

CAIPE Bulletin

CENTRE FOR THE ADVANCEMENT OF INTERPROFESSIONAL EDUCATION

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Co-editors: Eileen Huish, University of Hertfordshire, England

Siobhán Ni Mhaolrúnaigh, Institute of Technology Tralee, County Kerry, Ireland

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Message from the Editors

As Editors of the bulletin we wish to send our sincere thanks to Professor Marilyn Hammick who in her role of Chair of CAIPE was available at very short notice to assist us in getting the bulletin to you each quarter.

We hope that you enjoy this issue of the CAIPE e Bulletin and that you will consider sending us articles for publication. Please see 'Contributing to the Bulletin' below.

The Bulletin is published four times a year on the last Friday of January, April, July and October. It is emailed to CAIPE members and we encourage our members to forward it onto colleagues, including service users, with an interest in interprofessional learning and working.

With very best wishes. Eileen and Siobhán (Co-editors)

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.

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 planning, using or evaluating interprofessional education in courses, on campus and in practice, at all levels, (for example, modules, programmes or short courses).
- 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 **Friday 26th September 2008**. Articles should be between 400 and 500 words using the Harvard referencing style.

Illustrations are most welcome but permission must be sought for photographs etc. Please indicate that permission has been obtained when submitting.

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

We look forward to hearing from you.



CAIPE AGM Birmingham City University

10th July 2008



Chair's Report

By Professor Marilyn Hammick

Good morning and welcome everyone to the 2008 CAIPE AGM and to Birmingham City University. My thanks go to this University for hosting the meeting and to Susanne Lindquist and Julia Rout for their work on today's agenda.

I am pleased to present to you a report for the past year on CAIPE's development. CAIPE in July 2008 is a vibrant organisation, well respected and of great value to the international interprofessional and collaborative practice community. My report is shaped by the changes that are taking place in the leadership of CAIPE. As any report demands and as I have been Chair in the past year, I shall reflect back on CAIPE'S progress and its many achievements in the last twelve months. Today also marks the end of my term of office on the Board and as Chair; it is time and timely that a Board with fresh faces and a new Chair take CAIPE forward. So I also plan to take this opportunity to speculate from the position I have had leading CAIPE for two years; to ask and offer some answers to two of the critical issues that are key to the organisation's future. Firstly, are my reflections on CAIPE's development since the AGM in Leicester, June 2007.

CAIPE –and I remind you that as with any organisation, the name is just a synonym for the people who work in and engage with that organisation- has much to celebrate in relation to its many achievements. We are a very different looking organisation than we were a year ago; in particular in terms of our outward face to others and our membership. The Board is to be congratulated for its decision to invest in a new website, from a new provider and deserves our thanks for all the hard work that this change entailed. Special thanks are due to Bryony Lamb who led this aspect of CAIPE's development and who, with Helena Low, continues to ensure its smooth running. Both these Board members have given huge amounts of personal time to make sure that CAIPE's main link with its members and potential members is up to date, useful and attractive. Thank you both.

The new website is vital now that CAIPE has achieved its aim to be a virtual organisation. This time last year we still had use of some part time office space at Health Sciences and Practice Subject Centre and my thanks go to Margaret Sills and her staff for accommodating CAIPE and so much of its office technology and paperwork during the transition to our present virtual state. Of course, years of paperwork are not easily sorted and the CAIPE archive now resides at Oxford Brookes University, so thank you, Ann Ewens for your help in organising the 'large cupboard' that now holds the archive. This is not simply a matter of papers being kept until we have volunteers to sort and shred; much that is there is a repository of valuable documents about interprofessional education. One task to be completed is to catalogue and permanently house the archive so that it can be used by interprofessional scholars in the future.

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Some of those scholars will I hope be CAIPE members. Our mid-year changes in membership categories have done much to encourage participation in CAIPE's activities by everyone. Melissa Owens and Dawn Forman, with Clare Stewart, our volunteer administrator have worked very hard to grow and develop the membership – thank you all very much. Our healthy level of corporate membership has played a large part in ensuring that CAIPE is in a stronger financial position than this time last year. There will be more on the financial situation late in the agenda so I will move on to other matters now.

The present three categories of membership mean that organisations and individuals together are CAIPE. For the first time, we have a membership category that encourages students to take an active role in the life and work of the organisation. I will return to the students later. I want to now remind you of the importance of the link between CAIPE membership and the subscription to the Journal of Interprofessional Care. It is a sign of CAIPE's status that this link is the strongest of its kind between that Journal and other interprofessional organisations. It has been a pleasure working with colleagues from Informa to establish a joint system for ensuring that our members have access to this key Journal. There is mutual benefit in this type of arrangement: the Journal reaches a wide audience and, in turn, many in that audience become the authors, reviewers and eventually may be editorial members of the Journal.

Our partnership with Informa means that CAIPE's corporate members have an attractive deal of access to the Journal and the opportunity to be part of the Corporate Forum as part of their membership package. The Corporate Forum has great potential and you will hear more about the plans for this shortly.

One of CAIPE's continued successes this year has been the E-Bulletin. As you know this is now published quarterly, electronically and is freely available. With every new edition I and other Board members receive messages about its value. CAIPE owes a great debt of gratitude to Siobhán Ni Mhaolrúnaigh and Eileen Huish for their extraordinary work editing the Bulletin. I hope some of you in this audience today are ready to help out in similar roles when the time comes. Importantly, please all of you, do remember that good editors depend on good copy.

This year has seen the beginning of bringing students fully into the CAIPE community of interprofessional practice. In partnership with Birmingham City University, we have founded the UK Interprofessional Students Network – you will hear more about this in details after lunch. For now I would like to thank the University for the human and financial resources it has pledged for this initiative. In particular, thank you to Beccy Freeman and Nic Gee for their work in organising meetings and the student section of the website. With that kind of support it was possible to have a UK interprofessional student led workshop at All Together Better Health 4, in Stockholm last month. This was a great success, showing how the student voice is central and vital to developments in interprofessional learning and teaching. It is wonderful to have two students on the newly elected CAIPE Board – a true reflection of CAIPE as a post modern organisation that seeks to involve stakeholders from all constituencies.

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Before I leave this look back at the past year I would like to remind you that CAIPE at aged 21 is the elder organisation of its kind internationally. One important step taken this year was an agreement with the Institute of Technology, Tralee (ITT), Ireland, to work with CAIPE to support an extension of UK CAIPE, namely CAIPE Ireland. I have had the pleasure of two visits to Tralee, meeting many education and practice staff who are enthusiastic about interprofessional education and collaborative practice. We can look forward to seeing and learning from interprofessional initiatives from Ireland in the future, many, I am sure, led by Siobhán Ni Mhaolrúnaigh and her colleagues. Similar regional organisations are either established or being thought about elsewhere and the International organisation, InterEd, will be debating its relationship to all these in the coming year. For those of you thinking about places to present your work in the future, note that All Together Better Health 5 is in Sydney in May 2010.

Those reflections have, I hope, given you a picture of CAIPE in its context for the last year. All those successes provide a firm foundation for the future. It is to the future that I would like to now turn; to briefly comment on what is needed from and by a UK interprofessional organisation or community of practice, and why this is important. My focus is on just two aspects; on scholarship and funding, so what I have to say is directed at both the intellectual and the practical. These are not the only aspects of the future that the new Board might turn their attention to: they are simply two that I feel able, and have time, to comment on today.

