



BULLETIN

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

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Bulletin Information

Message from the Editors

The Bulletin is published three times year on the last Friday of March, June, and November to share examples of good practice, national and international news and report on CAIPE Board Meetings, AGM and Corporate Forum. 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. We feel that our potential readership is wide, from an Interprofessional Education 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.

Contributing to the CAIPE Bulletin

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).
- Corporate Forum Members.
- 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.
- Collaborative working in the community

Please send your articles so that we have time to edit and prepare the July Bulletin. The copy deadline for the next Bulletin is Friday 18th June 2010.

Articles should be between 500 and 800 words using the Harvard referencing style and Arial 10 font size. 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: Lesley Hughes, L.A.Hughes@Hull.ac.uk or Richard Pitt, Richard.Pitt@nottingham.ac.uk

We look forward to hearing from you.

With very best wishes Lesley and Richard (Co-editors).

CAIPE
CHAIR
REPORT

Message from CAIPE CHAIR:

Elizabeth Howkins

Now is the time for CAIPE to be quietly self-congratulatory for the hard work done over the past three years by all members. I inherited an organisation which was well on the way to rebuilding itself after a period of financial instability and one that had required major organisational change. These changes are now in place and they provide a firm base for CAIPE to move forward.

Some evidence of these positive changes are:

A healthy financial position

A CAIPE website that provides an effective organisational tool for managing membership

CAIPE meetings which are now full of constructive new ideas

The CAIPE corporate membership is at an all time high of 25

Forum meetings full of lively and informed discussion, sharing IPE developments and ideas

CAIPE as a centre for IPE, with daily requests for advice and help

An agreed new overseas membership formula

International visitors constantly contact CAIPE for advice and to meet CAIPE when in the UK

Members now have direct access to Journal of Interprofessional Care through the CAIPE website

All these positive changes are down to the determination and hard work of members of the Executive Board, the Board of Directors and all CAIPE members. The changes have been achieved by building on CAIPE's high profile, acknowledging CAIPE's reputation in the UK and internationally, and the importance of its independent status whilst making the major changes needed to streamline the organisation and make it financially stable. The power of any organisation comes from the sum of its parts and its ability to be flexible to change. Let us celebrate the success and continue with CAIPE's strategic aims:

- To develop CAIPE's capability and capacity to enable the organisation to promote and develop interprofessional education to individual families and communities
- To provide sustained leadership in IPE
- To identify, develop and improve services for all its members : Individual, Corporate and Student
- To work more effectively and collaboratively with governments and other organisations.

My role aspirations for CAIPE over the next years are to provide leadership to realise the strategic aims set out above. **But** most importantly to listen to the needs of members and shape the organisation to meet their needs.

Elizabeth Howkins

CAIPE NEWS IN BRIEF

Professor Mike Pittilo

Professor Mike Pittilo, the Principal and Vice Chancellor of Aberdeen's Robert Gordon University, died suddenly on the 16th February, at the age of 55.

Prof Pittilo, who was appointed to head the university five years ago, had been ill for some time but had continued to work at his post until last week.

Prof John Harper, the acting principal of RGU, said last night: "We've lost an inspirational leader who will be sadly missed not only for the direction he brought to the university but also the warm rapport he had with both staff and students. "Our thoughts are very much with his wife Carol at this time.

Professor Hugh Barr said 'Mike's death is a huge loss to the interprofessional movement to which he contributed so much. I recall especially his lead role in establishing the joint faculty at St George's and Kingston, and the groundbreaking work which he and Jill did on benchmarking at the QAA, quite apart from many personal kindnesses and messages of support'.

Dr John Horder

Dr John Horder CBE FRCGP, Founder President of CAIPE celebrates his 90th Birthday



Last month, an informal luncheon party was held to mark (belatedly) John Horder's 90th birthday. Friends and colleagues met to wish John and his wife Elizabeth June continuing health and happiness. The party was hosted by Professor Fiona Ross and was enjoyed by all - a very happy occasion.

John Horder, as its founder member, led CAIPE with dedication and determination, during its formative years as its first Chairman and then President. He has remained committed to CAIPE, always supportive and a great friend truly valued by those who know him. John has written a history of CAIPE 1987 – 2003 which can be found on the CAIPE website.

www.caipe.org.uk/



CAIPE NEWS

National Association of Medical Simulation & Clinical Skills Network Conference

CAIPE represented at National Association of Medical Simulation (NAMS) and Clinical Skills Network (CSN) conference, Manchester 2009.

Liz Westcott and Clair Merriman had the privilege of representing CAIPE and Oxford Brookes University at the 2009 NAMS / CSN conference held in Manchester. We contributed to discussions regarding defining the role of simulation in clinical education and the health care delivery service which were held on a definition day prior to the 2 day conference. This discussion was wide ranging and we were able to input CAIPE's views as well as our own experience of IPE in simulation. The discussions covered quality assurance, how to embed simulation in the curricula, how should simulation be resourced, defining characteristics of a simulation based educator, how, what and why should simulation be regulated.

The feedback from this day was taken to the Department of Health in December.

During the 2 days conference we ran a 90 minute discussion session with the aim of identifying and sharing good practice in relation to inter professional education in simulated learning settings.

The discussion was focused in the following areas.

- ◆ Identifying current practice of the participants
- ◆ What can students gain from IPE in simulation?
- ◆ Identifying barriers to IPE in simulation
- ◆ How can these barriers be ameliorated?
- ◆ What does the future hold? and how can we influence this?

