



*Centre for the Advancement of
Interprofessional Education*

Welcome to the CAIPE Newsletter

April 2019

CAIPE.org

If you would like to submit any material, events, opportunities or reports for the next newsletter please email to: bulletin@caipe.org

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CAIPE Activities

A message from the Chair

Dear CAIPE Member

Welcome to the April E-newsletter.

Are you maximising your CAIPE Membership?

We are continually developing the resources available to you on the CAIPE website:

Did you know that we now have nine IPE Digital Stories that you can access and use in your teaching or learning?

<https://www.caipe.org/resources/digital-stories>

We have a link to Care Opinion a non-profit feedback platform which enables people to share feedback about health and social care services across the UK. At www.careopinion.org.uk you will find over 300,000 experiences of care. Almost 9,000 healthcare staff in the UK are using Care Opinion to hear and respond to people's experiences, resolving issues, restoring

relationships and improving services as they go. These can provide a useful resource for interprofessional learning and teaching in quality collaborative practice.

We are able to offer the following three workshops (maximum 25 delegates) to Corporate Members, Organisations and Individuals:

- **Introducing Interprofessional Education within your organisation- Ideas, Instruction, Infrastructure.**
- **Interprofessional Education- Definitions, Dilemmas, Directions**
- **Developing Quality Facilitators: Tools, Tips and Techniques**

See <https://www.caipe.org/expertise>

If you are an overseas member and considering an IPE study tour of UK Universities and / or practice locations we can assist in facilitating this see:

<https://www.caipe.org/resources/international>

For researchers or those undertaking higher degrees we have a Research Enquiry facility at <https://www.caipe.org/resources/research>

Have you completed your membership profile? If not please visit <https://www.caipe.org/membership/profile/edit> and complete to enhance networking and sharing.

This month we welcome a guest Editorial from Professor Alison Machin, Head of Department, Nursing, Midwifery and Health, Northumbria University and CAIPE Board member.

The next major CAIPE Event is the Annual General Meeting (members only) on Thursday 13 June 2019 10.30-11.30 at Friends House, Euston, London, which will also host the John Horder Award for members and non-members from 11.30 to 16.00 inclusive of lunch. Sanjiv Ahluwalia, Postgraduate Dean

at Health Education North Central and East London who also was jointly editing the Collaborative Practice title on Primary Care will be the keynote speaker.

Finally, as we continue to develop and populate the website, we encourage all members to complete their website profile as this is an excellent resource for networking, sharing ideas, innovations, developments and research in IPE.

Best

Richard Pitt

Chair

Richard.Pitt@caipe.org

GUEST EDITORIAL

Professor Alison Machin

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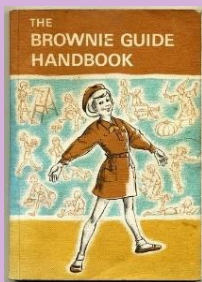
Twitter: [@DrAlisonMachin](https://twitter.com/DrAlisonMachin)



A problem shared: in the complex world of

healthcare and education, how can we work together better?

Last month I had the privilege of delivering my Professorial inaugural lecture at Northumbria University. In preparing for my talk I had an opportunity to reflect on my career to date. I was keen to understand what key principles have linked the many and varied education and research activities I have been involved in; in particular, what linked my nursing career and my interprofessional education focused work. I focused on key messages I wanted to share about what has sustained my enthusiasm and commitment for collaborative learning and working. This editorial is a summary of my lecture, written in a personalised narrative style. It provides some insight into my personal learning and working journey to date, my own PhD research findings and their influence on my leadership of interprofessional curriculum development. I will give an example of a IPL national project I was involved in and share my more recent experience of collaborative working in an international context. I will conclude with some thoughts about what it all means for my collaborative practice in healthcare and education



So first, a bit about me. Several of my early memories are of listening to stories and reading with my Mum. I loved learning things “off by heart” and remember fondly books of rhymes written by Lucy Mabel Atwell which I can still recite and the weekly comic Twinkle, which I eagerly waited for to drop through the letter box. There was a Twinkle character called “Nurse Nancy” whom I loved. A hint of a career to come maybe? I’m not sure. I couldn’t claim to “always wanting to be a nurse” but what I did like was helping people. So at age 7, I loved attending the Brownies where

everyone had a team role to play, helping others was the philosophy and learning new things to collect badges was a fun challenge! These things played through my high school years at the local comprehensive which I loved, especially being a school prefect and I was honoured to be the first pupil at my school to be elected by peers onto the Board of Governors.



I started my training to be a registered nurse at North Tyneside School of Nursing in 1984. I loved the learning, the helping people and the sense of belonging that came from collaborating as part of a group at local level, but also being part of the nursing worldwide community. I qualified in 1988 and immediately started studying part-time alongside full time work. My first University course was a part time Diploma in Nursing studied at Northumbria University in 1991. I thrived on the learning that came from attending classes and being in the library at weekends with other like-minded people; pushing my learning to new limits. I particularly loved group work and other collaborative learning activities.

Fast forward through my health visitor training, a part time BSc, MSc, and PGCE and I found myself starting work at Northumbria as a senior lecturer in adult nursing and module lead for an IPE module. Eighteen months later I was appointed as Director of Interprofessional Education, giving me a platform to engage colleagues and students in even more interprofessional learning and working. I have had other roles at Northumbria since, such as Director of Programmes for public health and for nursing; always taking opportunities to learn. Last year, I was conferred the title of Professor of Nursing and Interprofessional Education at Northumbria University. A very proud moment for a staff nurse from the local hospital; pictured here with

my supervisor and colleague Professor Pauline Pearson.



When I reflected on this journey, what held it together, 3 themes emerged: *Seeking opportunities to learn; helping other people to learn; and being sociable.* I'd like to share some examples of my work that illustrate this and return to the 3 themes at the end.

To put an academic frame on the discussion it's important to understand my view on the world and clarify key concepts. I believe that:

"Individuals make sense of the world through their interpretation of their interactions with other people or things, within the context in which the interaction takes place" (Mead 1934).

Some may recognise this as a Symbolic Interactionist theoretical perspective (Blumer 1969) which sits within an interpretive philosophical paradigm (Hughes 1997). I acknowledge this is only one perspective which has its critics, but it is a view point that fits well in a career characterised by collaborative learning and working, where learning with and from others is such a key feature.



