



CAIPE Bulletin

Centre for the Advancement of Interprofessional Education

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

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Greetings from the Editors

Dear CAIPE Member

The CAIPE E-Bulletin is emailed to you our CAIPE members but to facilitate a wider distribution we would like you to forward it onto anyone (on campus or in practice, within or outside the U.K and Ireland) you know who has an interest in interprofessional education or interprofessional working.

To reduce the need for printing, we have tried to design the layout of this Bulletin to make it easy to read from a computer screen, for example, trying not to use long thin columns to reduce scrolling.

The Bulletin will be published four times a year and we welcome articles that you think would be of interest to the national and international interprofessional community. The Bulletin contains further details of copy deadlines etcetera. We would appreciate any feedback on either the content or the layout and this should be sent to admin@caipe.org.uk.

Please note that the deadline for the January New Year Bulletin is **December 21st**.

Enjoy the Bulletin!

Finally, we wish you and yours Happy Holidays and a Peaceful New Year.

Eileen and Siobhan

Co-editors

Think before you print.



An Autumn Message from the Chair of CAIPE

Dear Colleagues

The first edition of the E-BULLETIN was a great success. Congratulations came from far and wide: well done, Eileen and Siobhan. I hope you all enjoy this edition just as much: please pass it on to colleagues who don't yet belong to CAIPE.

Members of CAIPE, including those on the Board, have been very active during the summer. Many of us enjoyed the European Interprofessional Education Network Conference in Krakow and congratulations to the many CAIPE members who gave presentations and ran workshops. It was wonderful to be part of a community that is making a sound and essential contribution to the development of interprofessional education and practice. Comments during formal presentations and all the networking opportunities made it very clear that CAIPE is highly respected as a world leader in matters interprofessional. We have much to be proud of thanks to the commitment and engagement with interprofessional education and practice that CAIPE members have.

Many other CAIPE initiatives continue such as collaboration with colleagues working on every child matters projects and the development of our workshop programme. All details about these UK wide events can be found on the website. Another essential piece of work this summer has been a close look at membership fees and the services offered to members. Full details of the new fees and services can be found later in this Bulletin but briefly, we have simplified the structure and now have three types of members: individual, student and corporate.

In keeping with current costs of providing services, fees have gone up slightly and for individuals and organisations the fee now includes the Journal of Interprofessional Care. I am delighted that this relationship between publisher and membership organisation goes from strength to strength and in this Bulletin Hugh Barr writes in more detail on this.

The new rates were implemented on 25 September 2007 and they apply to new applications and renewals. The changes this year mean that we are a little behind with reminders. If you know that your fee is due please send it to Carmel our administrator as soon as possible –and thank you very much.

With very best wishes

Marilyn

Professor Marilyn Hammick, Chair

Important
News



Creating an Interprofessional Workforce: An Education and Training Framework for Health and Social Care

By Lisa Hughes

The Department of Health funded document “**Creating an Interprofessional Workforce: An Education and Training Framework for Health and Social Care**” was launched on 18th September 2007. The framework, produced in partnership with CAIPE, makes twelve recommendations to education providers, education commissioners, employers, employees and professional bodies that aim to embed interprofessional learning and practice across the UK. The framework and executive summary, its three supplements with supporting documents can be downloaded free of charge from the CAIPE website via the following link.

<http://www.caipe.org.uk/index.php?&page=cipw>

If you would like support or advice on the implementation of the CIPW framework contact Bryony Lamb, vice chair of CAIPE at admin@caipe.org.uk. Lisa Hughes the director of the CIPW programme and principal author of the framework may be contacted at lisa.hughes@dh.gsi.gov.uk from 08.10.07.

Lisa Hughes

CAIPE strengthens its links with the Journal of Interprofessional Care

CAIPE has long enjoyed close ties with the Journal of Interprofessional Care (JIC). Those ties are now even closer following an agreement with the publishers, Informa, through which individual and organisational members of CAIPE have unprecedented access to current and back numbers of JIC on highly competitive terms built into their revised CAIPE subscriptions (see page 8).

Fiona Ross and I, as Joint Editors-in-Chief, will value your feedback as you sample some of the wide-ranging articles, reports, abstracts and reviews in JIC from around the world. Better still, may we encourage you to write for us about your own interprofessional practice, teaching and research?

The ground is prepared for a mutually productive partnership between CAIPE and JIC which I hope you will exploit to the full in the best sense of the word.

Hugh Barr

Joint Editor-in-Chief, the Journal of Interprofessional Care

President, CAIPE

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 interprofessionalism 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.

CAIPE Membership Fees

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.

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.

CAIPE Membership Fees

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 at the end of this bulletin or on the CAIPE website.

Workshops

1. Open workshops:

CAIPE's 2007/2008 programme consists of nine different workshops open to members and non-members. These are normally one-day events, delivered at locations around the UK. Full details can be found on the attached schedule. Each workshop cost £175 per person per day, with a 10% discount for CAIPE members.

The workshops are:-

1. Teamwork and multi-agency working (for practice/service teams)
2. Planning and delivery of interprofessional education (for universities)
3. Interprofessional education facilitation for educators (for universities)
4. Individual development and group facilitation in practice (for practice staff)
5. Effective leadership for interprofessional and multi-agency working (for senior managers/leaders/deans, etc.; this includes changing cultures for sustainability of interprofessional education)
6. Service user involvement in interprofessional work
7. Evaluation of interprofessional education
8. Research in interprofessional education
9. Using aviation scenarios for training needs analysis (for new and existing interprofessional teams, a two day workshop by *PIPP Associates, in partnership with CAIPE*).

2. Workshops for individual organisations and institutions:

Any of the above workshops can be delivered for a specific organisation or institution, with modifications according to their needs, at a cost of £2,500 per day.

3. Bespoke two day workshops:

These workshops include a half day consultancy for the client with the workshop coordinator, development of new material to meet client needs, 2 facilitators for Day 1 and one facilitator for follow up Day 2; at a total cost of £5,500.

Please note that all fees exclude travel, meals and, where applicable, accommodation expenses.

4. Bespoke Consultancy:

CAIPE provides organisations and institutions with support and guidance on matters interprofessional according to their needs. A full costing statement for this type of work is agreed by the two parties before the work begins. As guidance, CAIPE consultancy rates start at £750 per day. The work may include any of the following or be tailored to the client's particular needs.

- Advice and assistance with the development of interprofessional education and development courses and practice-based collaborative developments;
- Guidance on governance, commissioning and research related to interprofessional and inter-agency education and practice;
- Advice and assistance in the preparation of documentation, e.g. for course approval processes and governance procedures;
- Evaluation of interprofessional education courses;
- Introductions to relevant networks and alliances;
- Support and guidance on organising interprofessional and inter-agency events, e.g., conferences and seminars;
- Development of jointly run seminars, workshops or conferences in collaboration with CAIPE.

5. Conference lectures:

Members of the CAIPE, including those on its Board, have a great deal of experience and expertise about interprofessional education, development and collaborative working. They are available to give conference lectures in the UK and overseas. Rates vary according but typical charges are between £300 and £500 per lecture.