The session was extremely well attended and we had lively debate and discussion. Below is a bullet point précis of the areas covered and the responses we collated. As you will see there was a very wide range of experience and optimism about the future.

Variety of programmes covered

F1/F2 medical students, dental, intensive care unit team, PICU, ALERT, ALS, PALS, pre-registration nursing and allied health, Post graduate, Military

Which student / staff groups are taught together?

Medics – nursing

Pharmacists - F1 programme

Trauma teams

ICU / PICU teams

Obstetrics

Nursing and AHPs

Critical care staff

Foundation medics and nursing

Regularity of teaching?

Varied depending on whether students or staff.

Some student groups taught on modules each semester / term

What do you teach to what group?

Nursing students – clinical skills and task training

F1and F2's acute illness and patient assessment

Dental practice – medical emergencies

ITU / PICU – team working and transfers

Pharmacists, nurses and doctors – acutely ill patients

Major incident planning

MOST courses

Trauma

What type of simulation is used?

Scenarios

Psychomotor skills

Range of low to high fidelity

Task training

E-learning

Simulated patients with actors or member of general public

What can students gain from IPE in simulation?

Team work- both newly formed teams and established ones

Playing their own professional role

Communication skills

Decision making critical incident decisions and analysis

Psychomotor skills

Technology skills

Safe practice formative and summative attempts to gain skills

Reflection skills

Understanding each others roles, gaining empathy and the overlap of roles

Learning with and from each other

Advancing their own practice

Exposure to high risk events and seeing how teams work in the situation

Role modelling and role rehearsal

Human component

What barriers are there to IPE in simulation?

- Behaviours of students, academic and practice staff
- Timetabling of different programmes
- Professional stereotypes
- Different professional requirements
- Resources e.g. time, Equipment, Space, Staffing levels required, Finance
- Political
- Curriculum mapping and differing needs maybe compulsory for one group and extra to another group
- Pre conceptions by faculty, practice staff and students
- Faculty not being skilled in facilitating IPE
- Non mandatory
- Complexity of scenarios and not being relevant to all team members
- Geography
- Working with professional groups of very different sizes e.g medics and nurses

Possible solutions to barriers

1. Political

- Break down barriers by good communication between all professional leads, top down and bottom up
- Identify champions in faculty and practice to drive IPE
- Provide evidence for the benefits
- Provide the solution for professional discipline problems
- Making relationships with counterparts - doing pilots

2. Role Play

- Do not expect students and staff to play roles other than their own profession to imply it's IPE. Better to get those professions or do uni professional simulation.
- Funding (Can of worms)
- Adopt a business model
- Transferability of money
- Use the move of SIFT money as an opportunity and not a threat

3. Faculty

- Thorough training of faculty staff in IPE facilitation skills
- Build up and established team who are passionate about IPE
- Hand pick motivated and able staff from a variety of professions to ensure credibility and a range of views are taken into account
- Develop feedback mechanisms for feedback to faculty trainers for further improvements

What does the future hold?

Great opportunities for collaboration

Increasing skills of a range of students to work together and ultimately have better patient outcomes

Agree to a common vision and purpose for Interprofessional simulation education with key stakeholders across HEIs and key NHS, social care and private sector partners

Develop Interprofessional simulation education curricula according to principles of good educational practice

Provide support and development time for the development of Interprofessional simulation education and staff training in this area.

Ensure staff responsible for developing, delivering and evaluating Interprofessional simulation education are competent in this task.

What new practices will participants now undertake?

Look at WHO IPE framework

Start charging people who look round SIM centre!!!

Pre Course reading and preparation - make sure this is done better and enforce sanctions

Inviting nurses to doctors funded course to reinforce IPE

Doctors / nurses / pharmacists working together to do real case scenarios of medication incidents

Importance of all faculty having debriefing skills

Using patients and general public in role play / courses

Implement track and trigger into nursing courses

Make more of an effort to find non medics

Ideas to access volunteer patients

Need to train facilitators in full debriefing

Need to have IPE committed faculty

Register with CAIPE

Liz Westcott, Director Pre Qualifying Learning and Development

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The CAIPE Forum for Corporate Members

Helena Low

In each copy of the Bulletin we will highlight the work of corporate members.

Welcome to new corporate members.

In the last few months, five more organisations have joined CAIPE as corporate members.

They are: Buckinghamshire New University University of Northampton
Edge Hill University HealthForceOntario Marketing and Recruitment Agency
University of Teesside

In this issue, Sheffield Hallam University report on IPE at SHU and E-enhancement of the IPE curriculum and the University of East Anglia recent Japanese visitors.

These brief reports reflect the diversity of developments in interprofessional education in academic institutions and in practice across the country. We welcome contributions from our Corporate Members.

The CAIPE Forum

The latest CAIPE Forum was hosted by Sheffield Hallam University on 4 March 2010. It was a lively, interactive event attended by 19 corporate members from institutions across the UK and two guests from Niigata University of Health and Welfare, Japan. Members were updated about CAIPE matters by the Chair of the CAIPE Board, Elizabeth Howkins. Other business involved Angus McFayden and Helena Lowe, Vice Chairs, reporting on the completion of an electronic survey of corporate members and their views on the forum and Briony Lamb, Board member, giving further information about the website and arrangements that had been made to enable easier access to the Journal of Interprofessional Care by corporate members.