As a concept, **Collaborative working** implies: purposeful interaction between different individuals with the aim of achieving a shared goal. In healthcare, it's about delivering the highest quality care possible. In

education, the goal is delivering a high quality, research rich education and the best student experience possible.

Most CAIPE members will be familiar with the definition **Interprofessional learning** (IPL) which occurs when 2 or more students (or qualified professionals) from different professional groups, learn about, from and with each other to enable effective collaboration and improve health outcomes. In IPL, students (or professionals) need to: **understand how and why** they should collaborate; and **develop the skills** needed for effective collaborative working in a complex system.



Whilst working as Director of IPE, I undertook a part time PhD and my thesis was entitled "Role identity in a turbulent environment: the case of health visiting" (Machin, Machin & Pearson 2012). I decided to focus on this for my study because of concern I had about collaborative working relationship break down within the health visiting group I had worked in. At the time when national policy was encouraging health visitors to work differently and "do more public health" but there was a clear lack of consensus about what this meant. I was keen to understand more.

My research question was: How are health visitors interacting with the changing policy context towards more public health working and how is it influencing them and their practice? I used a Grounded Theory (Glaser and Strauss, 1967) approach to explore how a group of health visitors were interacting with this role change policy. Twenty in depth semi-structured interviews and 10 observations of practice were undertaken with consenting health visitor participants. Four data categories were identified from constant comparative analysis: professional role identity (core category); professional role in action; local practice micro-systems and interprofessional working

(Machin and Pearson 2013).

Category: Interprofessional Working

Working with Other Nurses: Role interchangeability, Role differentiation, Working collaboratively, Influence of professional background of managers.

Working with Medical Professionals: Relative autonomy, Professional hierarchy, Lack of role awareness, Influence of public health targets

Working with Nursery Nurses: Professional responsibility, Nursery nurse skills

The Inter-Agency Dimension: Managing complexity, Power and control, Role awareness, Conflicting values, Collaborative confidence

The latter category was important, with interprofessional interactions influencing individuals in different ways, depending on their own sense of identity. Sub-categories identified here in the box, reflected in some way, what the wider IPE literature says about factors influencing the success of interprofessional learning and working. My study data illustrated a range of perspectives on interprofessional public health working, including this experience of multi-agency working:

What I'm finding increasingly difficult is with cross-organisational discussions, is the perception of other organisations about health... they've still got this fixed opinion that health is operating out of the medical model of health don't seem to be able to value or understand our [health visitors'] contribution in terms of the social em, aspects (P14)

I recall asking this participant whether they ever proactively contributed to the meeting by telling others what they could offer as a health visitor, to help others learn about their role, but this participant said they were unlikely to do that for lack of confidence.

The tension within the health visitor group I had experienced was reflected in the data:

There's a lot of... friction between different colleagues em, with the ones that

are doing public health work and the ones that say they haven't time to....(P4).

Health visitors are 'up to here!' at the moment, they're sick of being told they should be doing public health when they always have been (P2).

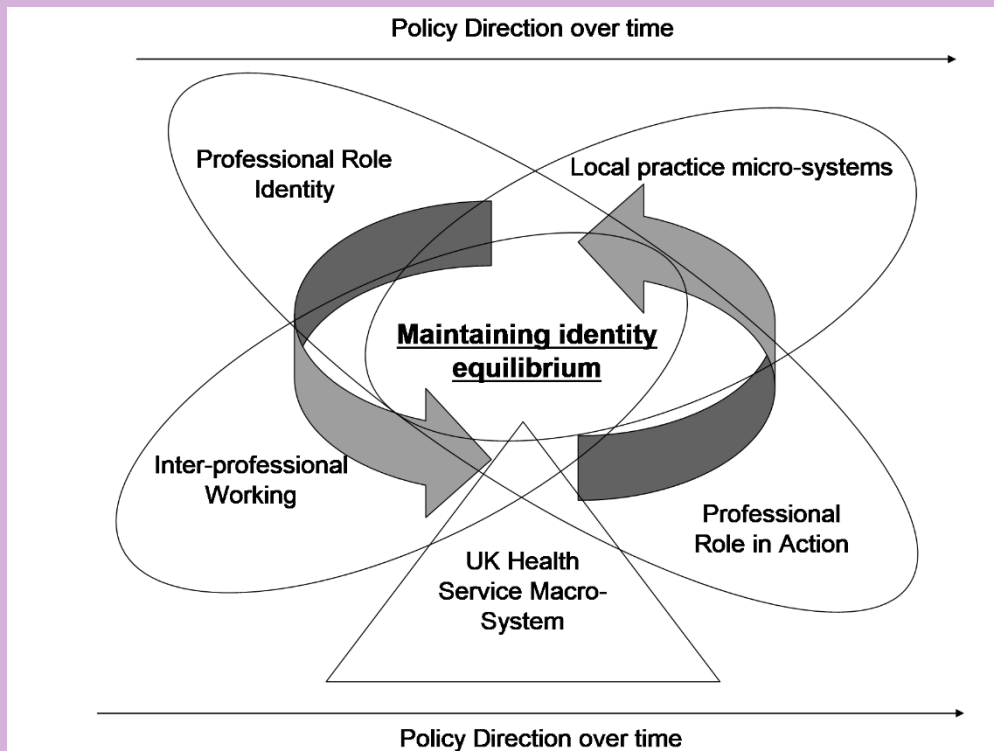
Same staff group, same practice context, same job description but very different views about whether public health work was core work or an extra add on they didn't have time to do.

This link with a nursing professional identity was pivotal:

I think there's a kind of a tension because [health visitors are] kind of proud to be nurses but don't necessarily want to be grouped as nurses, they want to be grouped as health visitors (P17).

Participant health visitors who described having a strong nursing identity largely described their public health work as things like immunisation and weight-loss clinics, conversations about weaning and child development assessments, arguably more in the medical domain, often linked to GP Primary Care Targets. For others, public health was about engaging families in community participation for example, to reduce isolation, improve road safety engage children excluded from school. It was more about working with populations and groups, arguably more in the social care domain. This lack of individual role clarity within the staff group seemed to influence their sense of psychological wellbeing resulting in in-group tension. It also influenced interprofessional working where others like GPs and social workers were viewed by participants as sometimes misunderstanding what a health visitor does and how it overlaps with their role.