6. Study tours:

CAIPE arranges study tours for international visitors which include meetings with staff working in interprofessional settings and visits to organisations. Rates vary according to number of visitors and the time given by CAIPE members but typical charges are a £500 arrangement fee and between £500-750 per day. There is a reduction of 20% for CAIPE members.

for further details see

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

By Dawn Forman Vice Chair of CAIPE

People often ask where the concept of interprofessional education (IPE) first began and how CAIPE links with other organisations. A full history cannot be given here perhaps this brief background may be helpful in addressing these questions.

A brief history

Whilst there had been publications referring to joint working prior to 1988 the report entitled 'Learning together to work together for health' (World Health Organisation 1988) marks the emergence of a new term for encouraging health professionals to work together. The report stated that 'the educational experience shared by members of different health professions should be called 'multiprofessional education' (MPE). The report went on to state that the term multiprofessional education was 'the process by which a group of students or workers from health (and social) occupations with different educational backgrounds learn together during certain periods of their education, with interaction as an important goal'.

Over recent years definitions of 'interprofessional' and 'multiprofessional' education, practice and research have tended to be used interchangeably and the Centre for the Advancement of Interprofessional Education (CAIPE) has stated that the essential distinction between interprofessional and multiprofessional education is that MPE is typified by two or more professionals learning side by side for whatever reason. Whereas IPE denotes occasions when two or more professionals learn from and with each other and about each other in order to cultivate collaboration and professional insights (Barr Personal Communication 2001). This statement from CAIPE reflects common usage in many countries and it is interesting to note that since 1988 many organisations have been developed internationally to encourage multiprofessional and interprofessional working and education.

Other MPE/IPE groups which have formed over the years

In 1998 the European Network for the Development of Multiprofessional Education in Health Sciences (EMPE) forum was created. The pioneers of EMPE came from Sweden, France and the UK.

The University of Bobigny in Paris had an innovative approach to undergraduate health professionals in 1984. Similarly, the University of Linköping in Sweden developed a radical new programme for a variety of health professionals who, using problem-based learning worked together and learnt together. Many of the developments initiated by Linköping over the years have been "borrowed" and implemented in universities worldwide.

In 1999 EMPE merged with the Network: Towards Unity for Health and provided both a European and an Interprofessional dimension to a well-established network and community. As the push internationally was for the development of health care in community settings the involvement of ALL health care professionals was becoming obvious. The merger between EMPE and the Network ensured that an international multiprofessional and interprofessional forum was created which built upon the expertise of both of the previous organisations. The Network has always had strong official relationships with the UN and the WHO and in 1999 a further step was made to consolidate this further. The Network: Towards Unity for Health was formed with a remit to serve as a foundation for the development of partnerships to promote health for all people worldwide (more information can be found at <http://www.the-networktuffh.org>). It is very pleasing to note that in 2005, The Network: Towards Unity for Health adopted the CAIPE definition for interprofessional education as did, the Canadians (<http://www.cihc.ca/index.php>) and the United Nations and the World Health Organisation (W.H.O).

Just to remind you, the CAIPE definition for Interprofessional Education is:

“Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care”

CAIPE Collaborations: *The Present*

By Dawn Forman Vice Chair of CAIPE

It is appropriate to CAIPE's philosophy to seek to collaborate and work in harmony with other interprofessional organisations and it is more proactive in making links with other organisations than may be first apparent. For instance CAIPE currently links with:

- The Network: Towards Unity for Health – through Dawn Forman, Vice Chair of CAIPE leading the Interprofessional Task Force of the Network and a signed agreement for the two organisations to collaborate.
- The European Interprofessional Education Network in Health and Social Care (EIPEN) through Margaret Sills
- The Higher Education Academy via the health science subject group and Margaret Sills
- The Nordic Interprofessional Network (NIPNET) with Hugh Barr and Susanne Lindqvist as our representatives.
- The International Association for Interprofessional Education and Collaborative Practice (InterEd) – through a joint agreement between the two organisations and our representatives are Hugh Barr and Lisa Hughes
- And we are discussing an agreement with the newly formed Canadian Interprofessional Health Collaborative (CIHC).

Marilyn Hammick, Hugh Barr, Suzanne Lindquist, Lisa Hughes, and Lesley Hughes have been appointed to the WHO Expert Study Group on interprofessional education and work.

Our new website will incorporate links to these organisations where appropriate and members will therefore be able to access information on interprofessional developments worldwide at the touch of a button.

More Information

The development and work of CAIPE in a set of three publications published by Blackwell

(<http://www.blackwellpublishing.com/>):

Meads G and Ashcroft J (2005) *The Case for Interprofessional Collaboration*

Freeth D, Hammick M, Reeves S, Koppel I, Barr H, (2005) *Effective Interprofessional Education Development, Delivery and Evaluation*

Barr H, Koopel I, Reeves S, Hammick M, Freeth D, (2005) *Effective Interprofessional Education Argument Assumption and Evidence*

The Journal for Interprofessional Education is the official journal of CAIPE details can be found on <http://www.caipe.org.uk/index>

The Education for Health Journal is now available free at <http://www.educationforhealth.net/articles/defaultnew.asp>

CAIPE Workshops 2007-2008

All workshops are listed in alphabetical order

Effective leadership for interprofessional and multi-agency working

(for senior managers / leaders / deans, etc.)

4th April 2008, University of Leicester

Facilitators: Bryony Lamb and Dawn Forman

A collaborative culture is required to develop, support and sustain effective interprofessional education and practice. The aim of the workshop is for delegates to explore the importance of leadership and interprofessional team working in the development of collaborative cultures within and across health and social care organisations. This workshop will draw on the *CIPW Effective Leadership Grids (2007)* as well as the delegates own experiences of leadership and interprofessional team working and identify what works well to develop further actions and strategies which can make a difference in their own teams and organisations.

Evaluation of Interprofessional Education

24th June 2008, London

Facilitators: Marilyn Hammick & Bryony Lamb

This workshop will explore some fundamental issues facing the evaluation of interprofessional education initiatives and apply these to the context of the participants' current work. Discussion points will include evaluation planning, ethics and governance, stakeholder involvement, selecting a methodology and data collection methods, insider/outside researcher status and pilot studies.

Interprofessional education (IPE) facilitation for educators

11th January 2008, University of Southampton

18th July 2008, University of Newcastle

Facilitators: Elizabeth Howkins & Julia Bray

Interprofessional education (IPE) facilitation for educators aims to build on own teaching skills and approaches in order to further develop the skills and knowledge needed for IPE facilitation. Although teachers are prepared for various approaches to teaching and learning including interprofessional education they seldom have enough opportunity to practice their facilitation skills with interprofessional groups. This workshop sets out to provide that extra preparation needed to facilitate group of professionals where the aim is to promote interprofessional education. The workshop will be interactive, will use delegates past experiences of teaching, re-examine the facilitation process, styles of facilitation, intercultural communication and experience some real situations of facilitation. An opportunity is offered to develop own teaching/facilitation plan in a safe environment.

For further information and Booking Form for the above see page 16

CAIPE Workshops 2007-2008

All workshops are listed in alphabetical order

Interprofessional teamwork for practice teams and services

7th March 2008, University of Central England

Facilitators: Bryony Lamb and Helena Low

Restructuring across health and social care organisations requires the workforce to work in different ways. New teams are being formed around client groups, e.g. children and older people, involving a wider range of professions. This workshop will look at ways to understand the different roles and responsibilities of the different professions within teams and will explore ways in which the team members can work effectively together for service improvement and meeting client or service user needs.

