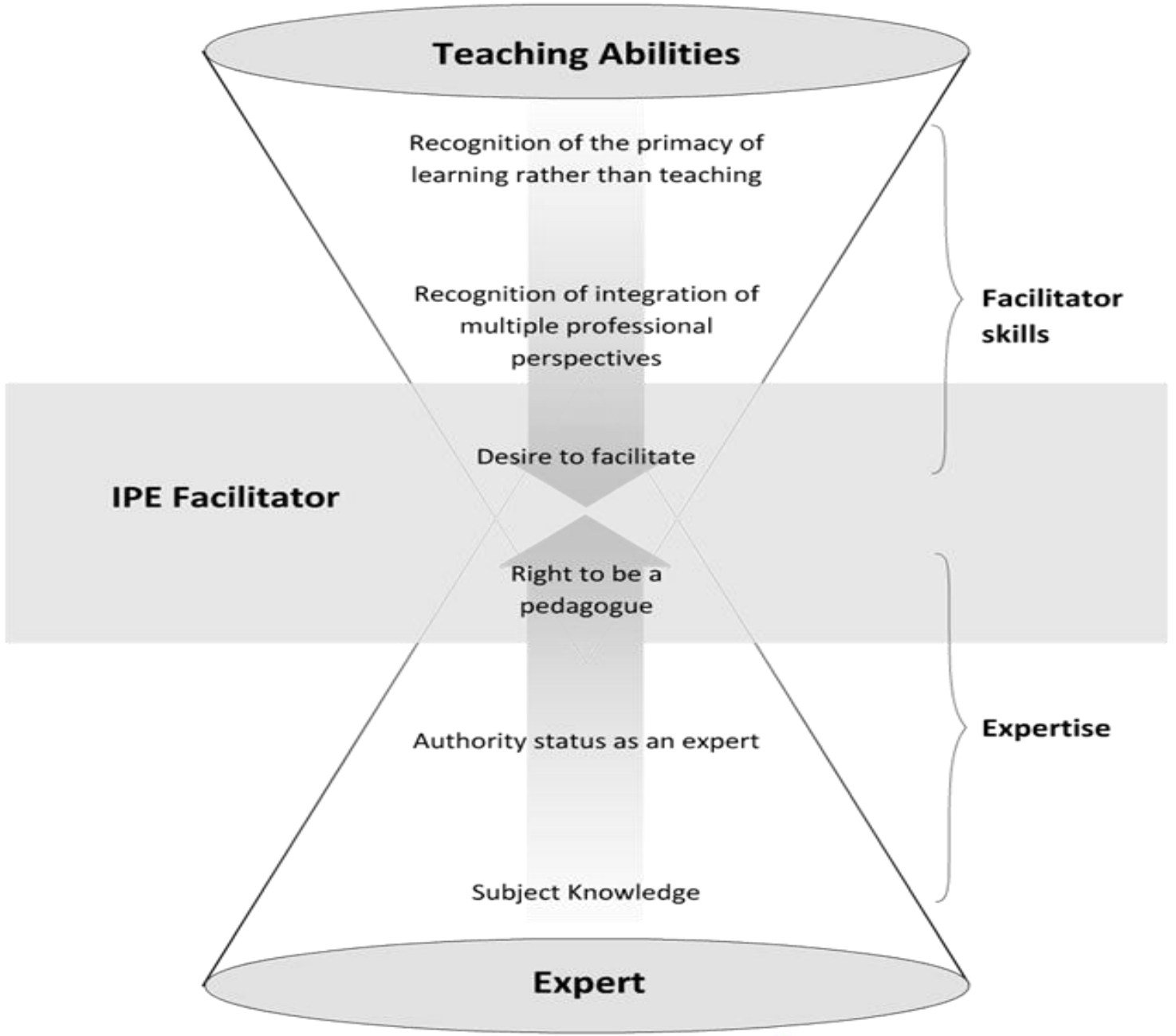


Learners may come with scepticisms! Anger, disrespect, unmotivated to learn…..Translates into behaviour



Revised for second edition 2024: Anderson. ES., Hean. S., Lindqvist, S. (2024). *Faculty Development for Interprofessional Education and Practice*. Chapter 14, 287-310. In: Steinert ,Y. (Eds *Faculty Development in the Health Professions: A focus on Research and Practice'*. New York: Springer





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Faculty Support and Training

- Who are your faculty…?
- Not prioritised- despite common appreciation of areas of professional teaching
- Silo's in practice-different educators teach profession-specific (Browne)
- Highly sophisticated teaching competence
  - Students-centred learning- co-creation of knowledge for new meaning
  - Student diversity issues
  - Values - respect, kindness, encouragement,
  - Second-order reflection (Wakerhausen, 2009)













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Summary – change is challenging

- Increase in student numbers = harder for IPE
- Realism Perspective
  - whole scale alignment
  - develop small scale pilots then expand
  - authentic meaningful theoretically formed learning
  - faculty understandings (develop facilitators)
  - must end in practice – develop practice placement working systems

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