During the morning a presentation describing the undergraduate interprofessional curriculum was given by Frances Gordon who gave an outline of the structure of the six modules that comprise the IPE curriculum at SHU and how these had been developed through the use of an Appreciative Inquiry study using student researchers. The findings of the study were implemented in curriculum design leading to a revalidation of the modules that were introduced in September 2009. This study is ongoing and this year is focusing on evaluating the developments implemented.

A second presentation was given in the afternoon again by Frances Gordon with Helen Armitage from SHU, and Pat Bluteau from Coventry University. This presentation focused on the work of the Centre for Interprofessional eLearning (CIPeL) which is a collaborative Centre for Excellence in Teaching and Learning (CETL) between Coventry University and Sheffield Hallam. This presentation described in more detail the work of e-enhancement, with support of the CIPeL, of the interprofessional programmes in both partner institutions. Over 20 000 students have accessed these programmes over the life of the CIPeL. With respect to SHU which employs a blended learning approach, Frances explained how e-enhancement had solved some logistical problems and optimised the use of estate at a time that the number of students accessing the interprofessional programme had tripled to over three thousand students per year. She went on to outline research that had been undertaken to articulate the pedagogical decisions made by lecturers when designing the e-enhanced programme and how this e-enhancement offered solutions, apart from logistical issues, to the problems of delivery large-scale interprofessional education. These solutions included aspects of learner autonomy; authenticity of the learning experience with a practice focus; bringing the service user into the classroom through digital means and the application of interactive, constructivist, androgogical learning theories. Helen demonstrated the teaching packages that have been developed to support lecturers delivering the interprofessional modules. Pat described the development of the CIPeL and explained that Coventry University had adopted a totally online approach to their interprofessional learning pathway and the pedagogical issues already described could be applied to this approach too. These presentations raised interesting discussion points for members to address during the afternoon. These centred on the impact of learning about collaborative skill in the practice environment as opposed to classroom and on-line contexts; issues around certain groups having particular challenges when undertaking interprofessional education and how this might be addressed, or indeed if these difficulties should instead be embraced as part of the experience of interacting with others and be used to drive positive learning.

Frances Gordon, Professor and Head of Interprofessional Education, Sheffield Hallam University; F.Gordon@shu.ac.uk

New Corporate Members

The newest corporate members of the CAIPE forum are Buckinghamshire New University, Edge Hill University at Ormskirk, Teesside University, Healthforce Ontario and the University of Northampton. All representatives present were welcomed to their first CAIPE Corporate meeting. Birmingham City and Wolverhampton Universities are longstanding members, although there have been recent changes in representation. Within these corporate members new IPL initiatives are demonstrated.

For example, Birmingham City University have developed with colleagues at University of Birmingham Medical School and University of Worcester inter-professional clinical simulations scenarios for nursing, medicine, radiography, physiotherapy and operating department practitioners as part of the CITEC (Centre for Innovation and Training in Elective Care) NHS West Midlands initiative.

Edge Hill University has developed an IPL initiative involving Operating Department Practitioner, ambulance and nurse students 'treating' casualties in a major incident scenario. Also the Evidence-based Practice Research Centre at Edge Hill University has built upon the successes of the IPL conference it hosted in 2008 and now has a major research theme of IPL and a number of on-going IPL studies.

Finally the University of Wolverhampton, School of Health & Wellbeing have developed an interprofessional learning strategy and appointed Linsey Duncan-Pitt as Head of Interdisciplinary and Multimedia Learning, as part of an integrated approach to embedding IPL in the curriculum. Within the wider Learning Works curriculum redevelopment taking place across the institution, the School of Health & Wellbeing are about to embark on the curriculum planning phase for the statutory programmes. An interprofessional learning core will be developed as the first step, prior to planning of the specialist content. Currently the School run a yearly interprofessional simulated learning week involving 4 different professional groups and have some post qualifying collaborative working modules that are studied by health and social care students.

All five new corporate members hope not only to share their institutions' individual achievements but also look forward to having the opportunity to learn from what other CAIPE Corporate Forum colleagues are doing. All look forward to having the networking and collaboration opportunities on both teaching and research fronts that CAIPE offers.

Gerri Nevin, Head of Department, Skills and Simulation, Birmingham City University

Gerri.Nevin@bcu.ac.uk

Professor Annette Jinks. Evidence-based Practice Centre, Edge Hill University.

Annette.Jinks@edgehill.ac.uk

Linsey Duncan-Pitt, Head of Interdisciplinary Learning and Multimedia Learning, University of Wolverhampton

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A Personal Account of IPL at Teesside University

Building on existing Interprofessional learning provision, the School of Health and Social Care integrated IPL across all Pre- Registration programmes in September 2008. Programmes involved in the IPL project include Adult, Child, Mental Health and Learning Disability Nursing, Social work, Physiotherapy, Medical Imaging, Occupational Therapy, Clinical Psychology, Midwifery and Operating Department Practitioners. The work is being taken forward by an IPL School implementation group led by a dedicated IPL Project Lead as well as a CETL Fellow.

Our project moves on really well into its second year, but it has not been without challenges which we face head on and learn from. We have developed a very successful induction to IPL for our students and have just finished the January IPL inductions which involved working closely with a local drama group from Newcastle called 'Old Spice' who are a group of 'grumpy old women' (their words!) - They use drama, poetry etc to address society attitudes to older people and I worked closely with the group to script some great learning & teaching materials for our induction. The group performed to our students and then were involved in the group activities with students during the day as students addressed issues raised by the drama group performance - it was great and the students gained so much from this.