Planning and delivery of IPE for Universities

1st February 2008, University of Leicester

4th May 2008, Sheffield University

Facilitators: Dawn Forman and Helena Low

This workshop aims to enhance the participants' knowledge of IPE; enable them to focus on different aspects / elements of interprofessional learning; draw on the recommendations of the *CIPW Framework (2007)*; *foster a creative approach to meeting the challenges of planning, delivering and evaluating an IP curriculum in their local situation and with the resource they have available. Participants are encouraged to share their experiences of taking forward IPE and benefit is therefore gained from both positive experiences and from experiences of having to overcome difficulties and hurdles from a variety of sources. By the end of the workshop, key factors for effective planning, delivery and evaluation of an interprofessional undergraduate curriculum will have emerged.*

Research in Interprofessional Education

30th May 2008, Chesterfield

Facilitators: Lesley Hughes & Bryony Lamb

The aim of interprofessional education and interprofessional practice is to create a culture of collaborative working. Evidence of the effectiveness of IPE is dependent on many issues; for example capturing the experiences of patients, students and tutors, understanding the preparation and delivery of curriculum, exploring the wider organisational issues. Research is a vital component of the progress of IPE and for informing the theoretical framework in which it sits, and policy. This workshop explores the theory of IPE and enables delegates to identify areas of research that can be employed in their institutions and organisations.

For further information and Booking Form see page 16

CAIPE Workshops 2007-2008

All workshops are listed in alphabetical order

Service User Involvement

7th December 2007, University of Derby

6th June 2008, University of Derby

Facilitators: Katie Cuthbert & Liz Day

Higher Education Institutions now must not only account for the needs of diverse communities e.g. people with disabilities or different ethnic backgrounds within their teaching programmes but also acknowledge the contribution of diverse communities to professional training. This means developing meaningful partnerships to inform and guide teaching, learning and culture. Each HEI wants its professional practitioners to contribute to the improvement of services now and in the future. The workshop will facilitate the examination of public involvement in learning and teaching recognising both the culture of Higher Education and the implications of Doing the Duty.

2 Day Workshop 'Using aviation scenarios for training needs analysis' for new and existing interprofessional teams'

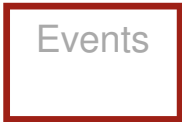
3rd December 2007 & 25th January 2008

19th & 20th June 2008

Facilitators: Bryony Lamb & Nick Clutton

When different professions and agencies work together effectively risk can be reduced and patient satisfaction and safety improved. This workshop uses videos of aviation scenarios for critical incident analysis, drawing on experiences of training air crew, as well as health and social care professionals, to identify good teamwork practice, and the importance of utilising the skills and expertise of the wider workforce. Workshop participants from new and existing teams are able to think outside the box in applying their learning to their own interprofessional work and develop a strategy for new ways of working. To enable participants to identify their personal and team learning needs, using interprofessional teamwork tools as well as enhance their interprofessional membership skills, the workshop covers two days: there is a choice of 1) two consecutive days in June or 2) one day in December and one in January with an interval of 7 weeks between.

For further information and Booking Form see page 16



CAIPE Workshops - Booking Form

Please print to fill in the form and send to the address below. Thank you

Title of Workshop.....

Date(s) of Workshop:

Number of places required.....

Title and name of first delegate.....

Title and names of other delegates.....

Organisation.....

Occupation(s) / Profession(s).....

Address.....

.....

Postcode.....

Contact phone number

Email addresses

Will you require a vegetarian meal? Yes No

Other dietary requirements – please state.....

Please let us know if you have any access requirements

.....

Payment Details:

Cost per day: Non members: £175 Members £157.50 per person

I enclose a cheque for £ made payable to CAIPE

Receipt required? Yes No

Address for invoice if different from above

.....

Please send completed booking form with your cheque to:

CAIPE, 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

Enquiries: For enquiries about the workshop please email dawn.forman@btinternet.com

Please note: The session will not run if we have less than 16 bookings and cancellation within 10 working days of the workshop date will incur full cost penalty. **Thank you for your interest.**

Evolving Theory in Interprofessional Education: An Economics and Social Science Research Council (ESRC) Seminar Series

By Sarah Hean , Hugh Barr, Marilyn Hammick, Margaret Miers, Claire Dickinson, Debbie Craddock, Martin Hind, Eloise Carr, Cath O'Halloran, , Alan Borthwick

Introduction

A collaboration between CAIPE, the Universities of Bournemouth, Newcastle, West of England, Southampton and Huddersfield has been funded by the Economics and Social Science Research Council (ESRC) to host a seminar series to develop theory in interprofessional education (IPE). The aim of the series is to develop theory in IPE and to make this of greater use to the practice of researchers, educationalists, curriculum developers and health and social care practitioners.

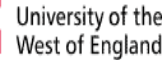
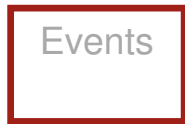
The place of theory in interprofessional education

The evidence base that supports the effectiveness of Interprofessional Education programmes and interprofessional practice is in its infancy. This is partially attributed to the largely atheoretical status of existing enquiry (Clarke, 2006; Barr *et al.*, 2005; Freeth *et al.*, 2002)

To counteract these criticisms, a few IPE researchers have begun to search other disciplines, to date sociology, psychology and education, for theories that may have utility in IPE (Colyer *et al.*, 2006; Barr *et al.*, 2005). This has resulted in a superabundance of theories on 'offer' that have potential use in IPE research. However, few theories have been applied and tested and their number and variety have begun to muddy rather than clarify research and practice waters. This is exacerbated by the fact that the links between the different theories and the prioritisation of the most potentially useful theories remain elusive. It is essential at this early juncture in IPE research that this situation is addressed.

References

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Social Science Research Council (ESRC) Seminar Series

The Aims of the Seminar Series are to:

- Develop a heuristic overview of the plethora of theories recently introduced into the IPE field to explain both interprofessional teaching and learning.
- Compare and contrast these theories and establish consensus as to which should take priority in future IPE research.
- Evolve these prioritised key theories in IPE through discussion of their potential application and testing in interprofessional education and research contexts.
- Emphasise the theoretical underpinnings of interprofessional education and research to improve the quality of the research and practice in this area and other interdisciplinary contexts.
- Bring together the expertise of educators and researchers from a range of health and social care (HSC), education and psycho-social disciplines, to create a forum through which researchers can debate, share, develop and strengthen the research evidence base surrounding IPE.
- Encourage cross fertilisation of ideas, as well as improve communication between practitioners, researchers within health/social care and other disciplines (specifically those of sociology, psychology and education).
- Encourage new collaborations and networks between HSC and the education, psychology and social science disciplines

Who should attend?