Key conclusions drawn were that:

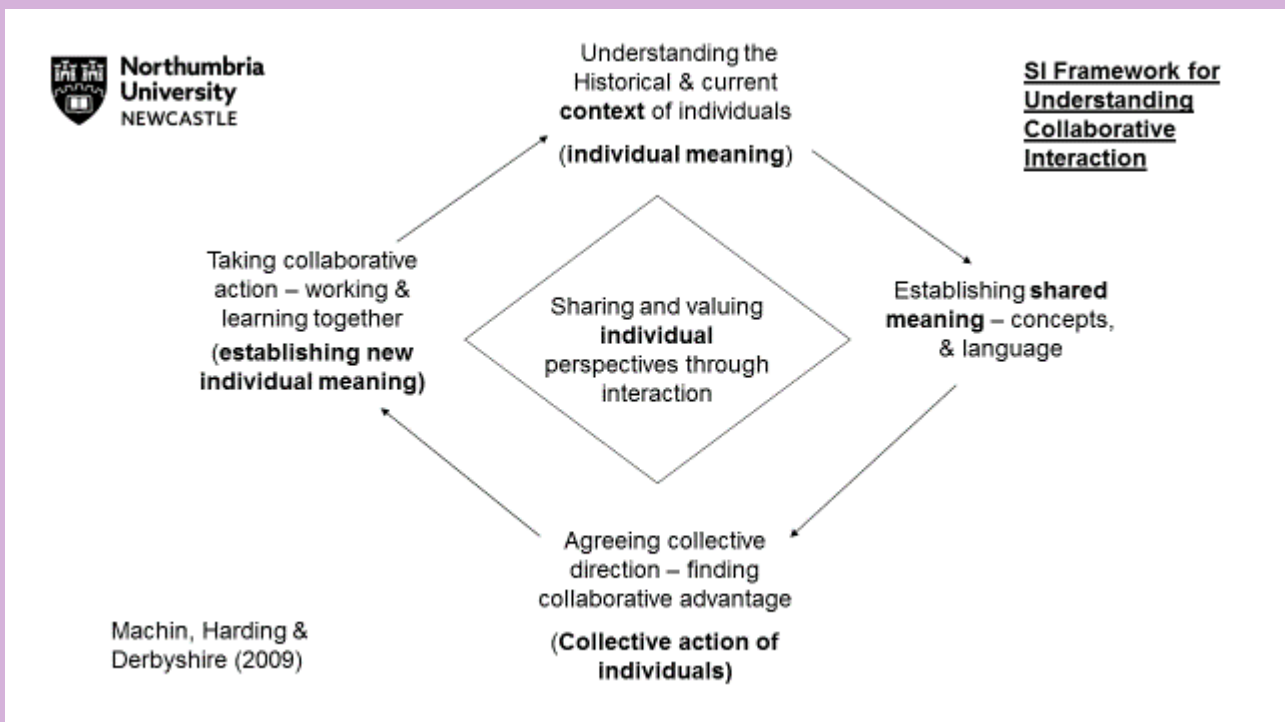


- In a complex environment, individuals need a **self-referent point** to stabilise their professional role identity and sense of psychological wellbeing (a role model from within their own staff group)
- In an interprofessional context, "in group" **discussions and networking** are needed to **learn together** to facilitate a greater sense of group identity. This stabilises a sense of belonging which has a positive influence on collaborative working with other professional groups
- terprofessional **interactions and discussions** need to be facilitated in such a way that individuals **can learn and help others to learn** and feel their differences are valued whilst seeking common ground to move forward
- Change processes need to **value individual perspectives** and not make assumptions that people from the same staff group share a consensus around their role and its value

At the time of doing my PhD I was leading significant interprofessional curriculum development at Northumbria. Inevitably, my ongoing PhD

analysis and learning influenced my approach to my work. Applying this learning to interprofessional curriculum development I devised a framework to help guide the process. I wanted to maximise interprofessional collaboration whilst ensuring colleagues involved were still able to maintain a strong sense of professional identity, through “*recognising similarity and valuing difference*”.

This is the framework, subsequently published with colleagues:



It was applied to the curriculum development process as follows:

Stage 1: Acknowledging historical perspectives and context

Initial meetings took place within professional groups with relevant stakeholders to establish current context from each professional perspective. Then leaders of those then groups came together in an interprofessional steering group to help others learn about their professional perspective, where the similarities and differences were. Similarities included University context, systems, regulations and resources. However, even in the

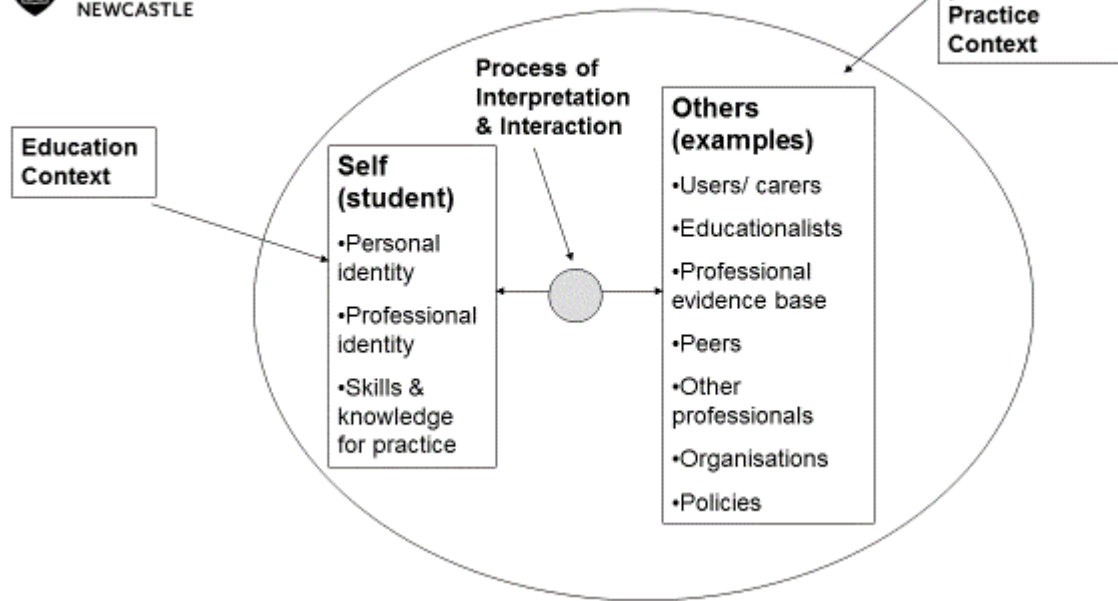
University context there were potential differences due to size of student cohorts and timing of intakes for example. Within the group there were varied professional experiences of interprofessional working and variation in willingness to collaborate. Differences in professional body requirements was also an area of difference. A key area for debate was how much of the profession specific programme should be interprofessional. It was a contentious, tense meeting in some ways but at least we knew by the end of it what the perspectives of individuals were and what we needed to address to make the IPE development work. Although challenging to facilitate, it was a meeting characterised by learning and helping each other to learn, in an interactive sociable way, reflecting the themes I identified earlier.