To date we have some successes:

Developed a team of about 50 IPL facilitators across subject groups

Developed learning materials for the IPL induction Events.

Further strengthened and enhanced our partnership with service user/carers who are heavily involved in the IPL project. The School Project Coordinator for Service User and Carer Involvement plays a central role in this partnership process

Developed tailor-made service/user carer preparation workshops for those involved in the project.

Delivered successful IPL week, year 1 which focuses upon client - centred care

We have devised a research and evaluation strategy to run alongside the project which will be led by Dr Kelly Sisson. This will include a longitudinal study and all data will be used to feed into the development of the project.

Established the IPL virtual learning environment (Blackboard) for IPL student cohorts

Paper presented at EIPEN Conference, Oulu, Finland in 2009 and a poster accepted for the RCN conference in May 2010..

Commenced work on the year 2 IPL May weeks which will focus upon patient/client safety – this work involves liaison with the Lead from the North Eastern SHA plus a core group of academic and practitioners on the focus and learning for the week

Work has commenced on our VLE Model for year 3 - we have a project worker within the school who is working with us plus we are working closely with the University E Learning team- this is just beginning to evolve.

IPL clearly integrated into the School Learning and Teaching Strategy

Links developed with Curtin University, Perth Australia

Challenges!

Fitting IPL within the curriculum! a nightmare at times

Challenging attitudes & perspectives to IPL

Challenges associated with staff workloads with IPL & how this recorded as part of staff workloads

Some difficulties with where we have placed our IPL weeks (the year weeks) are causing some concern so a group will be We haven't stopped still - this is largely due to the across school- wide support from all quarters, both members of the School Senior Management team and academic staff. We have collected lots of evaluation data from students, staff & service /users and we are trying to get this into a publication of some form. This is just a brief update from us here at Teesside University - which (if you hadn't heard) was awarded University of The Year in the Times Higher!

JOHN SEDGEWICK | PROGRAMMES DIRECTOR MULTI PROFESSIONAL PROGRAMMES & PROJECT LEAD IPL|
SCHOOL OF HEALTH AND SOCIAL CARE

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Japanese visit to University of East Anglia

In 2007 CAIPE introduced some colleagues from the University of Health & Welfare, Nigata, Japan to Dr Susanne Lindqvist at University of East Anglia (UEA, Norwich UK). Following a visit to UEA, Susanne was invited to give a talk in Nigata University later that same year. Since then, the collaboration between the two universities have continued and during March 2010 Yumiko Matsui and Akemi Abe, both nursing lecturer at the University of Health & Welfare, Nigata, is visiting Susanne for a month.

The aim of the visit is for Yumiko and Akemi to get a deeper understanding of the way IPL, enquiry based learning (EBL) and problem based learning (PBL) is conducted at UEA. On their return to Japan, Susanne will join them and again give a talk to colleagues in Nigata. In the future both universities hope to learn from each other and currently in the process of planning both research activities and student exchange.



This is a really good example of how CAIPE has played a key role in linking universities to support the further development of effective IPE interventions across different countries.

Dr Susanne Lindqvist

Director of Centre for Interprofessional Practice, UEA, Norwich e-mail : S.Lindqvist@uea.ac.uk

Interprofessional Learning in NHS South Central: Project Review

Background

In February 2009 the results of a scoping exercise to identify IPL (Interprofessional Learning) activity within pre-registration programmes both in Trusts and University settings were presented by NHS Education South Central Quality Managers. Eight recommendations were proposed, one of which was the appointment of five IPL Leads in given localities across South Central to take a strategic role in identifying IPL opportunities in practice, promote educator support and development.

The posts were funded until March 31st 2010 and hosted by individual Trusts within five localities; Buckinghamshire (North and South), Berkshire, Oxfordshire and the Ambulance Trust.

Reflections on the Project.

Implementing IPL strategically has proved difficult in practice. Each of the leads were managed within their localities and influenced by the Trust agenda. There was an impression that IPL may not have been of strategic importance at trust level, resulting in a more operational approach to IPL and raising its profile. Discussions with service leads acknowledged that IPL could add value to the delivery and quality of patient care, but often conflicted with priorities that had been afforded a mandatory status.

The IPL Leads adopted a wide variety of teaching methods to inform students, mentors and educators about IPL. Practitioner's initial response was a perception of increased work, rather than recognition of what many are already doing. The Leads developed presentations, information packs, workshop plans and action learning groups to support the delivery of IPL in practice.

Teams, who by the very nature of their role work interprofessionally were identified and examples of their practice shared. However in some instances it has become such an implicit part of how they work, practitioners found it difficult to recognise IPL opportunities for their students.

As this project concludes the group believe that the main objectives of the project were achieved. An IPL toolkit will be available on the South Central SHA website as a learning resource for educators, students and those who are interested in IPL which is a compilation of the work undertaken by the IPL leads over the past ten months. www.nesc.nhs.uk

There is a wealth of research and documentation on IPL which recommends that interprofessional learning needs to be mainstreamed and identified as a quality control measure. Yet across the UK health and social care economy there are incidents where patient safety has been compromised and IPL is not embedded effectively into practice. However whilst the majority of our learning and working is undertaken within uni-professional groups the opportunity to truly 'learn together – work together' will be limited.