My preface is that I have no doubt of the need for an interprofessional community of practice. In other words something that creates and supports opportunities for debate and discourse in the topic, for learning about what others are doing, learning from them (after all no-one has time to reinvent wheels) and learning with each other to grow and take forward these collective *knowledges* about interprofessional education and collaborative practice. Presently, some of this work is being done through the medium of the ESRC funded seminars on evolving theory in interprofessional education and, of course, CAIPE members are part of that. Similarly, several CAIPE members are part of the WHO Interprofessional Education and Collaborative Practice Study Group – an important initiative for the international communities. It links developed and developing countries together to learn all together and to work together to achieve WHO Millennium Development Goals.

This type of work depends on engaged community of interprofessional education and service delivery practitioners and scholars; often, of course, these are one in the same person. Their experiences and expertise are vital to the interprofessional discourse, to the development of theory and to our increasing understanding of the practice of being interprofessional and being a collaborative practitioner. CAIPE has a role, more than that, it has a responsibility, to encourage the novice scholars, to ensure opportunities for their work to be in the public domain and for contributions to evidence informed decision making for practice and policy to be transferred and put to use by practitioners and policy makers.

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I was struck by the wealth of well reported, robust UK studies on posters at the All Together Better Health conference, 2008, and by the valuable findings they reported. In the UK we are no longer describing what we do on this topic, many, many colleagues are reporting research and evaluation studies with key contributions to the evidence needed to shape learning and teaching practice and policy in the future. Much of that work will be or is already published; it is worthy of being presented in keynote lectures and to being shared in seminars and workshops. CAIPE has a role in ensuring that this new generation of knowledge bearers is heard and acknowledged.

Much of the work I am thinking of in this respect also has findings that could be shared more widely than the usual disciplines and professions we are concerned with through CAIPE. Interprofessional education and collaborative practice is not only of importance in health and social care: it extends further to many other areas and services. I am not suggesting here that CAIPE has the answers for everyone; it is simply that our community is wider than, perhaps, we have previously acknowledged. We must continue to look at diverse and different arenas to inform our thinking on interprofessional education and collaborative practice and to also grow our influence on others. It is about learning together, about opening up and looking over our boundaries; taking an outward approach and circulating in a wider community of practice. I am suggesting that there is some truth about strength in numbers; and that the larger the membership base the greater the chance of sustainability and capacity for development. I would encourage the new Board to consider how this can be achieved, to look for ways that CAIPE can work with others for mutual benefit.

This brings me to my second and much more practical point: funding. You are all aware that CAIPE is a membership charity, presently funded only by member's fees. It is dependant upon the voluntary work of its Board, Treasurer and Administrator to carry out its key functions. Growth in membership is related to the capacity to sustain the services that fees pay for; capacity is related to willingness and time to provide services. This year the Board has taken a long hard look at this equation and sought to find the potential for strengthening all its aspects. The work to find the optimal place for CAIPE to continue its development continues. This probably does not need saying but CAIPE's members need to appreciate the time and energy Board members, and particularly the CAIPE leadership will need to bring this to a satisfactory conclusion. I know they have your support in this work and the new Board has my very best wishes as it takes CAIPE towards this next stage.

One insight that may assist their decision making has become very concrete in my mind as my two years as CAIPE Chair ends. Increasingly, interprofessional education, i.e. that arrangement of learning activities that enables us to learn about each other, from each other and to generate knowledge with each other (and please note my careful order of those phrases), increasingly, this sort of education is recognised as a means. As a means of learning to achieve the end, which is, simply put, working better together. It is difficult to make education appealing; even more difficult to ask for money for education for learners who have or are already

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appear to receive a good proportion of the public purse for their education. It is less difficult to construct an appealing argument for resources to support work to improve publicly funded human services. I would argue that this is a fruitful direction and one that needs the highest profile.

Of course, the appeal of anything is closely related to audience. Those of you here today know the strengths of the connections between interprofessional learning and service delivery enhancement. Project funders, statutory service budget holders find they often cannot see these. This is despite that fact that the evidence is growing and in places it has become or is becoming normative practice to support learning together as a way of assisting practitioners and agencies to work better together. It may be time for CAIPE to shift the lens away from education towards applications to practice and service delivery in a very public way. It certainly is time to look for funding to provide security for some of CAIPE's key functions. Possibly the two are linked?

So there are my two speculations. Firstly, that CAIPE should and must encourage scholarship amongst its members so that all UK work in interprofessional education and collaborative practice is recognised nationally and internationally. I believe that unique amongst our global colleagues we have a history of intellectual engagement with the topic: it is our responsibility to nurture the novices and ensure that history continues anew.

Secondly, CAIPE, and that includes me, all of you and all student members, individual members and staff working for corporate members, needs fiscal security. That may only be achieved by a d'avant-garde approach to the future, one that includes partnership and a re-tuning of its key characteristics; an appropriate task for an organisation that has now *come of age*.

My final task today is to say thank you and au revoir. Thank you to all of you for your support during my time as Chair, and especially thank you to the CAIPE Board. It truly has been a working together experience. I could not have done it without you, neither would I have enjoyed it half as much. As always it is people who make any organisation and I have had the privilege of leading a Board of wonderful people. Some have retired in the past two years, some remain on the new Board: to you all my thanks.

It can be invidious at a time like to single people out but I cannot leave today without acknowledging Hugh Barr, who as CAIPE President has been such a very good friend and advisor to me, Clare Stewart, whose efficiency and organisational skills still amaze me and Bryony Lamb and Dawn Forman, who between them have provided me with everything and more that Vice Chairs should provide. When you see the smooth running organisation that is the outside of CAIPE do remember that it is people like Bryony and Dawn who supply and support the ideology, do the hard work and step in when no-one else is around to do what needs to be done. Thank you both very much.

My very best wishes to the new Chair, those on the executive group and new Board as you take CAIPE from strength into strength in the future.

Marilyn

A Student's Experience of the 4th All Together Better Health Conference

By Norman Maciver (University of East Anglia Year 5 IPL Student)

Skål from Stockholm,

It was with great trepidation that I made my way to the Karolinska Institute conference venue for the 4th All Together Better Health conference – would I be able to withstand three days of debating the merits and challenges of the interprofessional experience.

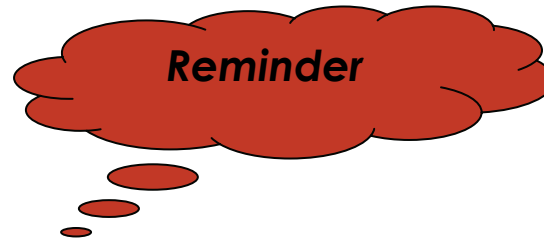
However, I was to find that my first ever conference was to be not only a great educational experience but also a culturally stimulating and fun filled three days. On the educational front we were able to learn about the various aspects of interprofessional working from countries as diverse as Iran, Japan, New Zealand and Lithuania. Additionally, the student experience was highlighted through the work of CAIPE via an excellent presentation from students at Derby, Leicester, Birmingham and Essex. The student viewpoint was also brought into sharp focus with workshop presentations from Australia, New Zealand and Canada that highlighted the many innovative means that interprofessional working is taught and sustained. Marion Jones from New Zealand filled us in on their Big Brother style venture where students from a range of health professions shared a house in a rural area and worked on various community projects within the locality. Additionally, we had the benefit of a range of excellent speakers who are too numerous to mention however a special mention in his final year as moderator of IPL must go to John Gilbert whose boundless enthusiasm and encouragement to all was truly inspirational.