We hope these seminars will target a mixture of health and social care practitioners, educationalists and academics. An integration of these different representatives will help tackle the current practice/academic-theory divide and the barriers that keep this in place (D'Onofrio, 1992)

More information on the seminar series can be found at <http://ihcs.bournemouth.ac.uk/etipe/index.html>

Registration: To register your interest in attending the seminar series, please email Dr Sarah Hean at shean@bournemouth.ac.uk

Financial support for attendees. Please note that the seminar series is FREE OF CHARGE. There are a limited number of travel and subsistence bursaries available for postgraduate students and health and social care professionals wishing to attend.

Social Science Research Council (ESRC) Seminar Series

Seminar Content

Four one-day events will be held over 20 months. Three seminars will be held and 1 symposium (see Table 1). The seminar format will involve presentations by key theorists interspersed with workshop activities in which participants will establish points of commonality between theories, identify discrepancies between theories and consider the practical value of each theory and the contexts to which it may be applied.

Table 1

Seminar Title	Date	Location
SEMINAR 1 Theoretical perspectives on Interprofessional education: plethora and priorities	11 th January 2008	University of Huddersfield
Confirmed speakers: Professor Hugh Barr , CAIPE; Professor Margaret Miers , University of the West of England, Bristol; Dr Cath O'Halloran , University of Huddersfield, Dr Sarah Hean , Dr Eloise Carr , Martin Hind : Bournemouth University, Dr Alan Borthwick , Deborah Craddock University of Southampton, Dr Claire Dickinson , University of Newcastle		
SEMINAR 2 Prioritised theories from sociology and dynamic/ social psychology	27th June 2008	Newcastle University
Confirmed speakers: Prof John Carpenter Professor of Social Work and Applied Social Science Centre for Health and Social Care, School of Policy Studies, University of Bristol Prof Alex Haslam Professor of Social Psychology, School of Psychology University of Exeter		
SEMINAR 3 Prioritised theories from education	5 th December 2008	University of West of England, Bristol
Speakers to be confirmed		
SYMPOSIUM Evolving theory in interprofessional education	26 th June 2009	Bournemouth University
Speakers to be confirmed		

Events

The Stakeholder Partnerships Centre for Excellence in Teaching and Learning, based at the University of Central England in Birmingham is delighted to announce a partnership with the Centre for Advancement of Interprofessional Education.



This partnership seeks to establish a network of students involved with interprofessional education and we welcome as members anyone with an interest in this. It is hoped that the student network will have national and international representation. It will serve as a means of supporting students through their interprofessional learning experiences listening to the student voice to benefit present and future learners.

We need students to come and speak to us about their experiences of interprofessional education at our

Student Network Inaugural Event

University of Central England in Birmingham

Wednesday 21 November 2007

11.00 – 15.00

This free event will mark the formation of the IPE Student Network. We will be discussing future project initiatives, so don't miss out on the chance to have your say and make a difference!

If you are interested in attending this event or contributing to the future of interprofessional education from a student perspective we would love to hear from you. We welcome undergraduate and postgraduate students and staff involved in practice based and on campus education initiatives.

Students who are self funded may be able to claim travel expenses.

For further information or to register, please contact:

Nick Gee, Collaboration Project Assistant or Beccy Freeman, Representation Co-ordinator via the project email address CAIPEStudents@googlemail.com

We look forward to meeting you!

Centre for Interprofessional e-Learning Special Interest Group

The next CIPeL SIG will be held on **Monday 26th November 2007, 11.00am to 3.30pm** at Coventry University. We are extending our invitations to this SIG to the wider IPE community, to include Learning Technologists across the UK, Service Users and Students. The aims of the day will be to:

- To launch the CIPeL Repository (named Equella), giving people the chance to see what interprofessional learning objects have already been created.
- To engage participants in evaluating selected learning objects and gaining feedback from the perspectives of different interest groups: learning technologists, academics with an interest in IPE, service users and students.
- To network with different people involved in the creation of interprofessional learning objects.

If you would like to reserve your place, please contact Majid Khan, Senior Clerical Assistant, as soon as possible through this email address: m.khan@coventry.ac.uk Further details will be sent to people who have registered once venue details have been finalised.

Reflections of an Occupational Therapist Student

By Julia Rout

Clinical Placement: a temporary apprentice without remuneration ?

In order to qualify for registration, I have to complete 1000 hours of clinical work supervised by a qualified Occupational Therapist who is trained as a clinical educator. This equates to four x 8 week placements in a variety of acute, community and mental health settings.

Whilst on placement, support from like-minded peers on the course has been essential for a positive experience as we can debrief, share concerns and triumphs, provide reassurance and share knowledge. Being constantly assessed and awarded a final mark meant we were experiencing a new and unique pressure to daily work.

As 'temporary apprentices', without remuneration, my peers and I can relate to each other like no other! Some placements have inspired us whilst others have sometimes been disheartening. However, equipped with reflective tools instilled from the course, we can hopefully make sense of our new and varied experiences.

Will I get a job?

Traditionally, one would enter into the Occupational Therapy and Physiotherapy profession at 'Band 5' by securing a rotational post whereby they would have the opportunity to complete their experience as a Basic Grade member of staff over a 1-2 year period to consolidate their skills and gain valuable experience in a variety of settings. However, in the locality where I would like to work, the basic grade rotation in mental health has been cut, and competition for jobs is real and a far cry from previous times.

To address the shortfall in jobs, as Occupational Therapy students we are being encouraged by our University and our professional body to be open-minded, creative and ambitious about securing first posts that do not necessarily include 'Occupational Therapist' in the title. This creates an exciting prospect for some, but is unsettling for others. Such jobs may have titles including: support workers, project managers, care coordinators, therapy assistants, development workers and employment specialists working in the field of physical and mental disability. Reassuringly, a potential employment avenue opening up for Occupational Therapists has come about from the Welfare Reform green paper (July 2006): 'A new deal for welfare – empowering people to work.' Part of the bill is based on Department for Work & Pensions 'Pathways to Work' pilot which emphasises intensive rehabilitation for new incapacity benefits claimants and support into work, and has been underpinned by the 'Condition Management Programme'. Many organisations are involved in partnership working to get people back into work such as JobCentre Plus pilot schemes, the NHS, Department for Work and Pensions, employers and a host of other providers of various services from all sectors. Occupational Therapists are well-suited to this work.

Department for Work and Pensions (2006) *A new deal for work: empowering people to work* London TSO Stationary Office CM6730

Interprofessional Learning: an example from experience

By Angela Akobi-Ebhote and Gail Latham, University of Central England
Birmingham.

Angela is studying a (BSc Mental in Health Nursing and Gail a Diploma in Adult Nursing at the University of Central England Birmingham. They presented this work at the *CAIPE AGM* May 2007.