Jan Jenkins

Interprofessional Learning Lead

Milton Keynes PCT





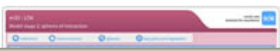
jan.jenkins@mkpct.nhs.uk

CAIPE RESOURCES

SOCIAL CARE INSTITUTE FOR EXCELLENCE

Anne Quinney, Senior Lecturer Social Work, Bournemouth University would like to share some recent publications that can be viewed at <http://www.scie.org.uk/publications/elearning/ipiac/index.asp>

Individuals can subscribe to SCIE e-mail news alerts to keep up to date.

| Screenshot | Title | Description |
|---|--|--|
|  | An introduction to interprofessional and inter-agency collaboration | The nature of collaboration, why it is important, its purposes and its growing place in policy and practice |
|  | Professional identity and collaboration | Professional identities and difference, models of practice and ways of sustaining one's identity and practice within collaborative relationships |
|  | Building relationships, establishing trust and negotiating with other workers | Making initial contact, developing relationships, trust, values, conflict, barriers, self-assessment |
|  | Working together to assess needs, strengths and risks | What is assessment, and it's importance; considering the contributions of other professionals when undertaking an assessment; balancing needs, strengths and risks using a family scenario and their neighbourhood networks. |
|  | A model of practice and collaboration | The multiple spheres of practice |

Register for email updates to hear about our latest resources, news and events.

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Resources

- > Resources and publications
- > Social Care Online
- > Social Care TV
- > e-Learning resources
- > Web resources

Internet 100%

The above resources and those on the next page will be of interest to all health and social care practitioners and students in developing an understanding of social work. These e-learning resources are freely available to all and provide video, audio and interactive technology. Once on the website just click on a heading and it will allow you to access integrative blended learning resources to enable you to explore the nature of interprofessional and inter-agency collaboration towards improving collaborative practice.

Any feedback please e-mail AQuinney@bournemouth.ac.uk

| | | |
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|  | A model of practice and collaboration | neighbourhood networks. The multiple spheres of practice and collaboration - interpersonal, interprofessional, inter-disciplinary team, inter-agency and community – explored using a 'model' and people's experiences |
|  | Working collaboratively in different types of teams | Types of teams, networks, organisations, images, group and team development, roles |
|  | The practitioner, the agency and inter-agency collaboration | How agencies shape professional roles and supply key resources, the interdependence of agencies and professionals, and the importance of inter-agency collaboration in supporting and safeguarding service users |
|  | Key policy and legislation with implications for interprofessional and inter-agency collaboration (IPIAC): a timeline of examples 1968-2008 | A timeline of collaboration-related policy, commissioned reports and legislation in England and Wales with additional examples relating to |

About the authors:

Colin Whittington

Colin Whittington is a partner in whittingtonconsultants.co.uk. Clients include local and national organisations (DH, SCIE, CAIPE UK and individual managers and professionals). He researched interprofessional and inter-agency learning for his PhD and wrote the partnership component of the first national training strategy for social care. He has published widely in this area and others, such as assessment for *SCIE Guide 18* (2007). A registered social worker with experience as a practitioner, team manager and teacher, he has held fellowships at Keele University and King's College London and senior positions in social work education and research. His consultancy includes collaborative practice, inter-agency partnership, educational research and individual mentoring.

Judith Thomas

Judith Thomas is a Principal Lecturer at the University of the West of England, Bristol. She has managed various educational developments including the BSc (Hons) Social Work and Post Qualifying Programmes in practice education. Judith is a co-editor of *Interprofessional Working in Health and Social Care* and also of *Understanding Interprofessional Working in Health and Social Care: Theory and Practice* both published by Palgrave. Judith is a qualified and registered social worker. As a practitioner, she has worked in residential child care, community care, mental health and staff development. Her particular educational and research interests are in practice learning, interprofessional learning and working and the education of critically reflective practitioners.

Anne Quinney

Anne Quinney is a Senior Lecturer at Bournemouth University and teaches on the BA (Hons) Social Work degree. She is the author of *Collaborative Social Work Practice*, published by Learning Matters, and is the Editor of the Routledge/BASW journal *Practice: social work in action*. Anne is a qualified and registered social worker. As a social work practitioner she has worked in the areas of mental health and child care and has also practised as a youth worker. Anne's research areas are collaborative practice, interprofessional education, e-learning, and research-minded practice.

International News

Helena Low

In each copy of the Bulletin we will highlight information from members on the work of the of international organisations.

In this issue, we present some of the activities from CAIPE Members; Charles Campion Smith and his wife Sue spent 14 weeks in Tanzania to support the introduction of palliative care.