Now we come to culture and Sweden showed us a veritable smörgåsbord of activities. The highlights being a mouth-watering buffet on day one and an opening ceremony which included a choir singing a medley of ABBA greatest hits. To get the full interprofessional flavour the choir then involved the audience by splitting us into groups of sopranos and tenors and leading us all in an Aretha Franklin number. On day two Stockholm Council afforded us the honour of a civic reception in the Nobel Hall which was truly breathtaking and was accompanied by a brilliant banquet meal. The generosity of the Stockholm Council touched us all and the buffet was followed by a cruise around some of Stockholm's waterways.

Now we come to day three where the citizens of Linköping bestowed on us great hospitality with a ceremony including some traditional Swedish folk singing and an excellent buffet. The extensive campus could have proved difficult to navigate but in a typically efficient yet relaxed manner Linköping had an innovative solution. All delegates joined a marching Jazz band which comprised musicians and dancers who were a cross between morris dancers and cheerleaders and added yet another enjoyable dimension to the day. The hard work and dedication of Sari, Tomas and Ester together with their enthusiastic team was remarkable and ensured that these were three days that all of us would hold dear and treasure.



Photos courtesy of Dr Maria Ponto Kingston University



Are you a research student with an interest in interprofessional education and practice?

Does your research dissertation or thesis cover aspects of professional collaboration?

If you are studying a for a Doctorate, MPhil or Masters by dissertation in the area of interprofessional education and practice then we would like to hear from you. We are looking to create a **National Research Student Network** in tandem with the National IPE Student Network currently under construction. This is an invitation to all research students and interested staff who would like to be part of developing and maintaining a vibrant research student network. The network will link researchers with one another as well as with other national and international IPE network groups. If you are interested in being involved in this network, or simply want to find out more, please contact Chris Green on cmgreeb@essex.ac.uk.

News
England

Embedding patient safety teaching in clinical placements for undergraduate healthcare students

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By Jane Metcalf for CETL4HealthNE

CETL4HealthNE is a HEFCE funded collaboration between all 5 Universities and several NHS organisations in NE England, aiming to develop excellence in healthcare education across the region. Patient safety is a key issue for education and healthcare providers, but thus far it has not been widely taught across undergraduate curricula. One project developed at North Tees and Hartlepool NHS Foundation Trust (NT&H) in conjunction with Newcastle and Teesside Universities was a 3 hour, interprofessional education session about patient safety. This was reported to ASME previously but has now been embedded within practice placements for all undergraduate healthcare students on placement during December within acute Trusts across Teesside and including pharmacy students from Sunderland University.

The aim of the project was to embed effective interprofessional learning about patient safety within clinical placement learning across Teesside. A patient safety session was developed, piloted, and evaluated through the CETL4HealthNE in 2005 at NT&H. This was developed further and retested in 2006 with the inclusion of pharmacy students from Sunderland University. In 2007 the project was rolled out to the other main acute Trust on Teesside, James Cook University Hospital and further evaluated following meetings with CETL representatives. Trusts developed their own training package but focussed on 2 areas: root case analysis and dealing with complaints.

A total of 208 students from 3 universities and 7 professional groups attended the training over 2 days across 3 hospital sites. Feedback from all student groups was very positive. JCUH used paid actors for role playing which was costly but effective. NT&H used the training packs derived from previous years, adapted for different professional groups which were also well received. Facilitators were drawn from experienced interprofessional educators already employed for undergraduate training across the Trusts.

Effective education and learning is deliverable within practice placements for a variety of healthcare students across different providers providing there is close collaboration and effective communication between organisations. Timetabling and equity of access were critical areas to overcome. The CETL4HealthNE provided a vehicle for both development and embedding of this critical training.

Scottish
News

Scottish IPE Special Interest Group Update– July 2008

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By **Dr Michael Gibson**, Interprofessional Education Research Fellow at The Robert Gordon University & University of Aberdeen.

(t.m.gibson@rgu.ac.uk)

The Scottish Interprofessional Education Special Interest Group (Scottish IPE SIG) has been established to run in parallel with the Higher Education Academy's IPE SIG south of the border and gives an opportunity to discuss innovations and current projects in the area of IPE in Scotland. It also provides an opportunity for Scottish, and indeed Northern English staff involved in the research, development and delivery of interprofessional teaching to meet, discuss and share ideas through workshops and presentations.

The most recent Scottish IPE SIG meeting was held on February 22nd 2008 at Napier University in Edinburgh. The morning of this event took the form of a workshop entitled "Enhancing graduate attributes in health care". This workshop was based on the QAA (Scotland) Research-Teaching Linkages Enhancement Theme and was led by Norrie Brown (Higher Education Academy) & Maggie Nicol (Queen Margaret University). Following this workshop there was an opportunity for delegates to share experiences of IPE and to discuss future developments for the Scottish IPE SIG, including themes and venues for forthcoming meetings.

The afternoon was dedicated to systematic reviews of educational research and was led by Professor Marilyn Hammick Chair of the UK Centre for the Advancement of Interprofessional Education (CAIPE). Professor Hammick provided an overview of CAIPE, its structure and function and then presented the key findings of "A Best Evidence Systematic Review of Interprofessional Education".

Further subsequent Scottish IPE SIG meetings have been planned for November 2008, February 2009 and November 2009 on a range of issues associated with interprofessional health and social care education in Scotland. Further information on the Scottish Interprofessional Education Special Interest Group, including details of forthcoming meetings and presentations from the past meetings are available on the group's dedicated website at: <http://www2.rgu.ac.uk/IPE/SIG/scot.htm>



CAIPE Ireland

By Dr Siobhán Ni Mhaolrúnaigh

EIPEN:

Since the last bulletin the Institute of Technology Tralee hosted the European Interprofessional Education Network (EIPEN) in May.



Workshops were developed with support from EIPEN partners from Szechenyi Istvan University in Hungary and King's College London in the UK, and the EIPEN coordinating team at the Academy Subject Centre for Health Sciences and Practice. Two workshops were held. One was tailored to meet the needs of academics interested in progressing interprofessional education and the second workshop was provided to enable two primary care teams evaluate how they work interprofessionally.

Appointment:

I am delighted to announce the appointment of Dr Claire O'Brien Lecturer in Medical Education at the local Kerry General Hospital who is willing to collaborate with CAIPE IRL. Congratulations Claire and I look forward to working with you in the near future.

Work in progress:

- CAIPE IRL is continuing to work with primary care teams to support them in their self -evaluation of team working, outcomes, effectiveness and future goals.
- Curriculum development.
- Activities promoting CAIPE nationally.
- Links with international colleagues and organisations.
- Development of student network links.

Later this year, a working group will be formed to progress IPE and collaborative practices at local and national level.

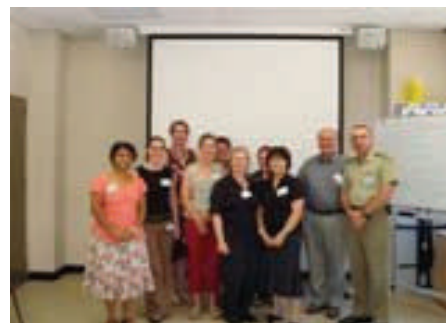
Slán go Foil

Interprofessional Working: Distance no barrier

By Helena Low

In March of this year, I had the enjoyable and exciting opportunity of working with a colleague on the other side of the world, in the planning and delivery of 2 one day workshops to health professionals in Canberra, Australia. It was a fascinating and inspiring process which involved almost a year of planning. Over this period a relationship of mutual respect, trust and support was forged via emails and teleconferencing and was cemented during the four days when we actually worked together.

