



CAIPE Bulletin

Centre for the Advancement of Interprofessional Education

<http://www.caipe.org.uk/>

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News About The CAIPE Bulletin

I am pleased to announce that from summer 2007 the CAIPE Bulletin will be distributed electronically and that the Bulletin has two new co-editors, Eileen Huish and Siobhán Ni Mhaolrúnaigh. You will find details of how to contribute to the Bulletin and a short biography of Eileen and Siobhán on page 3.

Your contributions can help to make the Bulletin a vibrant communication tool for the interprofessional education and collaborative working community. Please send us your news and views to share with colleagues.

Happy writing

Marilyn Hammick, Chair, CAIPE.

Contributing to the CAIPE Bulletin

We feel that our potential readership is wide, from an IPE novice to someone who has been involved with IPE for many years and bearing this in mind, we would like the Bulletin to include something for everyone.

The Bulletin will be published 4 times a year on the last Friday of July, October, January and April. The copy deadline is the last Friday of the previous month for example, the copy deadline for the October bulletin is the last Friday of September.

Please send articles that you think may be of interest to the interprofessional education and collaborative working community. We welcome contributions from:

- Staff in Further and Higher Education Institutions, giving examples of interprofessional education in courses, on campus and in practice, at all levels from National Vocational Qualification and foundation degree onwards.
- Staff in practice, with examples of interprofessional education from initial entry to continued professional development and lifelong learning.
- Students', views of their involvement with interprofessional education and how they have benefited
- Service users or carers, discussing occasions when interprofessional working has gone well, how it may be improved or how they have been involved with interprofessional education or practice.
- The international interprofessional education and collaborative working community.
- Research information or updates on work in progress, latest publications etc.

The copy deadline for the next Bulletin is **28th September 2007**. Articles should be between 400 and 500 words using the Harvard referencing style. Please see the following link for examples of this:

<http://www.bma.org.uk/ap.nsf/Content/LIBReferenceStyles#Harvard>

Illustrations are most welcome but permission must be sought for photographs etc.

To facilitate a wide distribution the Bulletin will be emailed to CAIPE members who will be encouraged to forward it onto their colleagues.

Please send your articles or items for the events column to Siobhán Ni Mhaolrúnaigh, siobhan.nimhaolrunaigh@staff.ittralee.ie or Eileen Huish, e.huish@herts.ac.uk

Introducing Two New Co-Editors

Eileen Huish DCR(R)

Practice Lead for Pre-registration Interprofessional Education, University of Hertfordshire

Eileen's background is in diagnostic radiography and her previous appointment was as a Service Improvement Lead in Imaging. She came into post as Practice Lead for Pre-registration Interprofessional Education at the University of Hertfordshire in June 2004 and her role is to support and facilitate interprofessional learning in practice. Eileen actively supported the Creating an Interprofessional Workforce, CIPW, initiative and chaired the CIPW Practice Learning Working Group. She has presented papers on IPE in practice at international conferences and is currently studying for a Post Graduate Diploma in Learning and Teaching in Higher Education and intends to continue her studies to master's level.

Dr Siobhán Ni Mhaolrúnaigh PhD, MA by research, Cert Ed. (FE), RCNT, RNT RN

Director of Nursing, Health and Social Care Research Unit (Insitute of Technlogy traalee)

Dr Siobhán Ni Mhaolrúnaigh (PhD: Interprofessional Education: *The teachers' views*), has been a member of CAIPE since 1994 and has been involved with interprofessional education and practice since that time. Siobhán took a five month sabbatical to explore five-months exploring interprofessional education in Canada with Professor John Gilbert in UBC and visited researchers in this field in Sweden and Norway. Siobhán worked as a development associate and adviser on health and social care policy with the Centre for Advancement of Interprofessional Education (CAIPE) and the Creating an Interprofessional Workforce Partnership. She has been a reviewer for the Journal of Interprofessional Care since the early nineties and presented papers at national and international conferences. Recently Siobhán launched CAIPE Republic of Ireland and is continuing to work on this development.



Eileen Huish



Siobhán Ni Mhaolrúnaigh

Introducing Our New Administrator

We would like to welcome Carmel Cannon to CAIPE, she is working one day a week as our administrator and to contact her please use the following email address. admin@caipe.org.uk

CAIPE's new postal address is:

Centre for the Advancement of Interprofessional Education, c/o Health Sciences and Practice Subject Centre, Higher Education Academy, Room 3.12 Waterloo Bridge Wing, Franklin Wilkins Building, King's College London, 150 Stamford Street, London, SE1 9NH.



CAIPE AGM 2007: Chair's Annual Review



The CAIPE AGM was held at the at the University of Leicester on 07.06.07.

Good morning, welcome to the 2007 CAIPE AGM and a very big thank you to Liz Anderson and Dawn Forman for organising this meeting, to our hosts, the University of Leicester, to Simply Health for sponsoring lunch and to all of you for being here on a very important day in the life of CAIPE.

I am delighted to present to you my first annual report as Chair of CAIPE, to be able to comment on our achievements in 2006-7 and share with you some of the ways the CAIPE Board plans to take the organisation forward in the next three years and beyond. Our annual general meeting is not just something as a Charity and Company Limited by Guarantee we are obliged to hold. It is the opportunity to recognise and applaud our successes as an organisation, the successes of our members and to introduce colleagues to the importance and diversity of interprofessional education and collaborative working across the UK.