Stage 2: Establishing Shared Meaning

In order to take what we knew and agree a shared, interprofessional way forward, an academic stakeholder group convened for an away day. It was a facilitated discussion and an opportunity to speak openly. Based on my interpretation of the outcome of the previous discussion, I presented a model for shared working that I hoped everyone could buy into.

Stage 3: agreeing collective direction:

Agreeing Collective Direction



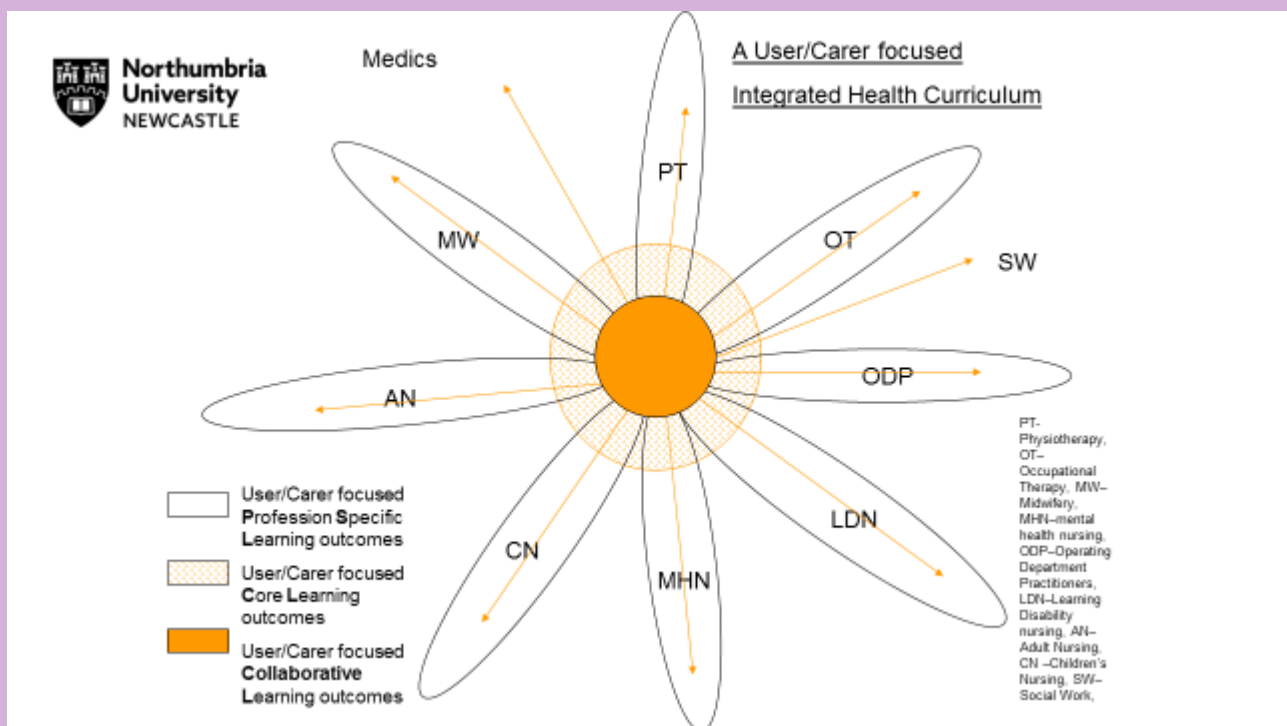
This model paired back the complexity inherent in overlapping professional discourses and context, arriving at 3 key things we could agree on:

- we needed a focus on the student, to help them develop personally and professionally, with a strong sense of self and profession;
- through a process of interaction and interpretation, the student would learn from other people, objects, artefacts and organisations, making sense of their developing professional role;
- all of this would happen in shared education and interprofessional practice contexts

By focusing on fundamentals we were able to get around all the disagreements about terminology, ways of working, perceived hierarchies and practice priorities across professions, agreeing to work together for the benefit of students, and ultimately service users, recognising similarity valuing difference.

Stage 4: Taking Collaborative Action

Once we had agreed the next phase was straightforward. Roles and responsibilities were clarified, timeline established and strategy for stakeholder involvement was agreed. We agreed on the shared aspects of programmes and their profession specific aspects of programmes. Successfully validation a programme with 2 x 20 credit modules in each year that were shared across programmes and an infrastructure for ongoing collaboration established. The whole curriculum was a combination of core, common and complementary competences for interprofessional collaborative practice (Barr 2009). In pictorial form our programme development looked like this:



In April 2007 we made a successful bid for funding to be a phase 2 implementation site in a national initiative led by the NHS Institute for Innovation and Improvement (NHSI). Its aim was to embed service improvement learning in pre-registration curricula. Project partners with us included: CETL4HealthNE, North East SHA and North Tyneside PCT. We developed a level 6 interprofessional learning module that enabled around 1000 students from all fields of nursing, midwifery, physiotherapy, occupational therapy, social work and midwifery, to undertake a small scale

service improvement project whilst they were on placement.



The aim was for them to identify an area where patient safety and care experiences could be improved, to devise an improvement strategy using the Plan-Do-Study-Act improvement cycle, and to implement it, within their sphere of influence as students. On workshop days, students engaged in small group peer learning, helping each other to learn, sharing the experience and supporting each other.