It all started in April 2007, when I had an email discussion with Judy Stone, six months into her role as IPL Coordinator for Australian Capital Territory (ACT) Health, about the difficulties in establishing and sustaining a culture of interprofessional practice in health professionals and health service delivery. In Australia, although interprofessional education was being taken forward in universities at pre registration / pre qualifying level, there appeared to be fewer resources and ideas about how this could be translated into practice for health professional clinicians and clinical educators in a meaningful way. The lack of involvement and preparation of clinical staff meant that many were unsure how interprofessional learning and working applied to them in their everyday work and had still to be persuaded of the validity of this approach in practice. The importance of good facilitation of IPL was recognised but there was a shortage of facilitators.



Judy wished to establish a network of IPP trained leaders within ACT Health, but was looking for additional support in seeking out resources to prepare and sustain these leaders. There was a need for clinicians to fully understand interprofessional learning to appreciate its potential in helping them with their clinical practice; and the IPP leaders' expertise in facilitating this learning and way of working had to be further enhanced. The idea emerged of both of us developing and delivering workshops to these IPL leaders using a collaborative approach. This approach would be based on the exchange and sharing of our knowledge and expertise and benefit from my experience of delivering and facilitating CAIPE IPL workshops to health professional practitioners and educators from academia and in clinical practice, in the UK and overseas.

After the initial excitement and enthusiasm of a new idea, strengthened by a teleconference with Judy and Karen Murphy Allied Health Advisor, ACT Health, a long planning process followed. ACT Health had already embarked on a number of initiatives in interprofessional learning and working, as part of a collaborative research partnership with the University of New South Wales and other Australian universities. ACT Health quite rightly took a 'considered' approach.

Extensive planning was clearly needed for this education intervention and we had to be clear about format, aims, underpinning theory, structure, follow up, evaluation etc. The ACT Health IPL Steering Group wanted reassurance that this would be an effective and cost effective strategy. Judy wrote the proposal and argued her case for this transcontinental approach with contributing information from me. The workshops also had to fit in with the main IPL research project, – research fellows had to be appointed first and data collected in order to provide a baseline so that the workshops could be evaluated as part of the project in a meaningful way. Timing was also influenced by a holiday to Australia and New Zealand which my husband and I had already planned in March of this year. It made economic sense to combine the workshop with this visit.

Interprofessional Working - Distance no barrier

By Helena Low

During 2007 planning had been general, but in the New Year the planning became focused and concentrated on the specific context, detailed objectives, content, interactive learning strategies, structure and so on.

Emails zipped back and forth and despite the time difference there were occasions when we were both on line at the same time, one or other of us working late into the night. Drafts of letters, profile forms, aims and objectives, programmes, teaching tools, case studies and evaluation forms to name but a few, were passed from one to the other electronically and amended and refined to the - nth degree.

We learned a lot from each other, about each other and with each other, clarifying and agreeing our understanding of terminology and concepts, explaining differences, each putting forward her rationale for something but accepting modifications and amendments as necessary. We were able also to support each other when the going got a bit tough. I learned an enormous amount about health care services in Australia and we both worked hard to ensure that the workshops took account of the national and local context and were relevant to the needs of those attending.

The day before the first workshop we met for the first time, but it felt to me as if we were colleagues of long standing. We worked late, finalising the content of workshop packs, and checking, amending and making final decisions about a range of issues.

The workshops went well and contained a strong element of enjoyment, fun and social interaction; one had slightly more of an education focus than the other, but at each there were some educators from a range of universities, although the majority of participants were health professionals in practice. All participants contributed enthusiastically, and both days were well evaluated, particularly those elements which highlighted the human behavioural factors which impact on the way in which people work together, regardless of policy or organisational direction.

A debriefing session after the two workshops enabled us to think about the significant elements of the workshops, the follow up and the planned evaluation. It also allowed us to reflect upon the process as a whole. We agreed that we had both benefited enormously from the experience which had demonstrated that it is possible to develop a supportive, positive working relationship, built on mutual respect and trust, at a distance. We had also shown that it was possible to plan and deliver an effective education intervention using a partnership and collaborative approach, despite being on opposite sides of the world. It was fun and distance was no barrier for us. Early on in the process Judy wrote that we aimed to 'model excellent collaboration and communication in true IP style' and I think we did.

Judy Stone's article in this edition of the Bulletin gives more detail, but a full report will be completed by us after follow up and longer term evaluation of the impact of the workshops on individual practice and service delivery.

Helena Low

CAIPE Board and Executive Group member

Independent Consultant in IPE

Interprofessional Working, Distance No Barrier

By Judy Stone

In October 2006, the Australian Capital Territory regional health service (ACT Health) employed me to fill a brand new post of Interprofessional Learning (IPL) Coordinator. As far as I know I am one of two health professionals employed by a health service to roll out an interprofessional working culture across a public health system. In Australia all other Interprofessional Coordinators are employed by universities and their main focus is on undergraduate health professional education. ACT Health and the Launceston General Hospital in Tasmania are the two health services with the foresight to invest in a nominated driver of IPL for the workplace setting.



Finding one's niche within an established system on stepping into a new role is never easy, but IPL is such a diverse and far-reaching philosophy that setting clear objectives and key performance indicators is complex. As a principle guide I keep coming back to the needs of patients and clients and the needs of the hard working health professionals who strive to provide quality, compassionate health care every day. I reach out into areas such as governance, patient safety & quality, clinical education, process problem solving, mentoring and research with an ever constant analysis of whether my intervention will improve the patient experience of health care and/or improve the moral and satisfaction of the health professionals I reach.

ACT Health has established a collaborative research partnership with the Centre for Clinical Governance Research at the University of New South Wales, and other Universities around Australia. This partnership is conducting an action research project using IPL as a basis for improving interprofessional working (IPW). We are attempting to produce a culture change in the way health professionals work together and deliver health services. The research is covering tertiary health education, continuing professional development for working health professionals, health professional regulation and the infrastructure of ACT Health. The research will span four years of the project, but ACT Health will continue to sustain the culture changes which have been evaluated as improving the patient experience and health professional satisfaction.

One of my many objectives is to educate health professionals in the meaning and implications of IPW. They are more than willing to agree with the principles of IPW but are often asking for clues as to how to make their practice more interprofessional in a day-to-day context. As Australia is somewhat behind the UK in terms of establishing experienced IPW tutors it seemed logical to reach across to the Northern Hemisphere to gain these clues. Electronic communication came into its own as Helena Low and I worked from opposite sides of the globe to produce two workshops aimed at putting IPW within the reach of ACT Health workers.

Thirty six health professionals attended the two workshops on 13th and 14th March 2008. The workshops were aimed at creating leaders and champions for IPL within the ACT Health workforce. We aimed to equip participants with knowledge, ideas and support for making changes within their working environment to increase IPW. There was high nursing and midwifery representation, many allied health professionals, some tertiary sector interest but only one doctor who stayed for part of one workshop. Engaging the medical fraternity in IPW has proved more challenging than other health professionals and I still haven't answered the question of why this should be to my satisfaction.

Interprofessional Working, Distance No Barrier

continued

Judy Stone

Feedback from these workshops proved that the aims had been fulfilled in terms of improving IPW levels of knowledge, successful networking and the sense that these participants could now role model some of the principles of IPW. Participants regretted the lack of medical involvement as there was a strong sense of someone missing from discussions. Over twenty IPW initiatives were thought through and planned at these workshops. Of these twenty, at least ten have moved forward to produce significant change. For example: a peri operative orthopaedic department have run several interprofessional education sessions for mixed groups of health professional students on total hip and knee replacements, a supportive network of clinical educators has been established, liaison between a local GP practice (in Australia GP practices tend to be siloed from public health because they are run as separate private businesses) and community health service has been initiated through facilitated case discussions, IPL sessions within a hospital maternity department have been evaluated and presented at an international midwifery congress, and an IPL paediatric induction pathway is being implemented to ensure all health professionals are up to speed and integrated into an acute paediatric health care setting. All these IPL initiatives, and more, are directly aimed at improving patient safety and quality through shared learning and excellent communication.