If you are not yet a member of CAIPE I hope that by the end of today you will appreciate the value of joining the organisation. CAIPE membership gives you a range of benefits and opportunities – for example, a reduced subscription to the Journal of Interprofessional Care. Our continued relationship with Taylor & Francis, who publish that Journal, is an important aspect of CAIPE's commitment to dissemination of matters interprofessional. These days this is not only means hard copies of the Journal through your door and in your library but electronic access to its content and to what is happening widely in the relevant international arena. To assist us all with access to timely and appropriate information that suits our particular interprofessional interest, CAIPE is presently in discussion about providing tailored news feed and guided information services to members. The possibilities this can offer will be demonstrated in the Medical School at lunchtime.

An important piece of work presently underway by the Board is a revised package of services to individual and corporate members. Subscribing members rightly demand value for money and we are determined to identify what you want and to do our best to provide that. The CAIPE website remains our prime gateway of communication with everyone and the website services offered will continue to grow. In the future we would like to have dedicated student pages, and increased interactivity on the site. It is the CAIPE website that will hold the final documents of the now completed Creating an Interprofessional Workforce project.

However, joining CAIPE is not just about what CAIPE offers its members. It is also about what members offer each other and the wider community of practice in interprofessional education and practice. It is about making a contribution to supporting the national and international work of CAIPE. You will hear more about this as my report continues. I will also outline some key things that have happened in CAIPE during 2007, all of which mean we can continue to play an important role in worldwide interprofessional matters.

CAIPE AGM 2007: Chair's Annual Review

Being elected as Chair of any organisation is an honour and responsibility. It carries with it hopes for how that role will be fulfilled. I had hoped that my first year as CAIPE Chair would be one that allowed me to get to know the organisation and its members gently; would give me time, with my colleagues on the Board, to identify what needed to be done and to set our strategic priorities for the next few years.

Nothing could be further from the reality of CAIPE in 2007. Rather, it has been a year of making essential and fast changes that have resulted in key differences in the way we work. The Board firmly believes that these changes were absolutely necessary for the good health of CAIPE. They are changes in how we operate; our principles and aims remain constant. They are changes that bring our systems and processes in line with the 21C world of work, respond to current thinking about how public services are delivered and enable CAIPE to continue to influence that thinking.

Last year CAIPE operated from a small but expensive central London office which proved, as the autumn progressed, to be more of a cost than a benefit. Today we are hosted by the Higher Education Academy Health Sciences and Practice Subject Centre at Kings College London, and in the future we are looking at the possibility of becoming a much more virtual organisation e.g. taking advantage of e-communication for administration functions. My sincere thanks go to Ann Ewens and Helena Low who managed and executed the office move and to Ann for acquiring storage for the CAIPE archive. Thank you also to Margaret Sills for negotiating the loan of the space at Kings College that is now the CAIPE office every Friday.

This is the first CAIPE AGM to be held outside London, our workshops are now offered 'in situ' rather than in London and Board meetings take place across the UK. Our efforts to take CAIPE around the four countries of the UK will continue next year. We welcome offers to host critical thinking seminars and other types of meetings. Invitations for CAIPE speakers at conferences and seminars are also welcome.

My travel itinerary as CAIPE Chair this year has included events in Derby, Oxford and Bedford, and I am in Sheffield and Plymouth later in the year. All those occasions offer the time and space to think together about interprofessional education and work, and in this way to develop our knowledge on these matters. This is part of what CAIPE means to me: the chance to be involved in a continuing dialogue about interprofessional matters that shapes our thinking and contributes to what we know about interprofessionalism in theory and in practice. In essence, sharing experience and expertise about learning together, so that we can all work better together. In turn, eventually, some of this work is published and shared more widely.

Books and papers by CAIPE members continue to be valued sources of knowledge for the international interprofessional community of practice. CAIPE has been working with Wiley Blackwell for some time now to publish key texts on interprofessional education and collaborative working. Presently, another title is in preparation, proposals for two others under consideration and preliminary discussions in progress for two more. CAIPE members are also writing books for other publishers. CAIPE has always provided opportunities for people who think and write about interprofessional matters to meet each other and work collaboratively.

The revised CAIPE is well placed to facilitate networking and to work with other organizations to enable expertise and experience to be shared. A podcast of a discussion about the evaluation of interprofessional education and one on its sustainability, will soon be available on the Health Sciences and Practice Subject Centre website and, via links, on the CAIPE website. This is an example of CAIPE members working with the Subject Centre to encourage and enable a dialogue about key aspects of interprofessional education and putting the results of that dialogue in the public domain.

One change in 2006-7 that anticipates other similar changes is to the Board of CAIPE, where we welcomed a student as a member for the first time. Julia Rout, who is studying occupational therapy at the University of East Anglia, joined a Board that by tradition sought representation of CAIPE membership from professionals working across health and social care service settings and in related educational settings. That approach has served CAIPE well but it is time to consider if it is the best way for the organisation's responsibilities to be met.

To facilitate this rethink the Board voted not to have elections this year and in 2008 we will be looking at proposals for a revised Board structure. We need to take an approach to restructuring that means CAIPE is governed by the diverse wisdom and experience of all interprofessional stakeholders: practitioners, employers, service users, carers and learners. CAIPE also needs people on its governing body who are able to contribute time towards its many functions and those with experience of key functions such as finance and marketing. Getting this right is one of next year's challenges.

One change to the Board next year will be the absence of two very loyal, longstanding members. Rosie Tope, who was vice chair with me from 2003-6, has contributed much insight and hard work: thank you Rosie for your support to me in my first year as Chair and for your work for CAIPE –we shall all miss you. Audrey Leathard also leaves us this year after many years of loyal support for CAIPE. Audrey's remarks at Board meetings always remind me of the importance of an organisation's collective memory for how it shapes its future. Many thanks to you Audrey for all your contributions to CAIPE.