Interprofessional Learning

Interprofessional Learning is all about enhancing understanding of other health and social care practitioners' roles and relationships through shared learning. The programme at the University of Central England (UCE) Birmingham is currently piloting a three-year series of cross faculty Interprofessional learning (IPL) events that is workshops At UCE where we study, IPE workshops are compulsory, and we are required to reflect on each workshop for our portfolio. Our peer group had several sessions with different learning techniques; we have explored diverse topics such as

- Introduction to Interprofessional Working
- Public Perceptions of Health and Illness
- Team Working and Communication
- Working with Potentially Vulnerable People

These study days are incorporated into our timetable. Workshops are compulsory, so even if a student is on placement, letters are sent to placement areas to request students' participation and release from work. Every health and social health student is involved. This includes radiographers, speech and language therapists, social workers, adult, child, mental health and learning disability nurses, and midwives. It is obvious how much planning and preparation is done to make it happen. Students are sent information letters, given a password to a website and blog, which enables us to do some work before hand. Groups are formed and for each group to be complete it must be representative of different departments. Then small mixed groups are formed resulting in a diverse interprofessional study experience. There is no way a student can be absent unnoticed and not without dire consequence. Apart from the fact that, all we get from every lecturer in every module/class is how compulsory and valuable the IPL events are, there is a relevant component of our portfolio made specifically for IPL documentation that must be assessed by personal tutors. All these factors contribute to the excellent attendance record of the workshops.

Learning from the experience

The content of the workshops also ensures we become more aware of the work of other groups who may not be at UCE, including doctors, physiotherapists, occupational therapists and podiatrists. As final year students, the first 2 years of the course were summative, despite that, attendance to IPL cross learning events was excellent. This academic year, the interprofessional module will adopt a problem based and case based learning approach; we have since chosen a case scenario from the choices available. From the experience of IPE in these sessions, it is interesting to see how different the experience in practice might be. Although we have seen examples of good practice, we have also encountered cultures where professional groups seem to be in competition rather than working together for the benefit of the patient. From observation whilst on placement, we think there is still much work to be done to inform and create an authentic awareness of the added- value of interprofessional working to health and social care delivery. With the experiences gained so far on both the IPE workshops on campus, and other IPE groups we are involved in, we hope to work in a different way when we qualify. We have come to value the need for and the benefit of working within an interprofessional structure to provide holistic care to the best interest of the service users. All health professional should work as an integrated team to provide quality care in the best interest of the service users.

Mind the gaps: a user's perspective on missed opportunities

By Chris Green, Ph.D. student, University of Essex

Doctors, nurses, social workers, physiotherapists, occupational therapists, pharmacists, administrators, managers in hospitals, surgeries, offices, clinics, gymnasiums, schools, the family home, these are the people Robert has met and the places he has met them. Robert is my brother. He has severe cerebral palsy and has been profoundly deaf since birth. The doctors said he had complex needs. The doctors said he would be a vegetable, but that was 1979. They were half right, he does have complex needs.

The 1980s, and to my young eyes there appeared to be little coordination between different professions, departments and agencies that I supposed were there to help make my brother's (and his family's) life easier. My mum lived in a state of perpetual disappointment with service provision. It appeared that almost every compromise to care was initiated or exacerbated by poor interprofessional and interagency communication and teamwork. The service was there but it was poorly accessible, seldom appropriate and never integrated, at least that's how it appeared. The frustration is those gaps, the holes in the net of health and social care provision, where what is provided is not what individuals need, and the things that are needed are not provided. Take this brief example. Robert has been referred by his GP to the community physiotherapists. The community physiotherapists say they cannot provide physiotherapy for him as he has cerebral palsy, he cannot be rehabilitated. He has not broken a leg or had a stroke. They say that he should approach social services that can provide carers who can do his physiotherapy. Social services say that carers are not trained or insured to carry out physio. Only trained physiotherapists can do it. In the meantime, Robert's legs tighten, he becomes wheelchair-shaped, his mobility deteriorates, he puts on weight, his dexterity worsens which affects his ability to communicate (he uses British Sign Language), he becomes less independent and will likely require far more intensive and expensive care in the future as a direct result.

Some may argue that this is a policy issue that the gaps are created by government priorities targeted in certain areas whilst others are neglected. This maybe so, but, it is also a professional issue. In today's modern workforce are reflective practitioners satisfied with just "doing their bit" whilst the user's needs that fall outside of their immediate field of skill must be someone else's responsibility? Complex problems are complex. Simple solutions to complex problems tend to cause more problems. An integrated matrix of services is necessary so that all the needs of service users can be met. Interprofessional education (IPE) programmes for health and social care professionals are a good start but, it has to be done right. Evaluations of IPE have provided evidence that these programmes positively affect knowledge, skills and teamwork amongst participants in the short term (Carpenter, 2001; Freeth et al., 2002). However, what of the lasting transfer of interprofessional values from the educational to the practice setting? Is this the key to improving service user experience?

As for Robert, well he still does not receive physiotherapy, though this may soon be resolved through persistent and assertive discussion. He still has complex needs that will never change. What can change is the way in which those needs are addressed, the way services are provided, the way professionals and service users' work together to achieve shared goals, and the way professional educational programmes are delivered to ultimately achieve these aims.

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Robert and Chris

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Learning in Practice: An Interprofessional Learning Workshop

By Toni Sanderson West Berkshire

As part of learning in practice for all health care students in Berkshire West we have developed Interprofessional Learning Workshops. This is to ensure that all students have an experience of learning together and being able to actively participate in debate and explore problems with students from other disciplines. It provides them with a greater insight into alternative professional perspectives. The students' previous experience of interprofessional learning varies as some will have already shared academic learning in their university setting and others not. Three workshops have run over the last academic year the groups were 30-40 in number and consisted of students from physiotherapy, occupational therapy, pharmacy, operating department practitioner, speech and language therapy, diagnostic and therapy radiography, dietetics and nursing. The programme for the day consisted of an introduction and the aims and objectives.

Aim: To enable participants to have a better understanding of other health professional roles and to be able to identify opportunities for Interprofessional Learning in Practice.

Objectives: To be able to discuss different professional roles that contributes to patient care
 To be able to recognise the shared knowledge and skill base across the professions
 To further develop communication skills for collaborative working

A presentation was given by facilitators from each of the disciplines on the training, role and collaboration between the professions. This was followed by mixed professional student group work where they discussed what was common and unique to each of their roles. The groups fed back to their peers and facilitator panel and there was further discussion around the benefits of interprofessional learning and opportunities available. In the afternoon a short presentation was given about the benefits to of interprofessional learning before the students were again divided into their relevant groups to develop a patient's journey from diagnosis to outcome. They were encouraged to identify patient's pseudonym, gender, social history, health problem and their progress over a length of time on to flip chart. Once this was completed the journeys were passed to a different group of students for them to identify health care professional intervention throughout the patient's journey. When completed the journeys were presented back to the whole group, they were asked to identify any further interventions from other professionals or agencies. The journeys were later written up and sent by email to the students for their own reference to the workshop.

Evaluation by all students at the end of the workshop:

Were objectives for attending this workshop met?

All students agreed that objectives had been met and that valuable information had been learnt.

Were the learning methods appropriate for the topics being discussed?

Again all students agreed the methods were appropriate to learning, valued greatly group work and brief insight to roles initially.

Was the content relevant to your needs? (Please comment and include two examples)

Mirrored comments made above about working with and learning from other students especially about patient's journey and how the professions integrate; opportunity to mix with other students from different disciplines; finding out about other roles they were not aware of existed!