These brief reports reflect the diversity of developments in Interprofessional Education in academic institutions and in practice across the world

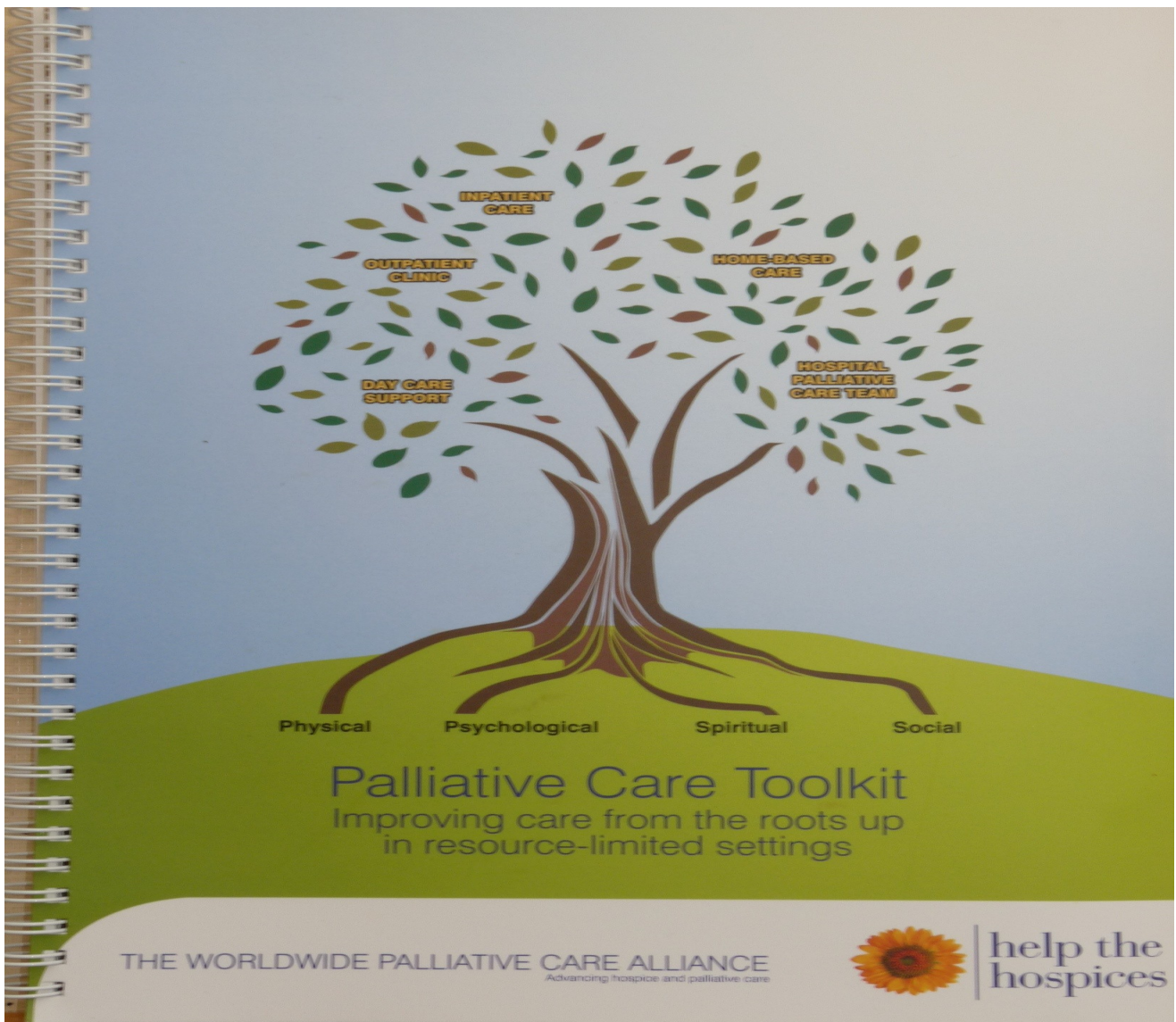
CAIPE board member GP Charles Campion Smith and his wife Sue, a hospice nurse, spent 14 weeks as volunteers in the Tanga region of Tanzania at the end of 2009. The aim of their visit was to support the introduction of palliative care to the Korogwe district and to build local capacity by mentoring local health leaders in both teaching and clinical assessment and treatment.

Korogwe is a town of about 14,000 at the foot of the Usambara mountains on the main (metalled) road between Dar-es-Salaam and the Kilimanjaro region. There is a district hospital of about 110 beds and Korogwe is the centre for a rural area with many villages scattered across the plain and in the mountains themselves.

The Palliative Care Toolkit, developed by 'Help the Hospices' and the 'World Palliative Care Association' provided excellent resources for the teaching undertaken. Its message 'there is never nothing you can do' was appropriate for an area where health resources are limited. There is a KiSwahili translation of the toolkit and this proved invaluable as many of the health-care workers only had limited English.



Initial presentations were made by Charles and Sue at the daily hospital interprofessional clinical meetings. The first of these introduced the concept of palliative care and the need for this to embrace physical, social, psychological and spiritual aspects. The second meeting explored pain assessment and the use of oral morphine which had not been available locally and the final meeting looked at the use of other drugs and approaches for symptoms in palliative care.



However, it became apparent that while some patients with palliative care needs from both advanced HIV AIDS and cancer were in the hospital there were many more patients out in the community.

A core local palliative care team was formed with a charismatic nurse co-ordinator, a skilled clinical officer, the hospital pharmacist, an HIV AIDS NGO representative and the newly appointed hospital matron.

With the support of the District Medical Officer it was decided to hold a series of meetings in local health centres and dispensaries. Clinical officers, nurse-midwives, nursing assistants and voluntary village health workers were invited to these meetings.

The teaching was delivered in KiSwahili by the local healthcare professionals who had planned the session in conjunction with Charles and Sue. As electricity supply was uncertain the audiovisual materials were a series of 21 prepared flipchart sheets although PowerPoint was used to give standardised handouts to all participants.