Any Board that consists of busy volunteers has to accept that some of them find it impossible to continue. Ivan Lester has had to resign, also David Pearson's job change meant he reluctantly left the Board. At its next meeting I will be seeking the Board's approval to co-opt for one year David's alternate member, Melissa Owens, who has been a valuable attendee at meetings this past year. In this way we maintain some continuity until new governance structures are approved.

Another important reason for rethinking how members participate in decision making and work for CAIPE relates to the level of income that we can expect in the future. We have to be realistic about how much work CAIPE can afford to pay for and act accordingly, since trustee/directors as Board members have a legal responsibility in these matters.

CAIPE AGM 2007: Chair's Annual Review

With this firmly in mind and knowing that Helena Low planned to resign from her position as Development Officer at the end of March and Barbara Clague to retire as Chief Executive Officer at the end of April, the CAIPE Board decided not to simply replace these staff. Some of you may already know that by this time we were already relying on temporary administrative cover. This situation allowed us to replan how best to carry out all the CAIPE work functions.

Whilst it is early days for the new arrangements I am very pleased to confirm that we have a new administrator, Carmel Cannon, and a working Board sharing responsibility for various aspects of CAIPE's work. So, for example, I now hold responsibility for financial management and strategic initiatives, Bryony Lamb as Vice Chair is leading the tendering process for the website contract, working with Susanne Lindqvist and, as you will hear later, Dawn Forman as Vice Chair is working on income generation and fund raising.

Dawn is also coordinating CAIPE events and we hope to soon share an interprofessional diary of events so that everyone can see what is happening and when, in their part of the world. Some diary dates worth noting here relate to Hugh Barr's year (2007/2008) as President of the General Practice with Primary Health Care Section at the Royal Society of Medicine. Hugh will be leading a programme of interprofessional workshops and conferences to which CAIPE colleagues will be warmly invited. Keep a watch on the website for details of these. And there is an invitation to all CAIPE members to the Journal of Interprofessional Care's 2007 John Horder Lecture at Kingston/St George's University, to be given this year on July 5th by Baroness Julia Cumberlege.

We have appointed two new co-editors of the Bulletin which will be published electronically four times a year, with hard copies for archive and PR purposes only. Eileen Huish and Siobhán Ni Mhaolrúnaigh are already planning the summer edition and they look forward to receiving ideas for what to include, brief articles about your interprofessional initiatives and feedback on the content and layout. The Bulletin is not only to read but the opportunity for you to contribute, comment in and if necessary, use as a soap box!

Before I leave this brief outline of staff and functions I would like to take this opportunity to say thank you to the staff who left CAIPE this year. Firstly, our thanks to Barbara Clague for the many years of dedicated work she gave to CAIPE and our good wishes to her for a happy retirement. It gives me great pleasure to confirm that although Helena has left us as a paid member of staff she remains part of the CAIPE working team. We are very grateful to Helena for her commitment and hard work and look forward to her experience and expertise helping to shape CAIPE's future, especially the portfolio of workshops we are presently planning. Jenny Rainsford, who had been CAIPE's administrator for many years also left this year. She has left a legacy of sound administrative processes that have now been handed over to Carmel. We thank her for her valuable contribution to CAIPE.

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During the early part of this year, when the changes I have just outlined were in progress, the Board learnt together the ways we can all work together so that CAIPE continues to be the leading international interprofessional education and practice membership organisation and matures in this role as it works in partnership with similar organisations throughout the world.

I am delighted to report that in addition to its longstanding link with The Network: Towards Unity for Health at which it was represented in Gent this year, the Board has agreed to a formal affiliation between CAIPE and the International Association for Interprofessional Education and Collaborative Practice (InterED). We are discussing a similar agreement with the newly formed Canadian Interprofessional Health Collaborative (CIHC). We have also agreed to extend the geographical boundaries of CAIPE and to work closely in the future with colleagues in the Republic of Ireland and I will be there next week to take this initiative forward.

There are many reasons for supporting this development but an important one is the value to CAIPE of many more members. Our income from membership fees is the backbone of our financial planning. Many of you will have heard my money mantra of how membership fees provide us not only with funds for membership services but also income that does not have specific work attached to it.

It is the income that permits us to develop as an organisation that can continue to lobby for IPE. An example of this important function of CAIPE was a joint presentation by Hugh Barr and Liz Anderson, with Professor Steven Shardlow from Salford University, on the 20th March at the House of Commons on interprofessional education for work with children. This was during a seminar for peers and MPs convened by the General Teaching Council, the General Social Care Council and the Nursing and Midwifery Council. A copy of their presentation is lodged on the CAIPE website.

Funding also enables us to support research and development for general benefit, and to participate in funding bids for other types of work. The Board is presently working on models of collaboration between CAIPE and other organisations, for example, universities and private sector bodies. In most cases, it is envisaged that CAIPE will take the important role of providing consultancy to projects, rather than the responsibility for the major work in any particular project. Joint working is the way forward, building on the experience and utilising the expertise of all CAIPE members.

To continue with international matters. I can confirm our continuing involvement in the European Interprofessional Education Network project (more on EIPEN from Marion Helme the project manager this afternoon). CAIPE members will be participating in the 2007 EIPEN conference in Krakow, the 2008 All Together Better Health conference in Stockholm, giving us another opportunity to liaise with colleagues in the Nordic Interprofessional Network, and a few of us will be at the North American Collaborating Across Borders Conference in Minneapolis later this year.