IPL workshops will form an important part of my role in sustaining culture change within ACT Health. Future plans are for a series of three IPL workshops covering practice, research and education which will be regularly offered to all health professionals, both public and private, within ACT. In order to provide incentive for participation in these workshops tertiary links are being utilised to accredit and assess achievements. A set of competencies will be based on existing professional competencies combined with specific IPL competencies drawn from the literature and experience.

Last but not least the enjoyment factor associated with these workshops cannot be dismissed as insignificant. If health professionals realise that IPW is fun, making daily tasks easier and more interactive, they will be further convinced of the need to make IPW part of their individual philosophy. These particular workshops were enjoyed hugely by busy health professionals who rarely allow themselves the luxury of stepping back from intense service delivery to view all the friendly faces around them and think collaboratively about how they can make life easier for themselves.

Judy Stone

IPL Coordinator for ACT Health

<http://www.health.act.gov.au/IPL>

judy.stone@act.gov.au

University of Queensland Health Care Team Challenge: Doing IPE Down Under

By Emma Poulsen Project Officer and Monica Moran Project Manager
Faculty of Health Sciences University of Queensland.



The Winning Team 2008

The University of Queensland (UQ) in Brisbane, Australia is forging a new path for interprofessional education innovations having just hosted its second Health Care Team Challenge (UQHCTC) in May this year. The event started out as a local in-house initiative that has since attracted national and international interest. Seven Australian universities sent delegates to the Brisbane HCTC and a post-event consultation meeting to assess the feasibility of participating in a national program. The UQHCTC project team is now actively engaged in the planning of a national event in 2009. Negotiations are also underway with universities in Canada, Thailand and Singapore who have expressed early interest in participating. Currently UQ is also accepting expressions of interest from both Australian and International Universities to become involved in future events via their website.

The UQHCTC is an extra-curricular team activity that aims at fostering collaboration between students from across the health professions and is inspired by a similar long established event at the University of British Columbia. The UQ project team is comprised of Monica Moran, Rosalie Boyce, Lisa Nissen and Emma Poulsen from the Faculty of Health Sciences. Ms Moran explained that "the prime focus of the HCTC model is to provide an authentic interprofessional learning activity that challenges and motivates students to work together in interprofessional teams". Students spend 3 weeks working together on a complex clinical case study modelled on the real life experiences of an expert patient. The culmination of the activity is a public competition between interprofessional student teams where they present their therapeutic care plans to a panel of expert judges including the patient.

This year students representing the professions of Audiology, Dentistry, Exercise Physiology, Medicine, Nursing, Occupational Therapy, Pharmacy, Physiotherapy and Speech Pathology participated. Dr Rosalie Boyce highlighted that the event was "specifically designed to use managed competition as a pathway to collaboration and interprofessional learning".

The 2008 UQHCTC attracted in excess of 300 enthusiastic guests comprising students, academics, industry professionals, community practitioners, family, friends and the Queensland Minister of Health. Audience feedback indicated that they found the HCTC demonstrated the importance of interprofessional collaboration, and highlighted the complementary roles of different healthcare professionals. There was also overwhelming audience support for a national inter-university competition and an international event, providing further motivation to get the national competition up and running in 2009. A short video describing the UQHCTC and the student experience of participating in this model of interprofessional learning is available on YouTube at the following link:



A presenting team 2008 event

Student reflections of the HCTC

<http://www.youtube.com/v/tooDdfgwKik> <<https://exchange.uq.edu.au/exchweb/bin/redir.asp?URL=http://www.youtube.com/v/tooDdfgwKik>>

For more information and contact details please visit the HCTC website:

<http://www.uq.edu.au/health/health-care-team-challenge> <<http://www.uq.edu.au/health/health-care-team-challenge>>

Learning and Teaching for Interprofessional Practice (Australia) project, L-TIPP (Aus)

By Cheryl Bell

WHO ARE WE, AND WHAT IS THE PROJECT?

We are a team of university academics and health service practitioners based at the University of Sydney and the University of Technology Sydney. The project is led by Alison Lee, Professor at the Centre for Research in Learning and Change, University of Technology, Sydney, and Jill Thistlethwaite, Associate Professor of medical education at the University of Sydney and Director, Research & Teaching in the Office of Postgraduate Medical Education. We have also established an advisory Reference Group with thirteen national and five international consultants with expertise in the field.

We have received funding from the Australian Learning and Teaching Council to: *“significantly increase the capacity of the Australian higher education sector to graduate health professionals who have acquired well developed interprofessional learning (IPL) and interprofessional practice (IPP) capabilities.”*

WHAT ARE WE PLANNING TO DO?

We have five project goals:

- To establish an Australian development and research agenda for interprofessional education (IPE) and learning (IPL). This agenda will be developed as a result of extensive consultation with and input from all relevant Australian higher education and health sector organizations and practitioners.
- To develop a national approach to the further development of the interprofessional education curriculum for health professional students within the higher education sector. We are particularly interested in the idea of interprofessional practice graduate attributes.
- To describe what’s happening in terms of health professional IPE across the Australian higher education sector. We are interested in identify existing and emerging activity, future plans, key issues and questions.
- To contribute to the further development of a community or network of academics, health practitioners, health service managers, policy analysts – in fact, anyone - who has an interest in the further development of IPE in the Australian and New Zealand higher education and health service contexts. (Whilst the project is funded to focus primarily on the Australian context, we have already engaged with New Zealand stakeholders who are interested in developing an Australian/New Zealand perspective.)
- To develop a web based information exchange and communication clearing house for those interested in the development of interprofessional education, learning and practice within the Australian and New Zealand contexts. The recently formed Australasian Interprofessional Practice and Education Network (AIPPEN) will take the lead in this development.

The initial life of the project is 18 months – October 2007 to March/April 2009

Learning and Teaching for Interprofessional Practice (Australia) project, L-TIPP (Aus)

WHAT'S OUR APPROACH?

Whilst we have established a project structure and process – a management team, project manager and national/international reference group and implementation plan – every aspect of our work will involve extensive stakeholder engagement and participation. We aim to facilitate a national and inclusive discussion.

HOW WILL THE PROJECT ASSIST THE DEVELOPMENT OF AUSTRALIAN IPE?

The project, through its consultative process and its outputs, will develop:

- Descriptions of Australian IPE activity
- A national development and research agenda
- Discussion papers on key issues, challenges, resources, and,
- A web based information exchange/communication clearing house
- Stronger linkages between individuals, groups and institutions interested in the development of Interprofessional Education/IPL/IPP

HOW DO I OBTAIN MORE INFORMATION AND/OR GET INVOLVED?

There are many ways that you can become involved. For instance you may be interested to:

- Receive regular updates and newsletters about the progress of the project
- Provide comments to assist with the development of IPE key issues discussion papers
- Attend focus groups, workshops and a conference addressing A & NZ IPE issues
- Become a member of one of our IPE key issue networks or working groups.