For further information contact Chris Frith Chris.Frith@berkshire.nhs.uk

CETL4HealthNE enables early clinical exposure and IPE for pharmacy and medical students

By Carol Candlish and Jane Metcalf

Carol Candlish Principal Lecturer University of Sunderland

Jane Metcalf Consultant Gastroenterologist, Senior Lecturer University Hospital of North Tees

Email carol.candlish@sunderland.ac.uk

The Centre for Excellence in Healthcare Professional Education (CETL4HealthNE) <http://www.cetl4healthne.ac.uk> is a consortium of all five universities in this region (Durham, Newcastle, Northumbria, Sunderland and Teesside) with NHS partners including North Tees and Hartlepool NHS Trust and The Strategic Health Authority. This CETL is working towards the aim of developing new ways of sharing best practice in healthcare education throughout the range of healthcare professions to meet the needs of the modernised NHS and the growing & changing expectations of patients.

The background of this project from the pharmacy perspective was a traditional UK pharmacy undergraduate education (MPharm) which has a science base with no funding for clinical placements. However The Royal Pharmaceutical Society of Great Britain (the accrediting body) recommends that undergraduate pharmacy students undertake both IPE and clinical placements. The actual time for these activities is not stipulated and hence time spent in IPE and in patient-focused placements varies between UK schools of pharmacy.

The MPharm programme at the University of Sunderland consists of four years study during which the students visit pharmacies. However we have not been able to offer IPE largely because of our geographical position in the North East of England with considerable distances between the University and the other regional providers of higher education for health and social care (and many hospitals) and thus also a lack of close working arrangements with these organisations.

Working within the IPE work stream of the CETL4HealthNE our aim was to plan and deliver a teaching event for first year medical and pharmacy students which encompassed IPE and practice-based learning with real patients within four months of the students beginning their respective programmes. First year pharmacy undergraduate volunteers were invited to join the teaching event together with all first year medical students on placement at the University Hospitals of North Tees and Hartlepool in January 2007.

Students were split up into mixed groups of two medical and two pharmacy students who were taken to see their previously consented patient on the ward by a final year medical student who observed them undertake their tasks. They took a focused medication and medical history then measured and recorded radial pulse rate, blood pressure, temperature and respiratory rate (and peak flow if applicable). The students returned to the teaching centre and discussed their findings facilitated by the final year medical student, plus a pharmacist and clinical lecturers using the BNF as a resource. Feedback was extremely positive.

In conclusion: The opportunity to offer this IPE placement to first year pharmacy students arose directly because of CETL4HealthNE and is a prime example of how relationships between professional groups of staff, who would not normally mix together, have been enabled via the CETL and this has helped improve the student experience. We believe that commencement of IPE early in the first year should help to lessen creation of professional barriers between various healthcare professions after registration which in turn should help improve patient safety.

EIPEN and IPE from a pharmacist's perspective

By Neena Lakhani BPharm, MSc, DipClinPharm, MRPharmS Senior Lecturer,
Leicester School of Pharmacy, De Montfort University

I was privileged to attend the EIPEN conference in Krakow with our Leicester colleagues from De Montfort University and the University of Leicester. The group presented 3 posters, 1 workshop and 2 papers on various themes from our fantastic IPE programme. A truly inter-professional collaborative effort!

I think the idea of IPE is novel to Pharmacy, judging by the fact that only 2 pharmacists attended the conference. Interprofessional education and collaboration are, in my opinion, a very important aspect of professionalism and integral to a pharmacist's role. What is challenging is to appreciate what advantages this can have and acknowledge that IPE needs to be taught and delivered from an undergraduate level and carried forward into practice.

Although there are various IPE courses being delivered by other Schools of Pharmacy, I am encouraged that the Leicester School of Pharmacy is well and truly on the national and international map, and as such, our course has been acknowledged by many delegates at this conference. I am grateful to have made links with so many of our national and international partners. In particular, the conference encouraged me to reflect on several key points, which include e-learning in IPE programmes, delivery of hands-on practice based programmes (e.g. Sweden), improving reflective writing and improving IPE collaborative efforts in developing countries.

Our workshops and presentations were well attended and encouraged interactive participation. In particular, we presented our views of the award winning 'Leicester Model'. I highlighted my perspectives of what it was like to be a tutor on the IPE course, describing my experiences of the intricacies of IPE facilitation. This also stimulated one of the delegates to come and ask me about the programme in depth and commented that it was an account that I had 'spoken from the heart with passion'. Presenting with my other colleagues showed a truly inter-professional team effort.

Regional evaluation of the course has been very positive, highlighting the need of good preparation for the delivery of this course to over 3500 students from 13 different professions across the De Montfort University, the University of Leicester and the University of Northampton. This was positively welcomed at the Conference. There was ample opportunity to network with delegates and forge useful links. The team had the opportunity to attend several workshops and paper presentations from other delegates.

The keynote speeches were excellent and presented by experts from Italy, Sweden, Canada, Poland and UK. The hosting committee organised a conference which included a sound academic component and a cultural experience, including visits to local attractions and a tour of the medieval Jagiellonian University, whose students included Pope John Paul II.

The Leicester delegates:

DeMontfort University	University of Leicester
Neena Lakhani	Elizabeth Anderson
Jenny Ford	Sandy Goodyer
Jacqui Williams	Lucy Thorpe

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Developing CAIPE in Ireland: sharing interprofessional experiences north and south of the border

By Dr Sue Morison Queen's University, Belfast.

Following on from the successful launch of CAIPE in the Republic of Ireland (ROI) in June 2007, a collaborative partnership has developed between the Institute of Technology, Tralee and the Centre for Excellence in Interprofessional Education (CEIPE) in Queen's University, Belfast. CEIPE has developed and piloted interprofessional initiatives in a variety of settings and one of these, discussed with colleagues in Tralee, is in the area of simulation.

Simulation in Nurse and Medical Education

Clinical experience and contact with adult and child patients and their families have always been regarded as priorities for undergraduate teaching programmes for both medical and nursing students.

However, as student numbers increase and there are an increasing number of constraints around consent, clinical governance and safety in the workplace, the opportunity for students to interact with patients becomes more difficult. Consequently, there is an important need to investigate the effectiveness of alternative learning opportunities that will enable students to acquire the skills they need in order to be effective and safe practitioners. Simulation using high fidelity manikins is one such method. CEIPE is currently supporting two projects in the area of simulation.



Human Patient Simulation Project

The Human Patient Simulator project, led by Dr Marian Traynor, from the School of Nursing and Midwifery, has developed and implemented a case scenario-based approach to learning in an interprofessional context and is now embedded in the fourth year medical and third year nursing curricula. Dr Traynor will work with colleagues from the ROI to share best practice and experience in this area.

SimBabyProject

Over the past year a high fidelity manikin, SimBaby, has been used to teach the assessment and management of common clinical conditions to an interprofessional group of third year nursing and fourth year medical students. The feedback, both formal and spontaneous from the students has been very positive. The SimBaby team, led by Consultant Paediatrician, Dr Moira Stewart is being funded by the MEDEV Subject Centre of the UK Higher Education Academy to run a workshop on introducing SimBaby as a tool for developing shared learning for undergraduate medical and nursing students. The workshop will provide paediatric trainers and nurse tutors with the opportunity to gain first-hand experience of SimBaby, hear how it has been used for interprofessional learning during the past year, and some of the feedback from the students. Participants will also write their own scenarios, programme SimBaby and deliver SimBaby teaching.