CAIPE AGM 2007: Chair's Annual Review

I am also very proud that Hugh Barr, CAIPE President, Lisa Hughes and Susanne Lindqvist, Board members and I have been asked to join the new WHO Study Group on Interprofessional Education and Collaborative Practice. CAIPE has accepted the invitation from the WHO to be a partner in this work and we will keep you posted on its progress.

In making the changes I have just described, it has been a year that proved that, to use a well worn phrase that is often more rhetoric than reality, things can only get better. More than this, it has proved that this happens most easily when everyone committed to making things get better works together at this. My deepest thanks go to all my colleagues on the CAIPE Board who have given me their unqualified support this year and have responded magnificently to every request for someone to do a particular something. Their guidance and positive responses to emails for advice and help have been essential and invaluable.

This has been a particular year that the CAIPE principles have been put into practice by its Board and members. We have thoroughly tested the theory of collaborative working. It has emerged absolutely worthy of our continuing engagement with it as an academic subject, as a way to deliver services, as the means to the end; where that end is partnership working that feels real and valuable to the people we all serve.

Professor Marilyn Hammick

Chair, CAIPE

June 7, 2007



Marilyn Hammick addressing the CAIPE AGM which was held at the University of Leicester on 07.06.07.

CAIPE Workshops

CAIPE will be running the following workshops in the next academic year at a cost of £175 (10% discount to CAIPE members). If you would like further details please email dawn.forman@btinternet.com

| Venue | Date | Workshop |
|---------------------------|----------|--|
| Sheffield University | 05-10-07 | Effective leadership for interprofessional and multi-agency working (for senior managers/leaders/deans, etc) includes changing culture for sustainability of IPE |
| London | 23-11-07 | Individual Development and Group Facilitation in Practice (for practice staff) |
| University of Derby | 07-12-07 | Service Users Involvement Workshop |
| University of Northampton | 11-01-08 | Interprofessional Education Facilitation for Educators (for universities) |
| University of Leicester | 01-02-08 | Planning and delivery of IPE (for universities) |
| Birmingham | 07-03-08 | Teamwork and multi-agency working (for practice teams and services) |
| University of Leicester | 04-04-08 | Effective leadership for interprofessional and multi-agency working (for senior managers/leaders/deans, etc.) includes changing cultures for sustainability of IPE |
| Sheffield University | 09-05-08 | Individual Development and Group Facilitation in Practice (for practice staff) |
| University of Derby | 06-06-08 | Service Users Involvement Workshop |
| London | 28-05-08 | Evaluation workshop |
| Sheffield University | 04-07-08 | Planning and delivery of IPE (for universities) |
| University of Newcastle | 18-07-08 | Interprofessional Education Facilitation for Educators (for universities) |

Events

| Date | Event | Venue | Contact Details |
|----------------------|---|---------------------------------|---|
| 06.09.07 to 07.09.07 | National Association of Medical Simulation (NAMS) conference | University of Hertfordshire | www.namsonline.com |
| 12.09.07 to 14.09.07 | European Interprofessional Education Network (EIPEN) conference | Jagiellonian University, Krakow | http://www.eipen.org |
| 15.09.07 to 20.09.07 | The Network Towards Unity for Health | Uganda | Dawn Forman dawn.forman@btinternet.com or http://www.the-networktufh.org/home/index.asp |
| 18.09.07 | IPE Co-ordinators' Forum | Keele University | Jane Lockwood j.a.lockwood@shar.keele.ac.uk |
| 08.10.07 to 09.10.07 | Rethinking Education and Development | University of Plymouth | ceppl@plymouth.ac.uk |
| 15.11.07 to 16.11.07 | Ed Health Conference | Sydney, Australia | Dawn Forman dawn.forman@btinternet.com http://www.chs.usyd.edu.au/conf07/ |

CAIPE will be celebrating its 21st birthday at a celebration conference to be held at University of Leicester on the 17th and 18th of April 2008.

Further details will be included in future Bulletins.

A Best Evidence Systematic Review of Interprofessional Education

Hammick M, Freeth D, Koppel I, Reeves S & Barr H

Executive summary

Evidence to support the proposition that learning together will help practitioners and agencies work better together remains limited. To inform the above proposition we conducted a best evidence systematic review of evaluations of interprofessional education (IPE). This brought together evidence from 21 of the strongest contemporary evaluations of IPE. The aim was to enhance the effectiveness of future IPE and maximise the potential for interprofessional learning to contribute to collaborative practice and better care.

We reviewed formal education initiatives attended by learners from at least two of the many professional groups in health and social care. Those initiatives all had the objective of improving care; and enabled learning with, from and about one another. Standard systematic review procedures were applied for sifting abstracts, scrutinising full papers and abstracting data. Outcome measures from the 21 primary studies were analysed and a narrative synthesis built with the 3-P model (presage-process-product) of education development and delivery.

The findings showed that IPE is generally well received, enabling knowledge and skills necessary for collaborative working to be learnt; it is less able to positively influence attitudes towards others in the service delivery team. Staff development is a key influence on the effectiveness of IPE and all learners in IPE bring unique values about themselves and others. IPE that reflects the authenticity of practice is more effective. In quality improvement initiatives IPE is frequently used as an effective way of enhancing the practice and improving services.

Complete review available at <http://www.bemecollaboration.org/beme/pages/reviews/hammick.html>

Review Citation: Hammick M, Freeth D, Koppel I, Reeves S & Barr H (2007) A Best Evidence Systematic Review of Interprofessional Education *Medical Teacher* (in press).