To register your interest, to request further information, or to discuss any aspect of the project, please contact Cheryl Bell, the L-TIPP (Aus) Project manager on:

Telephone +61 2 9514 4476 or
 +61 4 2119 6900 (Cell)

Email cheryl.bell@uts.edu.au;

Website www.education.uts.edu.au/research2/ltipp.html

Interprofessional Education: CAIPE's partnership and links with Japan

By Helena Low

Readers of the Bulletin over the past 5 years will have noted the articles about Japan appearing with increasing frequency; accounts of visits of groups of Professors from Japan to CAIPE and a range of universities and their participation in CAIPE conferences. There have been reports by CAIPE staff and Board members of their visits to Japan to present at conferences and facilitate workshops; and there have been articles written by Japanese academics about how their professions work in IPE, and describing their IPE initiatives.

5 years after the first email from Saitama Prefectural University in 2003 expressing interest in CAIPE and IPE, the number of universities in Japan committed to taking forward IPE has so increased that there is now an intention to set up an association or network to further support collaboration between them. This seemed to me to be an appropriate time to provide an overview of CAIPE's involvement in the promotion, dissemination and development of IPE in Japan.

From that first contact with Saitama Prefectural University, ongoing email communications led to regular visits by groups of academic and clinical staff from a range of health and social work professions, in February/ March and September of each year during 2004 – 2007. CAIPE was the first point of contact, and all visitors wanted to meet CAIPE staff, to hear about CAIPE's work and to share with us what they were doing. For them, this always seemed to be an important element of the visit. CAIPE arranged and coordinated the visits, but the real success and the benefit and value of the experiences for the visitors was due to the generosity of time and hospitality given by the universities and staff who received them.

Saitama began the visits but they were soon joined by academics and practitioners from Chiba University and then last year by groups from other universities, such as Tokyo Metropolitan, Niigata and Jikei Universities. All were committed to taking forward IPE and were keen to observe, learn, share their experiences and exchange ideas and were represented by very senior staff as well as those at the 'sharp end' of IPE and included a number of practitioners. A number of universities in this country hosted visits and shared their approaches and models of interprofessional education. Japanese colleagues have been able to experience the student IPE conference at the University of the West of England; to go out into the community with students at Leicester University, meet with staff at Southampton, Bournemouth and Oxford Brookes universities and members of the PIPE project team. They have been able to 'sit in' on IPE curriculum / course committee meetings, teaching sessions at King's College London and University of East Anglia, have discussions with staff at St George's Medical School and Kingston University, and visit the Centre for Interprofessional e Learning at Coventry University. The HEA, Health Sciences and Practice Subject Centre at KCL have also hosted meetings and shared information about the European Interprofessional Education Network (EIPEN).

As well as the group visits, individual academics / researchers have come to CAIPE, from other universities, having made contact during one of the number of conferences in Japan where CAIPE staff and Board members had participated. These have included a lecturer / researcher from Komazawa Women's University Tokyo who was looking at psychologists' training programs that focus on collaboration between psychologists and other professions, especially in medical settings; an academic from the Kanagawa Institute of Technology whose interprofessional education project involved engineering and IT students working together in the community to provide better facilities for the disabled; and a professor from Tsukuba University who attended a CAIPE workshop earlier this year.

Our colleagues from Japan have also participated at CAIPE conferences such as the Changing Culture conference in London (2004), the PIPE conference in Oxford (2006), as well as presenting posters at the EIPEN conference in Krakow in 2007.



Interprofessional Education: CAIPE's partnership and links with Japan continued

But the travel has not just been one way, and many of us who have been involved in the visits in this country have been invited to Japan. I have been fortunate to have had the opportunity to be a key presenter at conferences and facilitate staff development workshops at Saitama Prefectural University with Barbara Clague (2005) and with Geoff Meads and Graham Ixer from the GSCC (2006); at Kobe University with Jenny Weinstein and Tony Leiba from London South Bank University (2007); and at Chiba University with Elizabeth Anderson from Leicester and Jayne Slonina from King's College in March 2008. Elizabeth Anderson and Angela Lennox went to Saitama and Chiba in 2006; Susanne Lindqvist made an informal visit to Niigata in 2007 and Hugh Barr visited Niigata and Tokyo Metropolitan Universities in April of this year as a conference keynote speaker. Hugh could really be said to have set the precedent of links with Japan as he and John Gilbert had visited Kobe University in 2001. All of us who have been fortunate to visit Japan have returned with memories of wonderful hospitality, friendship, goodwill and new learning.

During all these exchanges, much has been shared and much learned from, with and about each other. The Japanese have moved forward at what seems to be a rapid pace to those of us in the UK who have been labouring for years to take forward IPE. However, what is clear is that they have taken a considered and thoughtful approach. Initiatives, however small, are extremely well planned and the detail of the preparation is impressive. Openness to new ideas and a willingness to try different ways of doing things, supported by a constant drive for improvement, reflected in the emphasis on evaluation, ongoing research and quality, have also been features of their interprofessional education. This approach has been made possible by national and local government funding which have supported their initiatives. As in the UK, they have had to work within constraints and faced similar challenges and now as well, the issue of sustainability is one that they have to address.



The Japanese have not only looked to the UK for models and approaches to IPE, and people and organisations other than CAIPE have no doubt contributed to their thinking and initiatives. However, I think CAIPE and its members have been a significant element in the development of IPE across Japan, and at the same time have learned much from the Japanese approach. In reflecting on this, I have come to realise that the exchange of ideas and experiences and the accompanying very important social interactions have given rise to a real interprofessional community. The charting of the events of the past 5 years has shown that a strong collaborative relationship can be developed between people and organisations on opposite sides of the world, with different education and health and social care systems and very different cultures. The partnership has been informal and gradual, but no less effective for that.

Helena Low

CAIPE Board member

Independent Consultant in IPE

News

Japan

CAIPE

CENTRE FOR THE ADVANCEMENT OF INTERPROFESSIONAL EDUCATION

Developing Interprofessional Education with the Assistance of CAIPE

By Midori Shimazaki, Kazunori Kayaba, Masaya Asahi, Mariko Otsuka and Toshitami Arai

Saitama Prefectural University

Saitama, Japan

Saitama Prefectural University (SPU) aims to turn its students into high-quality health and social care professionals who have understood the need for working in cooperation with professionals in other disciplines and are competent in working with them. SPU offers interprofessional experiences to the students in order to accomplish its aims. Based on the principles of interprofessional education (IPE), SPU has created an educational framework for achieving collaborative and integrated health and social care services. The university provides opportunities for students to learn from, with, and about each other beyond the boundaries of their departments and disciplines. In 2005, SPU was selected as one of the universities which are provided with the national government's grant in the Support Program for Distinctive University Education.

SPU first contacted the UK Centre for the Advancement of Interprofessional Education (CAIPE) in 2003 and later became a member of CAIPE. SPU faculty members have paid the visits organised by CAIPE to a number of UK universities over the years, to observe and discuss how they have developed IPE, and to share experiences and exchange ideas. SPU has annually hosted an IPE Conference since 2005 with the assistance of CAIPE. Barbara Clague and Helena Low presented at the first conference and invited presenters from CAIPE have contributed each year since. Thanks to this support, the IPE Conference has been successful with participants all over Japan.

SPU has included interprofessional work in practice placements for seven years. In 2007, it had interprofessional work practice for third-year and fourth-year students in ten local facilities. 43 students in ten groups studied at hospitals, social welfare institutions and comprehensive local support centres aiming to make a support plan for a patient or a client through interviews and discussion. As a result, the students indicated statistically higher self-evaluation after the experience of interprofessional work than the self-evaluation before it. In particular, they showed marked differences in understanding needs for collaboration and co-work and understanding their discipline and the fields shared with other disciplines.