Colleagues from the ROI will be attending the workshop and are also helping by providing two additional SimBaby manikins to maximize participants' opportunity for interaction. It is hoped that this initial sharing of interprofessional experience north and south of the border will lead to further productive and fruitful collaborative initiatives. The next CAIPE IRL event is on the 11th December.

Director: Centre for Excellence in Interprofessional Education (CEIPE)

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The Canadian Experience of Interprofessional Education

By John H.V.Gilbert, Ph.D. Project Lead, CIHC; Principal & Professor Emeritus
University of British Columbia (UBC) Vancouver Canada

Beginning in the 1980's Canada has moved to reducing health disparities in the country by espousing a population health approach. Following the report of the Commission on the Future of Health in Canada in 2002, the Federal Government established a National Expert Committee on Interprofessional Education for Collaborative Patient Centred Practice. Through Health Canada this committee has provided approximately Cdn\$22 million of funding for 21 projects across the country in support of its mandate. Some sample projects from across Canada include:

- *IRPbc (British Columbia)* – student teams representing a range of health professions are placed in a remote/rural community where they live together, work together, job shadow one another and do a major project together
- *IDEAS (Ontario)* – is developing an innovative, interprofessional curriculum for disaster/emergency preparedness which will make it possible to integrate interprofessional student teams in disaster/emergency preparedness plans
- *Seamless Care (Nova Scotia)* – student teams from medicine, nursing, pharmacy, dentistry and dental hygiene are helping patients develop the skills and knowledge they need to manage their illness and work with the health care system. This is helping to ease the patients transition from acute care back into the community.

Canada has been fortunate in learning many lessons about IPE/IPC/IPL from projects and colleagues around the world. We have learned, for example, that:

- Effective IPE is lacking during most pre-licensure education.
- One size does not fit all.
- Some of the best opportunities to achieve IPE occur during pre-licensure practice and clinical education.
- Changing university/college curricula is hard work
- Accreditation is a major driver of change.

The Canadian Experience: continued

By John H.V.Gilbert

In 2006, Health Canada put in place funding for the Canadian Interprofessional Health Collaborative (CIHC) whose major foci include:

- Identifying and sharing best practices in interprofessional education and collaborative practice.
- Working with education and health policymakers to build a more patient-centred approach to health care delivery.
- Coordinating and disseminating learning from the various Health Canada funded projects.
- Establishing CIHC as THE Canadian organization for Interprofessional Education for Collaborative Patient Centred Practice.

There are now at least eight programmes in Colleges and Universities across Canada, which have sustained funding for IPE/IPL, and leaders who enjoy senior positions. The health care industry is developing interprofessional collaborative teamwork approaches to care, and provincial ministries of health are providing funding to establish models of good practice. As the Health Council of Canada wrote in its 2005 Annual report: *“Health care delivery models of the future clearly envision teams of health care providers working together to meet patient needs.”*

Much exciting work in curriculum development, evaluation, and research and knowledge dissemination is under way and will be visible at the first USA-Canada meeting: Collaborating Across Borders, which is being held in Minneapolis this October. It is anticipated that this will be an ongoing bi-annual event in North America, complementing the international meetings being hosted by the International Association for Interprofessional Education and Collaborative Practice in alternate years.

The CIHC looks forward to sharing its knowledge and experience with members of CAIPE through a closer affiliation in the future.

Reference

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Intermediate Care: An Interprofessional Learning Opportunity in Primary Care

It was thought that a student placement within an Intermediate Care setting would make an excellent opportunity to participate in action learning sets over a four-week period. The learning would take place around the issue of IPL and the 'patient journey'.

Below is a simple systematic model that came about as a result of this project describing a way of facilitating an IPL project.

The Intermediate Care teams were happy to think creatively about an interprofessional placement recognizing the potential that this team could contribute to IPL. For many teams delivering healthcare lack of time and resources was a concern (Cooper et al 2001) so care was taken with regards availability and logistics. The aim of this project was to improve holistic care delivery and patient outcomes. This is recognized as a legitimate aim of IPL by Kneafsey & Long (2002). Therefore, the themes contributed to this aim and core learning themes were identified by educators. Carlisle et al (2004) suggest that the success of IPL is dependant on the motivation of participants. It is therefore a priority to engage staff in making the learning that was already happening explicit, and it was felt that these themes were highly appropriate for this service. The project was evaluated in terms of two criteria

1. Broadening of student knowledge.

Evaluated using student formative and summative form.

2. Development of educator skills and knowledge.

Evaluated using mentor/educators questionnaire.

As well as this, the SWOT analysis evaluated the project organization; in order to provide information that would contribute to the continuous improvement of the programme ensuring that it was dynamic (responsive to feedback) and sustainable. This was useful and did also provide some incidental information on learning.

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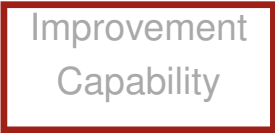
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Model for Facilitating an IPL Project





Improvement Capability for Improved and Safer Care

By Dr. Jean Penny, Head of Learning, NHS Institute for Innovation and Improvement

People assume it takes managers to make improvements but small changes by practitioners can greatly improve patient experiences' (participating student).

What are we trying to achieve at the NHS Institute for Innovation and Improvement ?

A priority of the NHS Institute for Innovation and Improvement is to develop capability for a self-improving NHS. One current stream of work is a partnership with Higher Education Institutes and local NHS employer organisations to develop short courses on improvement applicable to anyone at undergraduate level. The principle is that the responsibility for improvement needs to be embedded in the initial stages of education and training with the message that everyone, whatever discipline or grade, has a contribution to make to provide better, safer healthcare.

How are we doing it?

In 2006 the Institute commissioned three universities to each develop and pilot short courses designed to enable students undertaking their initial clinical training to develop an understanding and practical knowledge of service improvement before taking up their roles in the NHS. Although different in their design and delivery each approach includes an introduction to the four equally important fundamentals of improvement (Clark et al 2004, Penny 2002):

- public and patient involvement
- personal and organisational development
- process and systems thinking
- initiating, delivering and sustaining improvement and innovation.

Evaluation

Feedback from the evaluation of this first phase showed that students and staff in the HEIs enjoyed it and found it useful

<i>Participating Students</i>	<i>Participating HEI</i>
<p><i>Taking time to consider each client as an individual, listening rather than just hearing.</i></p> <p><i>Quite a significant impact on my feelings about my responsibility as an individual to facilitate and initiate change in the NHS. I felt beforehand as if I'd be more of a cog in a wheel - I definitely feel more empowered now.</i></p> <p><i>I have always been aware of the various government and local policies and improvement plans, but until I had attended this module I was not really aware of my role or how I could influence or become involved in these plans. I feel I can now play an active part.</i></p>	<p><i>One of the main aims of this is to develop relationships</i></p> <p><i>It has established excellent relationships.</i></p> <p><i>We piloted the module on staff, which was very enjoyable and brought staff on board, they've shared experiences with their students.</i></p>

Improvement Capability for Improved and Safer Care: continued

Dr. Jean Penny

Evaluation

Students commented in the evaluation on the advantage of working in multidisciplinary groups, 'as service improvement requires collaboration between different parts of the NHS' and that it 'helps with multidisciplinary collaboration'. This fits the goal of interprofessional education of developing 'health professionals who leave their training programmes as competent collaborative patient-centred practitioners' (Oandasan, Reeves 2005)

The next phase

During 2007 and 2008, the NHS Institute is continuing to work with their three original partner universities and have recruited 6 new consortia, each comprising a university and one or more NHS partners who will rollout these short courses within their pre-registration programmes. The aim is to test further the feasibility and effectiveness of incorporating this improvement into a higher education institution's curriculum for undergraduate training.