A World Health Organisation (WHO) Review

By Hugh Barr

Twenty years after its seminal report (WHO, 1988), the World Health Organization has instigated a follow up review of IPE and collaborative practice in partnership with InterEd – the International Association for Interprofessional Education and Collaborative Practice. The study is being co-chaired by Professor John Gilbert, President of InterEd and Dr Jean Yan, WHO's Chief Scientist for Nursing & Midwifery, assisted by Steven Hoffman from Canada. Five of the six members of the study group from the UK serve on the InterEd Board - Hugh Barr, Dame Jill McLeod Clarke, Lisa Hughes, Lesley Hughes and Susanne Lindqvist – joined by Marilyn Hammick as Chair of CAIPE to reinforce the close ties that it is establishing with InterEd.

The group is charged with responsibility for: reviewing progress in IPE and collaborative practice since the 1988 report in developed and developing countries across all six WHO regions; establishing the current evidence base; and conducting an international scan including best practice. It will develop a conceptual framework to identify the key issues to be addressed by WHO and its partners when formulating a global operational plan for IPE and collaborative practice, with levers for action, with a background paper defining IPE and collaborative practice, a policy brief targeting national Ministers of Health and other key policymakers, and other tools, as necessary, for communication and advocacy. A first report will be presented to the WHO in March 2008.

Responsibilities have been divided between three working groups on: IPE led by Professor Peter Baker from Queensland Australia; collaborative practice led by Professor Yuchi Ishikawa from Kobe Japan; and system-level supportive structures led by Professor Dame Jill Macleod Clark from Southampton UK. The study group is relying on electronic communications as the medium to progress its work.

Further information can be obtained from Virgie Largado-Ferri at the Geneva HQ of WHO - largadov@who.int

Reference:

World Health Organization. (1988) *Learning together to work together for health*. Report of a WHO Study Group on Multiprofessional Education for Health Personnel: The Team Approach. Technical Report Series 769:1-72. Geneva, World Health Organization

Launch of CAIPE Ireland

By Dr Siobhán Ni Mhaolrúnaigh



Launch of CAIPE Ireland, 11.06.07.



Brennerville, Tralee

The launch of CAIPE in the Republic of Ireland occurred on the 11th June 2007. This was an exciting event and was hosted by the Institute of Technology Tralee Co. Kerry. The audience were from a very broad spectrum of professionals to include, clinical psychologists, community workers, complementary therapists, dieticians, dentists, GPs, pharmacists, physiotherapists, social workers, speech and language therapists, nurses, practice development co-ordinators and academics. Other personnel who could not attend have shown their interest in participating in other events.

The event aimed to give an international, European and national focus. The day began with a welcome note from the Director of the Institute Michael Carmody. Marilyn Hammick gave an overview of the work of CAIPE and highlighted the CAIPE partnerships with international organisations: WHO Study Group; the International Association for Interprofessional Education and Collaborative Practice (InterEd); the Canadian Interprofessional Health Collaborative (CIHC); Scandinavia Nordic Interprofessional Network; and the European Interprofessional Education Network (EIPEN).

Marion Helme is based in the Health Sciences and Practice at Kings College London and her work includes co-ordinating the European Interprofessional Education Network (EIPEN) which is funded from the EC Leonardo da Vinci Programme for two years. EIPEN includes 16 partners from 6 countries. Marion gave an overview of this network and her projects through the Higher Education Academy at Kings College.

Our colleagues from the North of Ireland, Dr Sue Morison Director of the Centre for Excellence in Interprofessional Education (CEIPE) at Queen's University Belfast and Dr Marian Traynor Assistant Director of Education at Queen's School of Nursing demonstrated how interprofessional learning occurs between medics and nurses in a virtual learning environment using simulated events and enquiry based methods. Dr John Casey GP at the Medical Centre Ardfert Co Kerry, showed how he and his colleagues work collaboratively in primary care and how the private and public sectors in health and social care in Ireland can collocate and collaborate for the welfare of clients.

The afternoon workshops addressed issues in relation to policy, education, practice and research from an Irish perspective. The feedback notes from these workshops and pictures will be available on the CAIPE website later on. The local Kerry Radio broadcasted an interview with myself after the event and the local press published a picture to advertise the launch. The next event will be held in Tralee in the Autumn. Already, some practitioners have requested time to present their collaborative work and to share best practices at this event.

The health care structure in the South of Ireland has a two tier system of public and private sectors and the government has recently announced building plans for several new hospitals that are referred to as CoLocation hospitals where both sectors will share facilities. This is a very exciting and timely opportunity for the professions and for me personally to address Interprofessional collaboration in Ireland and to begin new projects through working together in partnership. Since the launch several developments have occurred one of these is the interest shown by the Performance and Development Centre for training within the Health Service Executive to collaborate with us on Interprofessional education and practice. These developments will be posted in the next bulletin.

Congratulations

Winners of the Creating an Interprofessional Workforce John Horder Award for Innovation



All Rise! At The University of Derby

Dr Kate Cuthbert, Fran Fuller, Kevin Bampton, Tony Wragg and Wendy Lowe

Using a staffed “mock” court room at the University of Derby, social work and radiography students had first-hand experience of providing expert witness testimony. Acting as their a legal representative, law students were responsible for collecting statements prior to the court hearing and 'coaching' their client, that is the student, through the court room procedures. Students received the interprofessional activity before the allocated court date. Students met on the day of the case prior to their appearance when each student pairing was allocated a 10 minute court appearance. The staffing of the court room was undertaken by academics wearing robes to aid the simulation and adherence to court etiquette. Approximately two weeks before the court date law students contacted social work and radiography students to draft a statement. The law student, acting as examiner in chief, used the statement to refer to in the court process. Cross examination took place, during which students experienced the potential impact of their professional duty. The following learning outcomes were identified:



Students taking part in their courtroom experience

- Students would experience the court room process and relate the experience to the training they had received about the care of vulnerable adults.
- Students would work in an interprofessional context.
- Students would acknowledge and experience how to prepare a statement for Court.