On the assessment day, students presented a poster of their project, its implementation and outcomes to an interprofessional student group, their academic assessor, service users and carers, partners from local Trusts and national project leads. The interprofessional collaborative learning process in that context was fun, transformative and a real pleasure to be part of.

Examples of student projects included:

A social work student who improved communication in a transitional residential setting for young people by implementing a weekly resident-staff meeting as a response to reports of young residents covering smoke detectors with socks so they could smoke;

A midwifery student who raised awareness of the IP team in a maternity department about the maternity information in other languages freely available on the web. It was added to a local care- plan checklist of things to consider in an initial antenatal assessment;

An adult nursing student facilitated local implementation of national guidance on timely dispensing of Parkinson's Disease medication – stickers on notes,

information for patients, posters etc. all already available but not used locally;

And a physiotherapy student's implementation of a "traffic light" system on white board by the patient's bedside indicating to the wider team the patient's mobility level.

In a research study conducted after the first delivery (Machin and Jones 2014), we carried out a rigorous thematic analysis of all student project materials and their reflections. Projects fell into one of two categories: the implementation of evidence based best practice protocols in local contexts or they were innovative, creative, approaches to problem solving. Project triggers stemming from students' practice experience were: Service user disempowerment, poor communication, gaps in service provision, poor transitions, lack of information, lack of role clarity or role duplication. Students' learning was both "Intrapersonal" and "Interprofessional", in keeping with our curriculum context.

We concluded:

- Students can identify improvement opportunities that may otherwise go undetected.
- Engaging positively in interprofessional service improvement learning as a student is an important rehearsal for life as a qualified practitioner.
- Service improvement learning can help students to develop an ability to "challenge unsafe practice elegantly, thereby acting as advocates for the people in their care".
- We suggested that instead of starting each day thinking, "What can I do better for my patients?", all health and social care professionals should be thinking, "What can we as an interprofessional team do better for our patients?" (Machin, A.I. and Jones, D. 2014)

My most recent learning opportunity has come from collaborative working in an international context in Malta. Whilst not interprofessional yet (research plans are in progress), the learning from a new context for collaborative working has been fantastic for all involved. In Malta, as in the UK, there is a shortage of qualified nurses and a growing population needing healthcare. In 2015 the Faculty of Health and Life Sciences at Northumbria University in the UK was chosen by the Maltese Government to work in partnership in Malta to provide an additional, widening participation route into the nursing profession to increase national nursing numbers.

We have collaboratively validated a bespoke BSc (hons) Nursing Studies/ Registered General Nurse for Malta, Similar to a franchise arrangement. The programme was approved by the Council for Nurses and Midwives, Malta (CNM) and supported by Malta Union of Midwives and Nurses (MUMN). It is fully compliant with the EU Requirements for general nursing and the aim is to add to the nursing workforce in Malta. Colleagues from the Department of Nursing, Midwifery and health at Northumbria have been flying to Malta on a regular basis to teach in collaboration with the team at Malta College of Arts Science and Technology. No shortage of volunteers!



We are currently undertaking a research case study to understand the process of partnership working involved in transnational education

development. It's early days, however themes emerging from the analysis of survey and interview data are: Maintaining Collaborative Commitment; Engineering Cultural Alignment; Maximising Reciprocal Learning; Seeking Collaborative Advantage; and Solution Focused Working. Key influencers on the process are: People, Power, Process and Profession. It is clear to see in these words, the parallel with all of my other collaborative working projects, including leading interprofessional working and learning.

So coming full circle to the three themes I identified at the start, *learning, helping others to learn and being sociable*. It's clear to me that are not just themes. With the addition of "valuing individuals" which was a key finding from my PhD, they have become the common principles for my approach to collaborative working.



Principles for Collaborative Working

Learning

Helping others to learn

Being sociable

Valuing individuals

So how would these principles apply more generally to collaborative working?

In any collaborative developments, especially in unfamiliar environments

such as international work principles apply: relationship development (**being sociable**); **learning** about the new context from individuals in it; **taking responsibility to help others learn** about your environment; to find common ground and agree shared goals.

In healthcare delivery, health care professionals assume complementary roles and cooperatively work together with service users, patients and families (**being sociable**), sharing responsibility for **learning from and for each other**, to solve problems, make shared decisions and deliver care.

In any education setting, including IPL, students and teachers might benefit from accepting a collective responsibility to actively engage with each other (be sociable), to learn, and to help each other learn. For IPL specifically, perhaps it is time to make more explicit the added value that can be gained from aiming to *help others to learn*. In addition to asking “what will I learn from this?”, participants could be thinking, “*what can I do to help other people to learn about me as an individual and as a professional*”? Perhaps the CAIPE IPL definition needs a word added to acknowledge this “otherness” becoming: “learning with, from, about, *and for* each other to enable effective collaboration and improve health outcomes”.

So, thank you for reading through my musings on my career of collaborative, interprofessional working to date. I feel very privileged to be doing a job I love and to have worked with so many wonderful people over the years, including CAIPE colleagues; all of whom have helped me learn. I’m looking forward to what the future will bring: no doubt more learning, more helping others to learn and of course more being sociable!

References/further reading

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**CAIPE/HEE Midlands & East/ Coventry University
Collaborative Project on Integrated Care Working
underpinned by Interprofessional Education - 8
April 2019**

The conference was held at Wolverhampton Science Park and coordinated by Professor Lynn Clouder, Pat Bluteau and Dr Ann Jackson from Coventry University. There were thirty participants from practice, HEI, service users and students.



The day was introduced by Dr Devinder Rani-Rai (Director of Teaching Excellence and Associate Dean Faculty of Education, Health and Wellbeing, Wolverhampton University) and Stuart Baird (Workforce Transformation Lead, Health Education England). Download [Dr Devinder Rani-Rai presentation](#) here.



[Click here](#) for Stuart Baird's presentation slide.

Robin Miller (Head of Department Social Work, University of Birmingham) provided the key note presentation entitled: "Integrated Care: the challenges of implementation". He described how integrated care had moved on from focusing on vulnerable groups, to those with specific conditions and

finally becoming acknowledged as being mainstream. A particular challenge related to the way in which teams worked together to provide integrated care and how this could be addressed using IPE. In addition, he described some of the theory underpinning work towards Integrated Care and mentioned international comparators, especially work in New Zealand often cited as one of the most successful models. (Presentation available on request).