SPU has held training programs for local facilitators and university teachers, which will be further developed in 2008.

The university intends to keep promoting interprofessional education and facilitating interprofessional work in community as one of the IPE pioneers in Japan.

Update by:**Andrea Burton CIHC Communications Director and Brenda Sawatzky-Girling Managing Director**

Canada's hub for interprofessional education and collaboration, the Canadian Interprofessional Health Collaborative (CIHC), has been working hard to advance IP and IPC across the country, with a string of initiatives and projects designed to broaden the knowledge base of health providers and administrators. Some of the key work underway includes:

- Building an electronic library which will house documents related to interprofessional education and collaboration in Canada.
 - * The library will be searchable by a number of key metatags, and will provide users with the ability to upload new research or retrieve key documents to enable their own work. View the CIHC's resources at www.cihc.ca
- Development of a Knowledge Exchange Framework that will clarify the work that has been done to advance interprofessional education and collaborative patient-centred care, to date.
 - * The Framework will initiate a common frame of reference; broaden thinking about knowledge exchange; and clarify the role of the CIHC within Canada.
- Completion of an interactive version of the work entitled Interprofessional Education For Collaborative Patient-Centred Practice: An Evolving Framework (D'Amour and Oandasan 2005).

The CIHC continues to grow in membership and influence, as interprofessional education and collaborative patient-centred care continue to gain support at all levels of government. The CIHC is positioned as the major body of expertise for IP in Canada and will continue to play a leading role in the advancement of IP going forward.

International members are welcome to join at no charge www.cihc.ca <<http://www.cihc.ca>>

Another Canadian website is:

Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) Focus is a newsletter produced by the Centre for Collaborative Health Professional Education (CCHPE) Memorial University of Newfoundland, Canada. Editions of IECPCP Focus can be viewed online at <http://www.med.mun.ca/cchpe/newsletters.asp> in pdf format.

European
News

European Interprofessional Education Network

www.eipen.org

CAIPE
CENTRE FOR THE ADVANCEMENT OF INTERPROFESSIONAL EDUCATION

By Dr Marion Helme

EIPEN was set up in 2004-5 by the Higher Education Academy Subject Centres and King's College London, with partners in six EU countries - UK, Finland, Greece, Hungary, Poland, Sweden, and was awarded two years of funding from the Leonardo da Vinci Programme to develop a transnational network to promote good practice in interprofessional education.



This work culminated in the first international EIPEN conference in Krakow in September 2007. The conference included a presentation of achievements by all EIPEN partners. We are especially proud of the developments in interprofessional education in the last two years by partners in Poland and Hungary despite the structural and systemic constraints and we expect evaluation of this work to add to knowledge about IPE.

There is a strong need for a European IPE Network to share experience and promote good practice in interprofessional learning. The Bologna Process, which aims to create a European Higher Education Area (EHEA) by 2010, is already having an impact, with some interprofessional training courses in Finland, Sweden, Norway and the UK being awarded credits under the European Credit Transfer and Accumulation System. The Copenhagen Declaration 2002 recognised the major contribution of enhanced cooperation in vocational education and training towards ensuring successful enlargement of the EU. Students need to be prepared to work within the emerging "pan-European model [of health care] that focuses on patient and staff mobility and transferability, with an emphasis on international collaboration, cooperation and integration when planning and evaluating care"¹.

In 2008 we received further funding from the EU Erasmus programme for 'accompanying measures' including extending the network with university partners in Ireland, Belgium and Slovenia, a research project and a programme of events for dissemination and focus on quality assurance. CAIPE is an associate partner in EIPEN and Professor Hugh Barr is on the EIPEN Steering Group.

Information about events, reports and presentations, including those at the EIPEN conference, can be accessed on the EIPEN website www.eipen.org by registered users. Registration requires only email and user name. It is simple and free.

Activities in 2008 have included:

- Steering Group meeting for all partners in London
- National conference in Poland for Public Health Faculties and Departments
- Conference at University of Cardiff on 'interprofessional learning environments' 'Think tank' for invited participants with EIPEN steering group members at King's College London),
- Workshop at the Institute of Technology Tralee, Ireland (for lecturers at the Institute of Technology Tralee and practice based educators from the health care provider partnerships, with presentations from Szechenyi Istvan University in Hungary and King's College London)
- EIPEN workshop on QA in IPE at the All Together Better Health conference in Stockholm.

¹Tope, Rosie and Thomas, Eiddwen (2007) *Health and Social Care Policy and the Interprofessional Agenda: First Supplement to the Creating an Interprofessional Workforce: an Education and Training Framework for Health and Social Care in England 2007* p 6 <http://eipen.org/images/stories/CIPWlatest/health%20and%20social%20care%20policy%20and%20the%20interprofessional%20agenda%20-%20the%20firstsupplement%20to%20creating%20an%20interprofessional%20workforce.pdf> accessed 20 June 2008.

EIPEN

European Interprofessional Education Network

www.eipen.org

CAIPE

CENTRE FOR THE ADVANCEMENT OF INTERPROFESSIONAL EDUCATION

The research project, which will include an inquiry into the implications of EU policies for developing mechanisms for quality assurance of interprofessional education and a sample survey of partner practice, will be undertaken by the University of Gent. Workshops in Finland, Hungary, Belgium and Slovenia will follow in September-October 2008, with a further UK workshop on quality assuring interprofessional education in York in September and a final Steering Group meeting in Slovenia. We will also be publishing a selection of case studies from partner countries. This phase of work will be concluded in January 2009.



Steering Group in Krakow

Within the context of health and social care education EIPEN is a very diverse partnership; it has been challenging for us to work together from our different professional, educational and cultural perspectives and languages, including, for example, at least two languages (Finnish and Hungarian) where the same term is used for 'inter' and 'multi'. In the last three years EIPEN has shifted from an opportunistic collection of organisations and people towards becoming a community of practice. This process has been helped through our recognition of the place of EIPEN in the history of national and international associations and networks to promote interprofessional education, such as CAIPE and EMPE and our alignment with the new wave of organisations, including InterEd and the Australasian Interprofessional Education Network, and developments in Japan and North America. For the sustainability of EIPEN we are extending the network to include many more European countries in future activities and linking with other related European organisations and networks, including discussion about joint conferences.

Please contact the EIPEN coordinating team for further information and if you would like an invitation to the UK workshop in September on eipen@kcl.ac.uk

Marion Helme Project Manager marion.helme@kcl.ac.uk

Nikos Skizas Project Officer nikos.skias@kcl.ac.uk

Higher Education Academy Health Sciences and Practice

Subject Centre

King's College London

3-12 Waterloo Bridge Wing, Franklin-Wilkins Building

150 Stamford Street,

London SE1 9NH

UK



Marion and Nikos in Oulu, Finland

By Associate Professor Jill Thistlethwaite, President of InterEd, University of Sydney

In a very warm Stockholm in June, at the All Together Better Health 4 conference, the second general meeting of InterEd (the International Association for Interprofessional Education and Collaborative Practice) was held. I was honoured to be elected president, following in the footsteps of John Gilbert, one of the association's founders and international expert on interprofessional education.

InterEd was conceived as a response to the expressed need of exponents of interprofessional education and collaborative practice worldwide for a collective voice and a forum for mutual exchange. At present the interest is great and the membership is growing. Its aims include the promotion and advancement of scholarship, while informing policy in IPE and collaborative practice internationally in partnership with patients, colleagues, communities and other organizations such as CAIPE. The official journal of the association is the *Journal of Interprofessional Care*.