After the event, all students engaged in a full debrief discussing the procedures and psychology of the court. Feedback from the students emphasised the need for this type of learning and they felt more prepared for this type of duty when they qualify.

The Interprofessional Activity

You will be contacted by a solicitor and required to make a statement for your court appearance.

A newly qualified residential social worker attends hospital with elderly resident after a fall in the care home. An x-ray is taken and in conversation, the radiographer suggests to the social worker there is a broken bone. The doctor however gives the all clear and the elderly woman returns to the care home with no further action. The elderly woman returns to the hospital a week later after complaining of pain. Upon examination an old fracture is detected. Relatives are suing the care home for negligence but the care home's response is calling the witness to ascertain whether the educational providers are delivering appropriate training.

Your court appearance will take place on.....

Was it interprofessional? The interprofessional nature of this learning opportunity was maintained throughout. The delivery team was interprofessional, reflecting the interprofessional student groups of **law, radiography and social work**. The delivery team, after experiencing it themselves, thought carefully about how to achieve the necessary “*Learning with, from and about*” (CAIPE, 2002).

Learning with –There was a strong emphasis on all students experiencing this together. The group debrief was a time where the students left their professional roles and discussed shared issues such as their feelings about the psychology of entering a court room for the first time.

Learning from - During the activity the students gained hands-on experience and knowledge about their relative roles within a “real-life” practice setting. For example, the cross-examination required students to clarify their roles in relation to each other. This outcome was also emphasised in the events leading up to the court case. There was an obligation for the solicitors to gain statements from their professional clients. Critically, the learning from was very much student-led and the exchange of knowledge between the professions was considerable.

Learning about - The case continued over three days and at any one time there was a mix of the professional groups. Not only was there emphasis on the students engaging in the formal activity but we also stressed the importance of the professional partnerships developing informally.

Reference:

CAIPE (2002) [online] <http://www.caipe.org.uk/index.php> [July 2007]

Congratulations

Runners Up of the Creating an Interprofessional Workforce John Horder Award for Innovation



Patient Voices: digital storytelling in healthcare

By Pip Hardy



Despite the vision set out in *The NHS Plan* (DH 2001) of a healthcare system where ‘the voice of the patient is heard through every level of the service’, the landscape of early 21st century health and social care can appear to be dominated by targets and tick boxes, audits and league tables, all of which can obscure the view of patients and service users.

What better way of shifting the perspective than by sharing stories of health and social care? The Patient Voices programme (www.patientvoices.org.uk) offers a growing collection of digital stories told by patients, carers and service users, as well as staff and managers, all of which are free for use in healthcare education and quality improvement programmes.

Digital stories are a fresh, new approach to the ancient art of storytelling. Combining still images, small amounts of video, music and, usually but not always, voice, into a multi-media story of approximately three minutes in length, these short videos enable ordinary people to tell and present their stories in often extraordinary ways via an engaging and accessible medium that is available to a world-wide audience.

Creating and viewing these digital stories offer unusually rich opportunities for reflection; the stories are increasingly used in universities and schools of medicine and healthcare in the UK and elsewhere to stimulate dialogue and discussion; stories can also be shown at conferences and at training events where it isn't always practical or appropriate to include patients or carers.

The Patient Voices programme aims to capture some of the unwritten and unspoken stories of ordinary people so that those who devise and implement strategy, as well as clinicians directly involved in care, may carry out their duties in a more informed and compassionate manner. We hope that, as a result of seeing the stories, patients, service users, their carers and clinicians may meet as equals and work respectfully together for the benefit of all.

The more people who tell their stories, the better and richer the resource will become. If you are interested in finding more about digital storytelling in healthcare, or in running a workshop to develop digital stories, please contact Pip Hardy at Pilgrim Projects: pip@pilgrimprojects.co.uk

The Patient Voices programme was runner-up for the John Horder Award for Innovation in Inter-professional Education at the 2007 Festival of Learning.

Students Taking the Lead in Interprofessional Education: The Canadian Experience



Alexandra Harris¹

Daniel Rosenfield, B.Arts.Sc²

Steven J. Hoffman, BHSc³

As the world's first and only national student organization devoted to interprofessional education, the National Health Sciences Students' Association (NaHSSA) has come a long way since creation in 2005. Indeed, the association has expanded beyond its headquarters at the University of British Columbia and includes over 20 local chapters encompassing nearly every regulated health profession.⁴

Currently acting as an association of associations, NaHSSA's mandate has been to promote interprofessional education and collaborative practice through innovative student-initiated programming. At the national level, NaHSSA has provided various opportunities for students, such as a clinical shadowing program at the Vancouver General Hospital and an annual national essay contest. Additionally, NaHSSA now formally recognizes outstanding IPE mentors through the NaHSSA IPE Mentorship Award.

At the local level, student leaders have organized various innovative programs across the nation. For example, our UBC chapter ran a "Teddy Bear Clinic," where elementary school children have their teddies checked out by various health professional students in a collaborative manner. At the University of Toronto, students have further enhanced the faculty-driven 'Pain Week' – a week where the various professions are brought together to learn about pain management in an interprofessional manner – by organizing various informal social events that extended the IPE experience beyond the classroom.