One of the highlights of the day was the presentation by members of the Service User's and Carers Contributing to the Education of Students for Services (SUCCESS) Group, Wolverhampton University. A selection of personal stories were presented which illuminated from the service user perspective the importance of integrated care and team members working effectively together. There was an emphasis on the need for professionals to support users of care with the daily "grind" rather than simply focusing on clinical interventions. The importance of acknowledging the expertise and perspective of users and carers also emerged and how this can be combined with professional expertise to achieve positive outcomes. [Click here](#) to download.



Pat Bluteau and Ann Jackson from Coventry University then described the West Midland Integrated Care study project, the findings and recommendations for HEIs, Integrated Care Services, HEE and Regulatory Bodies. Presentation available on request.



Richard Gray (CAIPE Honorary Fellow), Jenny Ford and Emma Smith (CAIPE Board Members) then presented work in progress relating to a joint CAIPE/HEE South project that supports educators in developing IPE in practice. This involved the production of an IPE Handbook to be promoted through a series of workshops hosted by NHS Trusts within the region. [Click here](#) to download presentation.

Finally, participants worked in groups mainly focusing on how IPE can support integrated care and how we can and are supporting IPE.



The key themes that emerged from the day included: links between IPE, Interprofessional Collaboration and Integrated Care; differing interpretations of Integrated Care; the role of the personal and interpersonal experience; motivation – the need to change hearts and minds as well as structure; the different levels at which change needs to occur (Rainbow Model, Valentijn).

In conclusion this was a successful and worthwhile day with much energy and enthusiasm demonstrated by participants.

Following this informative workshop on how interprofessional education can underpin quality collaborative practice in integrated care we are pleased to share with you a paper undertaken by Dr Katy Goldstraw, Social Care Lecturer, University of Wolverhampton whilst working at Edge Hill University, Liverpool, [click here](#) to download. This policy paper begins with a literature review that maps existing evidence for successful Integrated Working before analysing and reflecting on conversations held at workshops run by Rochdale Metropolitan Borough Council and on one to one interviews held between residents and local authority staff. The paper aims to identify what success means for Integrated Working in general and in particular what it might mean in Lower Falinge and College Bank, in Rochdale.

This policy paper has emerged as part of the policy changes introduced across Greater Manchester, that has renewed focus on locality-based teams of professionals working together. Neighbourhoods have been identified to

pilot new ways of working, reducing costs. In Rochdale, there is particular focus on seeking to ensure that local people play a leading role. As a result of a successful integrated working pilot in Kirkcaldy, Rochdale, an integrated working project was set up to work within the Lower Falinge and College Bank areas of Rochdale. As part of this integrated working approach, a project team was set up with the intention of developing a community of practice that could draw on the expertise of the local residents and activists and create opportunity for reflective practice within the integrated working team.

Conclusions from the literature review, workshops and reflections on one to one conversations lead us to suggest that Integrated Working works best when it is based in communities and focussed on creating good person-centred integrated working, which will in turn benefit the wider community. Successful Integrated Working will ensure that the integrated working team has the right people, the right leaders and managers and has communication and processes clear from the start. But more importantly, it will look for the tricky issues and bring them out into the open. In 'calling out' the issues of power, trust, emotion and control the project becomes honest. It can then remain honest when things go right and if they go wrong. Owning, sharing and discussing failure, creates an honesty that communities can respect. When you have the respect of a community, they will speak to you and engage with your project, you have success.



CAIPE AGM & The John Horder Award

The CAIPE AGM and The John Horder Award will take place on

Thursday 13th June 2018

10.30 am - 3.30 pm

The venue will be:

Friends House

173-177 Euston Road, London, NW1 2BJ

The AGM will be restricted to CAIPE members but the John Horder Award Lecture will be open to non-members at a cost of £30 per person.

If you would like to book your place at this event please [CLICK HERE](#) and complete the booking form.

THE JOHN HORDER AWARD 2019

DEADLINE EXTENDED

Are you an Interprofessional team working within the primary health care community in the UK or abroad? Or a pre-qualifying student from a Health & Social Care profession who has participated in interprofessional learning and working in the community? If so have a look at the John Horder Award guidelines at www.caipe.org/news/the-john-horder-award-2019 and submit a paper by **20 May 2019**.

CAIPE WORKSHOPS AND CONSULTATION

CAIPE offers both consultancy and workshops to organisations nationally and internationally wishing to develop or enhance Interprofessional Education (IPE) and Collaborative Practice.

Do you have questions about mixed professional training and development within your organisation?

Are you looking for growth and innovation in collaboration and integrated services?

CAIPE can provide a range of interprofessional education and collaborative practice workshops, as well as consultancy, for teams, organisations and institutions, tailored to meet their specific requirements. CAIPE is a national and international authoritative voice on interprofessional education and collaborative practice in both universities and in the workplace across health and social care and beyond. CAIPE claims special expertise founded on its members, its publications and its development activities. CAIPE has been successfully running interprofessional workshops for many years, designed

by experts in the field in consultation with the requesting organisation. By bringing in outside vision to a problem highlighted by an organisation, new ideas can emerge and participants experience mixed discipline workshop style learning that enables reflection and professional growth.

CONSULTANCY

From our range of expertise we can offer consultancy at a negotiated fee to organisations and institutions wishing to introduce or develop interprofessional education and collaborative practice.

Contact admin@caipe.org to discuss.

- Cost per hour £100.00

SPEAKERS

Do you need a Speaker for an event? We can offer expertise on Interprofessional Education, Learning, Research, Collaborative Practice, Leadership, Values-Based Interprofessional Education and Practice. Let us know what you would require by selecting below:

Our charges are as follows for speakers (10% discount for CAIPE corporate members):

Speaker:

- 20 minutes and 10 minutes Q & A £100.00
- 45 minutes and 15 minutes Q & A £200.00

Keynote Speaker:

- 20 minutes and 10 minutes Q & A £175.00
- 45 minutes and 15 minutes Q & A £250.00

WORKSHOPS

We are able to offer the following three workshops (maximum 25 delegates).

Introducing Interprofessional Education within your organisation- Ideas, Instruction, Infrastructure

The aims of this workshop are to understand the structures and processes required to develop interprofessional education (IPE) within organisational contexts. Participants will develop the skills, knowledge and confidence required to develop strategies that embed IPE and Interprofessional collaborative practices within an organisation.