The biennial All Together Better Health (ATBH) conference is one of the public faces of the association. The 2008 conference attracted over 400 delegates to Sweden and was a great success in terms of networking, and promoting and advertising IPE and practice. The diversity of the workshops and the visit to Linköping University were highlights of the week, as was the warm welcome from the hosts at the Karolinska Institute. ATBH 5 will be held in Sydney, Australia, in April/May 2010 and we hope that to attract more participants from developing countries, particularly the Asia-Pacific region.

Members of InterEd were invited to convene a World Health Organisation study group, which met in Stockholm to discuss progress. The WHO continues to look at ways of tackling the global health workforce challenge and this study group is conducting an international environment scan and an assessment of the current state of research in relation to IPE and collaborative practice¹. The membership consists of 25 education, practice and policy experts from every region worldwide. The initial report will be published later this year.

The InterEd website is at: <http://www.interedhealth.org/site/>

Currently the site is a little out of date but this will be remedied soon as the association will become more robust as membership rises. I encourage you to join via the website – members are eligible for reduced registration fees for ATBH 5.

Interprofessional education and practice are gaining momentum and the need for informed debate is pressing to enhance the movement and its relevance for the 21st century.

¹Yan J, Gilbert JHV, Hoffman SJ. WHO study group on interprofessional education and collaborative practice. Available at : www.who.int/hrh/nursing_midwifery/hrh_nursing_JIC_announcement.pdf [Accessed 1/7/08]

CAIPE Membership

Membership of CAIPE is open to individuals, full time students and organisations.

Members of CAIPE are committed to:

- Work collaboratively to advance interprofessional education and practice to improve the health and wellbeing of individuals, families and communities;
- Advise, assist and support fellow members and others active in such interprofessional endeavours;
- Work in a way that advances knowledge of interprofessionality and its application in practice;
- Support and disseminate the work of CAIPE and related work through diverse media.

Annual membership fees are payable in British Pounds only.

Our preferred payment method is a Standing Order to our bank: cheques and transfer by BACS also accepted.

Individual membership: £88 per annum

Each individual member:

- Receives via email the CAIPE E-Bulletin with news about interprofessional activities, innovations and developments;
- Has electronic access to current and back copies of the Journal of Interprofessional Care;
- Plays an active part in CAIPE's governance, with full voting rights at the Annual General Meeting and opportunities to nominate and accept nomination to serve on its Board;
- Participates in the formulation of CAIPE's policies and priorities;
- Contributes expertise, experience and opinions when CAIPE makes representations to government, professional institutions and others on interprofessional education and practice;
- Has access to sections of the CAIPE website dedicated to exchange between CAIPE members;
- Is notified regularly about interprofessional events in the UK and other countries through the CAIPE diary of events;
- Enjoys priority booking and a discount of 10% when registering for such CAIPE events.

CAIPE Membership

Student membership: £5 for the duration of their course

To qualify for this you must be registered as a full time student at an Institute of Further and Higher Education. Please also note that this fee does not include electronic access to current and back copies of the Journal of Interprofessional Care.

Corporate membership: £1,485 per annum

Membership in this category entitles organisations and institutions to the right to cast one vote at CAIPE's Annual General Meeting and opportunities to nominate and accept nomination for one member of staff to serve on the CAIPE Board. Corporate member's staff have access to all those services listed for individual members, with the exception of individual copies of the Journal of Interprofessional Care. Corporate members will:-

- Receive two hard copies of the Journal of Interprofessional Care plus on line access to the Journal for all staff at a discounted rate shown in the following table. The 15% discount on the full institutional subscription rate is guaranteed for 2008-10. It is only available through direct payment to CAIPE and not via a subscription agent;

JIC Institutional Online Only Rates 2008			
Currency	Full institutional	CAIPE	Discount
GBP	£808	£685	-15%
EUR	€ 1,136	€ 965	-15%
USD	\$1,420	\$1,205	-15%

- Have representation on the CAIPE Corporate Network Forum: a corporate level community of practice, with the opportunity to be involved in developing CAIPE's future strategies and representations to government;
- Be entitled to priority booking and a 10% discount for staff at CAIPE events;
- Have a nominated CAIPE Board member as its link person for queries about services and their involvement in CAIPE.

The Corporate Forum will take place annually, most usually on the same date as the AGM.

Application forms for membership can be found on the following pages of this issue.



CAIPE Membership Form



CORPORATE MEMBERSHIP APPLICATION FORM

FEE £1,485

Corporation Name _____

ADDRESS _____

_____ POST CODE _____

TEL _____ FAX _____

CONTACT PERSON NAME & EMAIL _____

NB All communications with CAIPE and hard copies of the Journal of Interprofessional Care will be through the named contact person using the address given above.

On receipt of this form an invoice for payment of the fee (in British Pounds only) will be sent to the contact person. Please send this form to:

CAIPE

**c/o Health Sciences and Practice Subject Centre
Higher Education Academy
3.12 Waterloo Bridge Wing, Franklin Wilkins Building
King's College, 150 Stamford Street
London
SE1 9NH
UK**

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Registered Charity No. 1065062



CAIPE Membership Form



INDIVIDUAL MEMBERSHIP APPLICATION FORM

FEE £88

NAME _____

JOB TITLE _____

ORGANISATION _____

ADDRESS _____

_____ POST CODE _____

TEL _____ FAX _____

CONTACT PERSON NAME & EMAIL _____

(NB: This is the address that your e-copy of the Journal of Interprofessional Care will be linked to)

Annual membership fees (in British Pounds only) are collected by cheque payable to CAIPE. Please send your form and payment to:

CAIPE
c/o Health Sciences and Practice Subject Centre
Higher Education Academy
3.12 Waterloo Bridge Wing, Franklin Wilkins Building
King's College, 150 Stamford Street
London
SE1 9NH
UK

A Company Limited by Guarantee
Registered Office as above

Registered in England No. 3409412
Registered Charity No. 1065062



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.

First name.....

Surname.....

Address.....

Postcode.....

Email.....

Telephone.....

I wish all donations I've made since 6 April 2000 and all donations in the future to be Gift Aid until I notify you otherwise.

Please sign

Date.....

Please remember to notify us if your circumstances change. You must pay Income Tax and /or Capital Gains Tax equal to the tax the charity reclaims on your donation in the tax year.

The Administrator

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



Donations to CAIPE



Please also remember to complete the Gift Aid Form.

I would like to give a one off donation of £25.... /£50... /£100.... /another sum please state.....

Please make cheques payable to CAIPE and send to the CAIPE address below.

I would like to give a monthly donation by Direct Debit (or STO) of £ 10 ...£25.... /£50... another sum please state..... (please complete and return the attached form to The Administrator at the address below)

CAIPE - Centre for the Advancement of Interprofessional Education

(Please indicated by ticking, deleting or completing the information requested)

I WISH TO MAKE A DONATION BY DIRECT DEBIT OF:

£.....monthly/annually

Commencing.....200.....

Please complete the mandate below

Instructions to your Bank or Building Society to pay Direct Debit

Please send this completed Instruction to:

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

Lloyds TSB Sort code: 30-94-57, Account No 1796093

Name and address of account holder(s)

Mr/Mrs/Miss/Ms/Dr/Prof/Rev/other.....

Address.....

.....

.....Postcode.....

Bank Building society account number

.....

Branch sort code

.....

Name and full address of your Bank/Building Society

To: The manager

Address

Postcode

Signature.....

Date.....