NaHSSA's future is quite bright, after having formally ratified its strategic and financial sustainability plan in February of 2007. Goals for upcoming years include creating more chapters (by expanding into the college sector), strengthening existing chapters, becoming a truly bilingual association, seeking out further partnerships with other healthcare organizations and addressing the ongoing issue of sustainability (both financially and in terms of human capital). While these objectives may present some real challenges, given NaHSSA's short history, there is no question they will be overcome with strong leadership and determination.

In Canada, NaHSSA's impact has already been felt. The potential of student-initiated IPE is limitless as students are an effective vehicle of socialization and can enhance the attitudes, values and beliefs of their peers. Additionally, as the healthcare providers of tomorrow, students can build sustainable support for collaborative practice. Finally, students can facilitate the formation of friendships across professional disciplines that take the interprofessional education experience outside of the classroom. As NaHSSA continues to look forward, we are excited to collaborate with health and human service students from all over the world and would particularly welcome the opportunity to work with and support the creation of student organizations devoted to IPE in the UK and beyond.

For further information on NaHSSA, its local chapters and national leadership, please see www.nahssa.ca

Please do not copy, quote or cite without the lead author's permission.

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⁴ NaHSSA is technically an 'association of associations' and is thus comprised of local 'chapters' or groups at each university or college that operate autonomously. In other words, NaHSSA acts as the national body uniting smaller groups spread out throughout Canada.



Canadian students wearing "TEAMWORK it's a good thing" T shirts.

Musings of an Occupational Therapist Student

By Julia Rout, student member of CAIPE board

The words of the band *Coldplay* sum up my student-hood quite nicely: *'nobody said it was easy, no one ever said it would be this hard.'*

Interprofessional experience in the classroom:

In my first year, I had to work with students from different professions as part of a seven-week Interprofessional Learning (IPL) programme. This involved meeting in groups with seven or eight other students for an hour a week to discuss interprofessional issues related to the management of a given patient. My group consisted of a medical student, nursing student, two pharmacy students, two speech and language therapy students, one physiotherapy student and myself. We were required to produce a report and presentation as part of our work together.

The aim of the programme was for us to develop the knowledge, skills, attitudes and behaviour that facilitate effective interprofessional team working. In moving towards this, our group agreed on the key principles we believed were essential for effective interprofessional working and learning. These principles included; communication, understanding and appreciation of each other's roles, and respect. We also set ground rules such as 'let everyone have their say'. The experience was unique and helped to readjust some pre-existing stereotypes (not always for the better!). Initially, it was very daunting to work with people unlike the usual peer group. However, once comfortable it was hugely beneficial not only to learn about each other's professional roles, but also different professional perspectives and philosophies.

As a student, I was left with the feeling that there is no excuse not to communicate with others in the workplace. As a newly qualified worker, I would like to see other staff role modelling this. It is essential to know the roles of other professionals (and agencies), and one must be proactive in seeking out this information. I personally feel that to optimise interprofessional learning, first, students need to embrace some other skills and awareness for example, reflective practice, patient-centred care, professionalism, evidence-based practice, open communication skills with patients and carers, being aware of the power balance with patients, and seeing the patient as a whole etcetera. Interprofessional education can help affirm awareness of these skills. It teaches the bigger picture and the imperativeness of working together as part of this.



Julia, second from right, with some of her student colleagues

Congratulations

Baxter Prize Winner



We congratulate Professor Geoff Meads previous Chair of CAIPE on winning the Baxter Prize for the best health book in Europe!

The Baxter award, which is for outstanding contributions to excellence in health care management in Europe, is given to Professor Geoff Meads for the originality and readability of the book.

The books details are:

PRIMARY CARE IN THE TWENTY-FIRST CENTURY

an international perspective

2006168 pages Paperback

ISBN-10 1 85775 711 4 ISBN-13 9781857757118

This book includes reference to CAIPE on it's front cover!

Geoff Meads, *Visiting Professor, Universities of Warwick, Winchester and Derby*

Foreword by Yvonne Carter, *Dean of Warwick Medical School, Practising GP and past Chair of RCGP Research Committee, NHS Primary Care Research and Development Awards Committee, Governor of the Health Foundation*

Description

What is really happening in the world of primary care today?

This is an easy to read, no-nonsense account that provides a comprehensive and accessible overview of primary care theory and reviews the future of general practice from an international perspective.

Particular emphasis is placed on innovations in developing countries and lessons for modernising primary care organisations in the West. There are also helpful healthcare system summaries of twenty-four countries.

Primary Care in the Twenty-first Century provides a vital overview for healthcare policy makers and shapers. Primary healthcare professionals with an interest in learning from best practice from around the world will find this book invaluable, as will students of medicine and nursing, and international health and patient organisations.

'This book is a welcome addition to the literature on international primary care. It illuminates the importance of comparative models in different healthcare systems and deals systematically with the subject. Understanding the issues that face primary care teams around the world is an important concept in preparing for future challenges and this book clearly, concisely and very readably summarises the global story.'

Yvonne Carter, in the Foreword

Review Quotes

'This book details a very personal journey and provides a wealth of information. Geoff Meads has an impressive view point from which to survey the shifting sands of general practice.' **DOCTORS.NET.UK**

Contents

- International Approach
- Future options for family medicine
- The extended general practice
- The managed care enterprise
- The reformed polyclinic
- The district health system
- The community development system
- The outreach franchise
- Transferable learning

We advise CAIPE members to register on the <http://www.easyfundraising.org.uk> for the Centre for the Advancement in Interprofessional Education and then purchase through Amazon at £23-70. Please see Page 20 for further details of shopping via Easy Fundraising.

Congratulations

Personal Chair Appointments



Frances Gordon has been awarded a personal chair in Interprofessional Education by Sheffield Hallam University in 2007 in recognition of her reputation in the field of interprofessional education in health and social care.