This is an interactive participatory workshop that will be designed to suit your organisation's needs.

Topics covered include:

Processes for developing organisational IPE; structures to ensure quality and sustainability; development of a strategic plan; practical solutions to interprofessional challenges.

By the end of the workshop you will have developed a strategic plan to develop and embed IPE within your own context.

The workshop will enable an exchange of knowledge, experiences and ideas about the sustainability of quality interprofessional experiences.

Interprofessional Education- Definitions, Dilemmas, Directions

The aims of this workshop are to understand the background and history of interprofessional education (IPE) and requirement for IPE in current health and social care settings. Participants will develop the skills, knowledge and confidence required to work interprofessionally, collaborating with different disciplines for the enhancement of person centred care.

Learning with, from and about each other to implement effective interprofessional experiences will enable participants to develop understanding trust and respect for each other.

This is an interactive participatory workshop that will be designed to suit your organisation's needs.

Topics covered include:

Definitions of interprofessional education; why it is needed in current

complex health and social care; different methods for the development of skills; development of an action plan; practical solutions to interprofessional challenges.

By the end of the workshop you will have developed an action plan to become more interprofessional within your own context.

The workshop will enable an exchange of knowledge, experiences and ideas about the sustainability of quality interprofessional experiences.

Developing Quality Facilitators: Tools, Tips and Techniques

The aims of this workshop are to build and enhance quality facilitators with the skills, knowledge and confidence required to implement effective interprofessional experiences and to enable the development of a sustainable interprofessional facilitation infrastructure within your context.

This is an interactive participatory workshop that will be designed to suit your organisation's needs.

Topics covered include:

An introduction to mixed group facilitation; the qualities and traits of a confident facilitator; developing a toolkit; different training strategies; developing a training plan for your organisation and motivational skills.

By the end of the workshop you will have developed a plan and the materials for mixed group facilitation training within your own context.

The workshop will enable an exchange of knowledge, experiences and ideas about the sustainability of quality interprofessional experiences.

Our charges are as follows for consultancy and workshops (10% discount for CAIPE corporate members):

Workshops (delivered by two facilitators to a maximum of 25 delegates):

- Full Day (09.30-16.30) £4000.00
- Half Day (Three hours maximum) £2000.00

OVERSEAS VISITORS

Are you interested in an IPE study tour of UK Universities and/ or practice locations ? We can help to co-ordinate your trip and introduce you to the right people and places. We charge an administrative fee of £100.

In return you will have a bespoke programme with all the contact details at each university/ practice location and travel and accommodation suggestions for each place.

If you are interested in visiting or just want more information please complete the enquiry form below on our [web page](#) and we will get back to you to organise your tour.

follow us on
twitter



TWITTER CHAT

The next CAIPE Twitter Chat will take place on Thursday 30th May from 7 pm - 8 pm.

The topic will be:

"Interprofessional Experiences of Smaller Professions"

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News

TEACHING EXCELLENCE ALLIANCE (TEA)

Our CAIPE Honorary Fellow, Board Member and Learning & Teaching Working Group Lead, Professor Dawne Gurbutt, has been appointed Director to **Teaching Excellence Alliance (TEA)**

The Teaching Excellence Alliance is a collaboration of University Alliance HEIs established to promote excellent teaching and learning and to showcase the excellent teaching at participant institutions as well as creating a space to explore the elements of good teaching. This includes consideration of the individual practitioner aspects of excellence in teaching alongside curriculum design and institution wide innovations and interventions.

Many University Alliance HEIs have historical roots in providing the advanced technical skills needed at the time of the industrial revolution and have continued to be sensitive and responsive to the needs of employers and industry. The TEA works together to extend and amplify good practice in

these contexts with a holistic approach to curriculum design. The TEA recognises particular drivers for change in education which include a 'fast paced, fluid, highly competitive global workplace.' To enable them to succeed in this environment graduates need to be adaptable and capable in order to meet the needs of local and global communities but also to be prepared to address the big issues of society.

Contemporary HEI challenges could be described as focused on:

- the UK productivity challenge;
- the development of digital technologies, industry 4.0 and the onset of automation;
- the need to respond to Governmental agendas and strategies including; the UK skills agenda, the Industrial Strategy, the social mobility agenda;
- the need to explicitly and more effectively demonstrate its value to wider society (the Civic University).

Graduates need to be enterprising, connected, collaborative and confident to meet these challenges and agile across disciplines. 'This future-focused thinking positions interdisciplinarity alongside productive relationships, and personal resilience and adaptability, as the key personal capitals on which the sustainable successes of the future will be built.' (TEA, 2019)

There is an increasing emphasis on transferable skills, interdisciplinary thinking and connectivity within educational programmes. There is the opportunity to emphasise cross-institutional learning and teaching and collaborative teaching models.

Teaching Excellence Alliance Strategic Aims

The TEA seeks, through webinars, networks, collaborative CPD, Accelerator Projects and Special Interest groups to:

1. problematize the changing landscape and generate debate and discussion across universities, industry, commerce, business and government about the nature of a future facing technical and professional graduate for whom change is a constant;
2. capture and highlight existing andragogy's, practices and impacts through case studies and exemplars from across the higher education sector, positioning these as a baseline for future innovation;
3. put forward a new, emergent understanding of technical and professional

For more information <https://www.unialliance.ac.uk/teaching-excellence-alliance/>

INTERNATIONAL REPORTS

[AfrIPEN Annual Report 2018](#)

[Regional Network for IPE in the Americas- Annual Report 2018](#)

NEWS FROM INTERACT AT OSLO METROPOLITAN UNIVERSITY, NORWAY

Over two days in January 2019, 1400 students participated in a joint seminar at Oslo Metropolitan University arranged by the project INTERACT - Interprofessional Interaction with Children and Youth. The students were first year students (freshmen) and came from three different faculties, where they study to be preschool teachers, teachers in primary and secondary

schools, nurses, physiotherapists, social workers, child welfare workers and occupational therapists. The purpose was to meet in interprofessional groups to learn together and from each other about children and youth as well as about the different professions.