The meetings started using an appreciative inquiry format with participants sharing their views of the of care they would wish for themselves or a family member. There were then some brief presentations about the concept of palliative care and team working. In small groups the participants were asked to reflect on the relevance of this to their own working situation. Practical tools for the assessment of pain were demonstrated in role plays and Charles and Sue acted out brief scenarios to indicate non-verbal aspects of good and poor communication. Participants were always willing to join in the interactive work and discussion; the teaching was frequently punctuated by breaks for singing and other activities.

One hundred and sixty health workers participated in the six sessions delivered across the region. There were also teaching sessions for eighty six first and second year nursing students and for a local HIV AIDS patients group. The final session was for the Korogwe interfaith religious leaders group. Here over thirty Muslim, Catholic, Anglican, Pentecostal and other religious leaders worked together and agreed that they had a significant role in the provision of spiritual care for patients with palliative care needs. They decided to petition be district medical officer for access to a room at the hospital where they could give this to support to patients.



In addition to the formal teaching a palliative care approach in practice was modelled by working alongside the nurses and clinical officers in the wards and clinics. A supply of oral morphine was obtained and procedures put in place for its safe dispensing and administration. A local palliative care register was established; some patients received only symptomatic care but those who would get significant palliation for locally advanced gynaecological tumours were referred to the one hospital in Tanzania that can deliver radiotherapy. Others with stable HIV AIDS but troublesome Kaposi sarcoma were referred to a neighbouring hospital that was able to administer vincristine chemotherapy.

With the huge and competing demands for the time, attention and energy of health workers in Tanzania there were concerns that the work established might not continue but a month after Charles and Sue's return to the UK a further ten patients have been identified and received appropriate assessment and care.

Contact:

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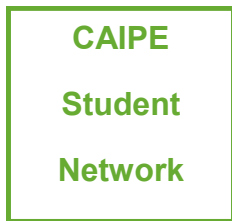
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We have 25 corporate members predominately from Universities in the UK and we would like to recruit at least one

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 yes then the research 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.



Student Network Meeting

Hosted by

University of East Anglia

November 2009

The Students Story

On a cold, blustery Friday, approximately 25 students of all health professions gathered at the University of East Anglia for the Student Network Meeting of the Centre for the Advancement of Interprofessional Education (CAIPE). The aim of the meeting was to share ideas and discuss ways in which the CAIPE Student Network vision of creating a world-class interprofessional workforce by 2015 could be achieved.

The morning session comprised several short presentations on interprofessional learning (IPL) regarding theory, relevant organisations and real life examples of IPL in action across the country from Cardiff to Norwich. These included personal experiences of IPL both positive and negative which confirmed that IPL faces the same challenges throughout the UK and beyond. This was rounded off by a question and answer session in which many pertinent points were raised, including those relating to the place and practicalities of interprofessional learning in the already crowded curricula of health and social care students.

Following further discussion over lunch, the afternoon activities introduced a current worldwide example of interprofessional working having a direct effect on patient care – the 'Check a Box, Save a Life' campaign which aims to involve all healthcare students in raising awareness, implementation and data collection of use of the World Health Organisation Surgical Safety Checklist. The delegates were then divided into three groups to devise strategies by which CAIPE can best support learners to achieve the skills required to promote and deliver better and safer patient care. Rather encouragingly for IPL, all groups came up with similar ideas which included better advertising of CAIPE as an organisation, local 'champions' of IPL within educational and clinical institutions and information that is clear and easy to access for all. The day ended with these strategies ranked into a 'top 10' which will be taken forward in the near future.

As someone with little familiarity of IPL, but who thoroughly enjoyed the IPL that I had experienced, the day was a fantastic advertisement for IPL in action and a real eye-opener as to the potential of IPL and how far ahead other institutions are in regards to its implementation. I headed back to London having met new friends, enthused for the future and believing beyond doubt the power of IPL to benefit those at the heart of healthcare – the patient.

Thanks to the organising team, comprising Susanne Lindqvist, Marilyn Hammick, Chris Green and Andy Carson-Stevens and the University of East Anglia for hosting such a diverse, stimulating and thought-provoking day – already looking forward to the next event!

Jonathan Cheah

Final Year Medical Student

UCL Medical School, London

j.cheah@doctors.org.uk



May 7th 2010 Joint HEA / CAIPE workshop

Title: Quality in Interprofessional education and collaborative practice. The PROSE model

Venue: King's college London

Workshop Facilitator: Andre Vyt

Dr. Andre Vyt is professor in behavioural sciences at the department of rehabilitation sciences and physiotherapy (Artevelde Institute - Ghent University). He teaches courses in psychology and behavioural development, communication, and quality management in health care. He is founding partner and managing director of PROSE, an expertise network in quality management and the first spin-off of Flemish Institutes of Higher Education.

PROSE is a tool for quality management. It has to be used according to a well described methodology. To support good practice, certified experts are available for user organisations who are implementing the tool. They are certified to provide training about the **PROSE** model and the methodology. Experts are certified on the basis of their expertise with the quality management, the instrument and the domain of the user organisations. Experts also serve as auditors for organisations who want to be certified with the Prose quality label.