Frances joined Sheffield Hallam University in 2002 and is a nurse by professional background. She worked in nurse education in Scotland for a large part of her career, but before being appointed by Sheffield Hallam University, was a Principal Lecturer at Middlesex University in London for five years. She was responsible for all aspects of the management, research and development of practice and work-based learning in that post and gained considerable experience leading several initiatives in this area. Presently, at Sheffield Hallam University she is Head of Interprofessional and Multidisciplinary Learning and Co-Director of the Centre for Interprofessional eLearning (CIPeL), a collaborative initiative with Coventry University that is exploring how e-learning can contribute to breaking down barriers to large scale implementation in interprofessional education.

The HEFCE funding for the CIPeL initiative was awarded through evidence of excellence based in part on Frances's work as Director of the UK Department of Health funded Combined Universities Interprofessional Learning Unit (CUILU) which was one of four national leading edge sites for interprofessional learning: a partnership project between Sheffield Hallam University and the University of Sheffield. This initiative encompassed several work streams exploring the interprofessional learning and collaborative working agenda and its findings underpin the developments in educating for collaborative working in health and social care in the Faculty of Health and Wellbeing. Inter-agency and cross disciplinary working is a growing field that extends beyond the boundaries of health and social care into more general issues of wellbeing in the public health arena, and this will be a focus of Frances's future work.



City University has awarded Della Freeth a personal chair in recognition of her contributions to the fields of interprofessional education and learning through simulated professional practice. These overlapping research themes contribute to the patient safety agenda and efforts to improve working lives.

Building upon her mathematical background, Della's early work in the field of professional education involved working alongside financial professionals. In 1995 she moved to the clinical and communication skills centre shared by City and Queen Mary Universities in London. Since then she has worked on a wide range of projects concerned with pre-registration education and continuing professional development for health and social care professionals. She is particularly interested in realising the potential of mixed methods studies and in synthesising findings from diverse studies of IPE. These interests led to many years of enriching collaboration with CAIPE colleagues Hugh Barr, Marilyn Hammick, Ivan Koppel and Scott Reeves. In 2005 this collaboration saw the publication of two books* in association with CAIPE and now a review for the BEME (Best Evidence Medical Education) collaboration has been completed.

At present Della's research funding spans a range of patient safety projects concerned with safety culture and interprofessional simulation-based CPD supporting the development of non-technical skills (human factors) that help to ensure effective teamwork and promote patient safety. Most of this work is located in maternity care and accident and emergency departments. Turning to pre-registration education, Della is also busy within the QM/ City CETL: Centre for Excellence in Teaching and Learning Clinical and Communication Skills (www.cetl.org.uk). A long-standing member of CAIPE, Della served two terms as an elected member of the Board.

* Freeth D, Hammick M, Reeves S, Koppel, Barr H (2005) *Effective interprofessional education: development, delivery & evaluation*. Oxford: Blackwell

Barr H, Koppel I, Reeves S, Hammick M, Freeth D (2005) *Effective interprofessional education: argument, assumption & evidence* Oxford: Blackwell



Raising Funds for CAIPE



Many people believe that CAIPE is funded in some way by the UK government but unfortunately this is not the case. It relies heavily on its membership fees, donations and any profit it can make from the various projects it undertakes. This income provides membership services such as the website, the CAIPE bulletin and reduced fees for members at CAIPE events. However more funding is needed if we are going to be able to plan for the future successfully. We would like to point out that the only paid member of staff is our administrator for one day a week. All other work is done on a voluntary basis.

Whilst little has been done in the past to encourage CAIPE to be seen as a charity to which funds are donated we would like now to promote this aspect. In other words to encourage both members and users of CAIPE services to consider making charitable donations in the same way that money is given to any other charity.

This can be done very simply!

Become a Member of CAIPE

If you would like to become a member of CAIPE please visit the CAIPE website at www.caipe.org.uk. Click on 'About' on the left hand side, 'Membership Benefits' and 'Membership Form' are listed. Please note that to access the membership form it is necessary to register with the website first.

Gift Aid

If you have paid a membership fee or made a donation in the past or intend to in the future please help us to claim an extra 28 pence for every pound you have donated by completing the Gift Aid Form included in this Bulletin.

Donations

If you would like to make a regular or one off donation to CAIPE please see the 'Donations' page of this Bulletin.

Shop Online Via 'Easy Fundraising'

Shop on line via 'Easy Fund Raising' and a donation is made every time you purchase **at no extra cost** to yourself. Please register at <http://www.easyfundraising.org.uk/> for further information. Using this website as the front page to any future on line purchases will mean that a donation is made to CAIPE for every purchase you make and Easy Fundraising will NOT charge you a penny.

Quick tip when selecting which charity you would like donations to go to, CAIPE is listed under 'Centre for the Advancement of Interprofessional Education'.

Your help is greatly appreciated and you will be playing your part in securing a future for CAIPE.

Thank you very much

Dawn Forman

(Vice Chair of CAIPE)



Gift Aid Form



If you have paid a membership fee or made a donation in the past or are going to in the future please help us to claim an extra 28 pence for every pound you have donated by printing this page and completing the form.

Using Gift Aid means that for every pound you give or have given, we get an extra 28 pence from the Inland Revenue.

This means that £10 can be worth £12-50 if donations are made through Gift Aid. Imagine what a difference that could make and it doesn't cost you a thing.

So if you want your donation to go further, Gift Aid it. Just complete this form and send it back to The Administrator at the address below.

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Higher Education Academy
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Franklin Wilkins Building
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London,
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Please also remember to complete the Gift Aid Form.

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