The students were organized in interprofessional groups of 8 students, which consisted of 4-6 different professions, in total 196 groups. Each group had a supervisor recruited from the staff at OsloMet, master students at the college and supervisors from the practice field. The supervisors – 70 in total - had different professional backgrounds, and they met beforehand in a seminar to qualify them for the task. Most groups met with the supervisors at campus discussing an assignment the group would carry out.

The seminar was carried out in groups, where the students followed a schedule published on OsloMet's digital platform. The days consisted of different elements, comprising digital lectures on different subject, group discussions, and literature studies and analyzing video clips of children.

The themes for the days were

- establishing the group
- children and young people's civil rights
- research on young people
- social and cultural diversity
- Bronfenbrenner's social ecological model
- recognition of children and young people
- interprofessional collaboration with children and young people
- observation as a method

Each group had an assignment to fulfil. In the assignment, the students were asked to choose a video clip of children or young people in interaction, and to analyze the clip using theoretical concepts from the curriculum as

analytical tools. The students should also comment on what they saw with their own profession as a point of departure. The groups started working on their assignment on the second day and most of the groups finished the assignment in a follow-up meeting sometime after the seminar. The assignment was documented through a written thesis (3000 words) or through a podcast (10 minutes) or video-film (10 minutes). This task was assessed and commented on by the supervisors.

In the spring of 2019, Oslo Metropolitan University are going to send an application to Norwegian Agency for International Cooperation and Quality Enhancement in Higher Education (Diku) to get funding to develop INTERACT to a Centre for Excellence in Education Initiative (SFU).

Inger Ulleberg
INTERACT

BRAZIL STARTS INTERPROFESSIONAL EDUCATION PROGRAM WITH MORE THAN 6,000 PARTICIPANTS

On April 1, 2019, Brazil initiated the Work Education for Health Program (PET-Health), as a part of the implementation of the Interprofessional Education in Healthcare (IPE) plan. This plan was prepared by the Ministry of Health, Ministry of Education and National Council of Health in response to a call for action set for the Pan American Health Organization (PAHO / WHO) in 2016. PET-Health / Interprofessionality aims to use the IPE to promote changes in undergraduate courses in the health area, to implement the community engaged teaching with a focus on the health system and the faculty development.

<https://www.educacioninterprofesional.org/en/brazil-starts-interprofessional-education-program-more-6000->

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Events

IMPACT Conference



Register now for [@ALLIANCEscot](#) Annual Conference 2019, Impact: the 3rd Health and Social Care Integration event on 20 May in Glasgow

<http://bit.ly/2Cmhks9> [#ImpactConf19](#)

[Click here](#) for more information.



The King's Fund

Digital health and care congress 2019

Wednesday 22–Thursday 23 May 2019

Full programme announced!

Thank you to everyone who applied to present at our Digital health and care congress 2019. The quality of submissions was extremely high and, after reviewing your projects, we're delighted to announce the full programme.

Join us in May for two days packed with practical case studies, grounded in real-life settings. You'll hear the latest national updates and discover how health and social care professionals around the UK are using data and technology to improve health and wellbeing in their local area.

The sponsorship and exhibition packages are very popular for this event. To secure your stand, please email Danielle Roche or call her on 020 7307 2482.

[Click here for more information.](#)



Call for abstracts: 2nd Interprofessional Education and Collaborative Practice for Africa Conference

You are invited to register and submit an abstract(s) for the 2nd Interprofessional Education and Collaborative Practice for Africa Conference to be held from

- 30 July to 2 August 2019 at the
- Amref International University, Nairobi, Kenya

This conference provides an opportunity for participants to discuss ideas, devise and test strategies to mobilise concerted action to improve health and well-being for individuals, families and communities across Africa.

The conference is driven by the conviction that interprofessional action to improve working together will effect change, enhance quality of care, ensure safety, and optimise deployment of human resources on the continent.

The conference is a collaboration between the Africa Interprofessional Education Network (AfrIPEN), Sigma Theta Tau's International Tau Lambda

at Large Chapter , the WHO-FIC Collaborating Centre for the African region and Amref International University. We welcome all health collaboration champions, educators and researchers to Nairobi, Kenya from 30 July to 2 August 2019.

Whether you are a health or social practitioner, service user, student, academic, manager, policy maker or researcher, the conference will inspire and be an opportunity to compare perspectives, exchange experiences, share expertise and transform current understandings.

The overarching theme of the conference is Building an Interprofessional Education and Collaborative Practice culture: from policy to practice. The sub themes look to explore policy as catalyst for interprofessional education and collaborative practice (IPECP); evidence and best practice for IPECP; culture influencing IPECP; and breaking down professional silos for collaborative practice.

- URGENT: Deadline to submit abstract for a preconference workshop: 31 January 2019
- Deadline to submit abstract for an oral, poster (Round 1) or in-conference workshop: 1 March 2019

For more information visit the conference website:

<https://interprofessional2019.org/>

We are looking forward to welcome you in Nairobi!

On behalf of the organising committee

Hester Klopper & Stefanus Snyman

Collaborating Across Borders

Collaborating Across Borders (CAB) is North America's premier interprofessional health care education and collaborative practice conference. Building on the highly successful CAB Conference series, CAB VII will link educators, researchers, practitioners, students and patients from Canada and the United States in essential discussions around interprofessional health care education, practice, leadership and policy in North America.

Collaborating Across Borders VII will be held on October 20-23, 2019 at the JW Marriott in Indianapolis, Indiana. <https://www.indycabvii.org/conference/>

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Better Health

Save the Date

All Together Better Health

The 10th International Conference on Interprofessional Practice and Education

Pearls of Wisdom: Cultivating a Collaborative Culture

24 - 27 October 2020
Qatar University, Doha - Qatar

Calls for abstract will open in September 2019.
For further information, please contact us on: ipecc@qu.edu.qa



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احفظ التاريخ

معًا من أجل صحة أفضل

المؤتمر العالمي العاشر للتعليم الصحي المتداخل والممارسة التعاونية
لالتي الحكيم: غرس ثقافة تعاونية

٢٤ - ٢٧ أكتوبر ٢٠٢٠
جامعة قطر، الدوحة - قطر

سيتم فتح باب تقديم الملخصات البحثية في سبتمبر ٢٠١٩.
للمزيد من المعلومات، يمكنكم التواصل معنا عبر الإيميل التالي: ipecc@qu.edu.qa



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Opportunities

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CAIPE Twitter

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