For more information: [http:// www.prose.be/eng/index.htm](http://www.prose.be/eng/index.htm) or CAIPE website for more information www.caipe.org.uk

CAIPE AGM

Thursday 24th June 2010

LONDON

The next Annual General Meeting of the Centre for the Advancement of InterProfessional Education will be held on Thursday June 24th 2010 and the provisional venue is the National Council for Voluntary Organisations, London

For more information go to CAIPE website: www.caipe.org

I found today's event very inspirational and encouraging, it was so warming to meet others who share the same passion and enthusiasm for such a crucial area as interprofessional learning. Putting delivery of patient care at the forefront of our practice, with the core being that of patient safety is paramount in our professions and holds the key for the foundation of IPE. I think today highlighted this as the underpinning driver to collaborative working.

Today was a perfect example of how interprofessional working helps to share knowledge and skills across the fields of Health and Social Care professionals. Many students representing a variety of areas, some travelling long distances, joined together to share their experiences, ideas and values. I think the talks were really useful and informative, but I think the most exciting part was the student group work, as we shared our visions for future practice. It was really refreshing to be amongst fellow students with a common interest in IPE, and not be bombarded with the usual negative response this topic receives. This was a valuable 'hands-on' intervention, where we were able share our understanding of IPE and discuss what our obligations as professionals are and how we should be carrying out these values and standards within our own practices. In order to deliver a seamless service not only to our patients but also to the public we need to strive in promoting the importance of IPE across the board. Today was one such example of interprofessional working, bringing a group of people together working towards a mutual goal; I feel that is what today was about.

Sandra Wolanski

Mental Health Nursing Student (Oxford Brookes University)

We need to encourage student membership from our Corporate Members

Corporate members & the CAIPE Student Network

Further to the successful CAIPE Student Network meeting held at University of East Anglia on 27th November 2009 **we urge all corporate link members to recruit** – at least – one student from their university to become actively engaged in the CAIPE Student Network. By engaging students from all CAIPE's corporate members we hope that the network will be able to sustain its momentum.

Students become members of CAIPE by paying £5 for the duration of their study & they can register online at www.caipe.org.uk and just click on the red button **Join CAIPE**

Dr Susanne Lindqvist

CAIPE Board Member - Student Liaison

Interprofessional Education Conference - SCOTTISH DIMENSION

Hosted by Robert Gordon University

in collaboration with University of Aberdeen and CAIPE

networking with **CAIPE**

(Centre for the Advancement of Interprofessional Education)

Theme:

Interprofessional education's contribution to effective joint working in practice

Pre-conference events and dinner: Wednesday 19 May 2010

Conference: Thursday 20 May 2010

Robert Gordon University, Faculty of Health and Social Care, Garthdee Campus, Aberdeen,
Scotland

Speakers:

Elizabeth Howkins: Chair of CAIPE

Dr. Scott Reeves: Director of research, University of Toronto

Professor Jill Thistlethwaite: Director of the Institute of Clinical Education, Warwick Medical School,

Plenary Chair:

Professor Hugh Barr: President of CAIPE

Conference bookings can be made at www.ipe.org.uk

Conference Organising Committee ipeconference@rgu.ac.uk

Dr. Sundari Joseph Lecturer in Interprofessional Education

s.joseph@rgu.ac.uk or s.joseph@abdn.ac.uk

Centre for Interprofessional Education and Learning

The University of Nottingham

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"Sustaining Interprofessional Learning in Curricula and Practice"
Tuesday 20th July 2010, 9.30 am – 4.30 pm
Law and Social Sciences Building, Lecture Theatre B63,
University Park

Delegates from health and social care and related disciplines are invited to:

"Sustaining Interprofessional Learning in Curricula and Practice"

hosted by the University of Nottingham's **Centre for Interprofessional Education and Learning.**

Submission of Abstracts

If you wish to give a presentation and/or display a poster, please complete and submit your **Abstract** on the [registration form](#), by noon on **Friday 14th May 2010**. **Abstracts should demonstrate innovations and/or research in educational and practice environments.** A cheque for a for £25 is required along with your submission, made payable to the University of Nottingham.

Centre for Interprofessional Education and Learning
 Room B75b
 B Floor
 University of Nottingham Medical School
 Queen's Medical Centre
 Nottingham

Any questions and completed Registration Forms complete with cheque for £25 should be directed to Pippa Bore, Centre for Inter-professional Education and Learning, Room B7b, Medical School
 Tel 0115 82(30818)

Visit: www.nottingham.ac.uk/ciel

Or

E-mail: Philippa.Bore@nottingham.ac.uk

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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'.

TO FIND OUT MORE AND TO JOIN CAIPE

Email: admin@caipe.org.uk

Website: www.caipe.org.uk

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And Finally.....

You may have noticed some changes to this edition of the CAIPE bulletin?

We would welcome your comments as to whether the structure of the bulletin is improved or not?

Is there something you were expecting and it's gone?

We would like to introduce a section on book and web site reviews, could you contribute?

We would like to introduce abstract reviews of key peer reviewed publications, could you contribute?

Are three publications a year sufficient for your needs?

We would consider continuing to publish on the last Friday of March, June and November, would this be appropriate?

We would like to give each bulletin a theme and encourage readers to submit longer articles to share experiences and developments.

We will undertake a cost benefit analysis of printing some hard copies of the bulletin especially for life members but would like to encourage greater accessing of the web site

PLEASE E-MAIL US YOUR VIEWS AND COMMENTS:

Lesley Hughes, L.A.Hughes@Hull.ac.uk or Richard Pitt, Richard.Pitt@nottingham.ac.uk