For more information on this work or how to learn more about an event on 24th January 2008 to share the work so far please contact Dr. Jean Penny, Head of Learning, NHS Institute for Innovation and Improvement on jean.penny@institute.nhs.uk

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Congratulations



Lisa Hughes Appointed to a Department of Health Position

Lisa Hughes has been appointed Allied Health Professions Officer within the Professional Leadership Team at Department of Health and has filled this position this month. Lisa has a wealth of experience to offer this new role of providing clinical leadership to the Allied Health Professions across health and social care. Lisa has worked vigorously to promote an interprofessional workforce as Director of the Creating an Interprofessional Workforce Programme (CIPW) and is commended on the launch of the Department of Health funded document **“Creating an Interprofessional Workforce: An Education and Training Framework for Health and Social Care”** this September. Lisa has an outstanding background for her new role through her clinical work as a dietician, her experience in education, and particularly, her capability in strategy and policy development. Lisa has been an active CAIPE Board member and a member of the World Health Organisation (WHO) Working Group for interprofessional education and practice.

We are delighted to broadcast your appointment and to wish you the very best in your new role. We hope to have a contribution on Lisa’s role in the next Bulletin.

Congratulations!

Congratulations



Dr Liz Anderson, University of Leicester Academic, Receives Award for Teaching Excellence

A University of Leicester academic has been awarded a National Teaching Fellowship from the Higher Education Academy. She is among 50 lecturers and learning support staff to be recognised for their achievements. The 50 individual award winners for 2007, chosen from 223 nominations submitted by higher education institutions across England and Northern Ireland, will each receive awards of £10,000 to support learning and teaching activities. Elizabeth received her award at a gala dinner in London on September 19th

Dr Elizabeth Anderson is Senior Lecturer in Shared Learning in the Department of Medical and Social Care Education, has been a leading national protagonist of community practice learning and interprofessional education (IPE). She has enabled students from a range of health and social care professions to work together to find solutions that they can use in future practice; these approaches have been copied around the world. Consistently working at the cutting edge, Elizabeth developed a scheme which put medical students into the community to learn 'on the job' with patients who have been trained to become teachers, talking about their experiences from their own homes. In designing new community modules for teaching, Elizabeth has liaised with marginalised groups, including homeless people. The 'Leicester Model of Interprofessional Education' allows learners to be immersed into the complexity of diversity issues and addresses the need to offer patient-sensitive care. As a result of this work and the Leicester Model, she was invited to speak at a Parliamentary briefing for MPs and peers on behalf of the General Social Care Council.

Elizabeth is a longstanding and very active member of the Board of the UK Centre for the Advancement of Interprofessional Education (CAIPE). Professor Marilyn Hammick, Chair of CAIPE writes 'Personally , and on behalf of the Boards and members of CAIPE, I would like to congratulate Liz on achieving this prestigious award; and to wish her all the very best as she takes forward the important work she is involved in. Liz is a great champion for interprofessional education and her National Teaching Fellow success is very well deserved. We are proud that a member of the CAIPE Board has been awarded this title and look forward to the outcomes of the work that she will be doing in her Teaching Fellow role'.

Liz Anderson, University of Leicester Academic, Receives Award for Teaching Excellence National teaching fellowships awards announced



Warmest congratulations, Liz, on being the first interprofessional educator to win this prestigious award. It is wonderful recognition of all the imaginative and innovative approaches to interprofessional practice learning pioneered at Leicester under your leadership, coinciding happily with the publication of your paper with Angela Lennox which will enable others to travel that road.

Hugh Barr, President, CAIPE

Congratulations



CAIPE VICE CHAIR BECOMES EUROPEAN REPRESENTATIVE TO THE NETWORK/TOWARDS UNITY FOR HEALTH

The Network: Towards Unity for Health (officially linked to the W.H.O) held its conference in Uganda this year and was attended by 400 delegates from all over the world. Dawn Forman (Vice chair of CAIPE and Chair of the Task Force on Interprofessional Education for the Network) ran a full day workshop with Dr Jill Thistlethwaite (Sydney University and Dr Marion Jones (Auckland University of Technology) and encouraged the IPE task force to commit to the following objectives for the forthcoming year:

- suggest a key note presentation on International Development in IPE for the next task force meeting
- seek agreement from each IPE organisation to collaborate in an affiliated agreement and ensure communication on Research, Education and Practice is possible between IPE organisations
- work with other task forces of the network to share agendas and take forward joint developments
- enhance the web site presence of the IPE task force and thereby aid communication between meetings
- have co chairs of the IPE task force in order to share the workload and stimulate creative developments - Dawn Forman and Betsy VanLeit (New Mexico)

Continue to contribute to the production of the WHO definitions for IPE.

Dawn has worked with the Network since 2000 when as secretary general she facilitated the merger of the European Network for Multiprofessional Education (EMPE) with the Network. The Network which has a large member of medical professionals is very keen to take forward initiatives in Interprofessional Education and Practice. Particularly those with a community focus. The photographs here show the health care communities resources in Uganda.

At this year's conference Dawn was successfully elected as the European representative to the Network. So in addition to the list of activities planned for the IPE task force Dawn will be seeking to take forward initiatives for the European representatives.

Further details about the Network: Towards Unity for Health can be found at <http://www.the-networktufh.org/home/index.asp>

Congratulations from all at CAIPE

Best Wishes

Professor Marilyn Hammick, Chair



Qualitative evaluation of interprofessional learning and responders' anonymity:

A question from primary care researchers Charles Champion-Smith, GP, and Helen Austin, Health Visitor and Research Associate, in Dorset

Question

Dear Rosie,

We are just about to submit for ethics approval for a qualitative evaluation (by telephone interview) of an interprofessional palliative care masterclass series.

Our interview guide will prompt for participants' views on the benefits and problems of this being interprofessional learning - as well as asking about the actual content of the course. We feel knowing (and showing) the profession of different respondents would add to the value of the analysis but there is the risk that this will jeopardise the anonymity of the response - for instance there was only one Emergency Care Practitioner on the course. We would value your thoughts on how best to resolve this any ideas welcomed.

Many thanks, Charles CS & Helen Austin

Answer

Dear Charles and Helen,

Re your specific query about jeopardising the anonymity in response. We have faced this on a number of occasions particularly when focusing on specific trusts as case studies. We overcome the problem by stating in the information we send out in advance that 'no direct quotes will be included in the report without explicit permission from the individual concerned'. If an individual's quote is of particular significance we send this to them, stating why we would like to include this, asking their permission to include. No one has yet refused!

Hope this is of help.

Rosie Tope



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.

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

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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



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Contributing to the CAIPE Bulletin

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

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

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

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

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

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

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

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

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

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