



# BULLETIN

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**CAIPE  
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## Bulletin Information

## Message from the Editors

The Bulletin attempts to publish to its members three times year, to share examples of good practice, national and international news and report on CAIPE Board Meetings, AGM and Corporate Forum. Occasionally, where reports have been less available, as was the position this year; the Bulletin is published twice. 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. It is through this networking process that we reach out to people not only to inform them about what is happening around interprofessional education, but who we rely on to send us documentation about IPE that we can then publish and share with the wider community. We feel that our potential readership is wide, from an Interprofessional Education novice, to someone who has been involved with IPE for many years. Bearing this in mind, we would like the Bulletin to include something for everyone. Please keep your reports coming in.

## 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. The copy deadline for the next Bulletin is Friday 25th March 2011. The Theme is 'Simulation', Patient Safety' and the Human Factor**

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](mailto:L.A.Hughes@Hull.ac.uk) or Richard Pitt, [Richard.Pitt@nottingham.ac.uk](mailto:Richard.Pitt@nottingham.ac.uk)

**We look forward to hearing from you.**

**With very Best Wishes, from Lesley and Richard (Co-editors).**

**CAIPE  
CHAIR  
REPORT**

**Message from CAIPE CHAIR:**

**Elizabeth Howkins**

**Message from Elizabeth Howkins (Chair of CAIPE)**

At our annual general meeting on June 24<sup>th</sup> I had the pleasure of delivering a very positive annual review (it can be read in full on the intranet) for the year 2009 to 2010. Over a three year period of rebuilding CAIPE, setting in place new organisational systems and growing its membership CAIPE is now a confident and effective organisation able and ready to build on its high profile in the UK and on the world stage of IPE. To become sustainable and to have the capacity for development, CAIPE had to achieve a healthy financial position. A proactive marketing strategy to promote membership has paid dividends and our membership numbers have increased over the year. The majority of our income comes from membership fees. Increasing our numbers must remain a key strategy now and the future. I would like to make a request to you, as CAIPE members to use any opportunities to actively promote CAIPE throughout the coming year; at conferences, other events, workshops and through your networks.

In the rebuilding phase of CAIPE all the work was carried out by a small group of members on an entirely voluntary basis. Today we are able to support the costs of employing an administrative assistant and membership secretary. Emma Beal started her work for CAIPE in June and has quickly learnt to support and administer quite a complex organisation. A difficult task when there is no central office. Emma is the name behind: [admin@caipe.org.uk](mailto:admin@caipe.org.uk)

One of the aims I outlined in my speech as new chair in 2009 was for CAIPE: **To work more effectively with government and policy makers to influence IPE in practice.**

The CAIPE board nominated two members to lead and coordinate responses for policy and other significant documents. Liz Anderson and Richard Gray have kindly taken on this role and have led on the CAIPE response to, Lord Laming recommendations, through working together to Safeguard children, pre-consultation response. CAIPE has made a statement on, WHO Framework for Action on Interprofessional Education and Collaborative Practice. In September CAIPE made a response to the General Medical Council (GMC) on the Doctor's role in child protection. Other policy statements and comments are also underway so do regularly visit the CAIPE website where news items are posted.

[www.caipe.org.uk](http://www.caipe.org.uk)

At the end of the AGM we had a short board meeting where the suggestion was made to respond to Nick Clegg's call for ideas to save public money. An immediate draft outline was started and finalised later as a press release from CAIPE; titled:

**Workforce development in health and social care saves money: Educating professionals together to work collaboratively gives better value for money.**

We have had some response which I will elaborate at a later date. The most recent CAIPE response was to, The NHS White Paper, Equity and Excellence: liberating the NHS, it has been submitted to the DOH through the consultation timeframe.

CAIPE is now actively taking on its role to influence policy at the highest level in both education and practice. I welcome involvement in these activities and all future initiatives from all members.

Elizabeth Howkins October 2010

## CAIPE NEWS

### **CAIPE's Response to the White Paper, 'Equity and Excellence: Liberating the NHS'**

CAIPE wrote the following:

CAIPE welcomes the NHS White Paper, and looks forward to responding more fully to the related consultation on education and training

Meanwhile, CAIPE recognizes the significance of the following within interprofessional education:

1. Putting patients and the public first
2. Patient safety
3. Empowering professionals in improving service delivery and health outcomes
4. The multi-disciplinary and partnership approach
5. Equity and fairness

Interprofessional learning, based on the experience of CAIPE and its members, is essential as an integral part of all professional education in health and social care to generate commitment and capacity to implement the proposed framework for quality and service improvement.

Interprofessional learning should underpin every stage of career progression to ensure that the similarities and differences which each profession brings are utilised in collaborative practice, sharing decision making with individuals, families, and communities. Learning with, from and about each other challenges and transforms practice. Team work is pivotal; its effectiveness depends upon team building and development in interprofessional learning.

CAIPE questions the recurrent tendency to assume that interprofessional collaboration can be assured by structural means alone. Change can generate resistance. Interprofessional learning can enable parties to review policies from different perspectives taking in to account implications for grass-roots workers on whom successful implementation depends.

Interprofessional learning will therefore be especially important for all those variously involved in commissioning and implementing the proposed developments to develop their interprofessional team working skills. We trust that commissioning will be collaborative involving all the professions affected.

The Government's proposals are an immediate challenge to teamwork between the range of health and social care professions. There is no higher priority than to provide opportunities for interprofessional learning, one to which CAIPE would readily contribute its experience.

Elizabeth Howkins (Chair)

Hugh Barr (President)

23rd September 2010

# CAIPE NEWS

## **A Report compiled for the General Medical Council by a range of CAIPE experts with experience in Child Protection.**

### **This extract is a summary of the key points raised:**

Although guidelines about how doctors and other professionals should behave professionally and ethically in child protection cases make it sound straightforward, this is often not the case. For example in the case of possible child abuse or neglect implicit consent is assumed, however, it is sometimes difficult for a doctor to ascertain what information is relevant from the parental medical history and should be shared with other agencies. Doctors work in a variety of settings where they see children and young people and child protection work requires sophisticated competencies in communication, ethical principles for practice combined with clinical expertise in assessing both physical and mental potential harm. Doctors require support to gain these competencies through relevant on-going training.

### **In our report we highlighted the following areas of difficulty for doctors and areas for on-going competence development:**

**Person-centred care;** on how to gain consent and work in partnership with the child and family while maintaining professional confidence. Explaining to patients why it is necessary to pass on information and seeking their consent must be the appropriate way forward. In particular when there is clear conflict of interest between child and a parent, or between parents, experience has shown that it can be helpful for them to be seen by different members of a GP (General Practitioner) practice.

**Trust;** Agreed interprofessional decisions should be made on the basis of information gained from all aspects of health and welfare of the child, and a lack of trust between professionals can negatively impact upon this process. In addition all professions need to know when to refer. The important issue here is to understand and trust the roles of other key professionals involved with child protection. This requires continuing interprofessional education, as roles and responsibilities are constantly evolving and changing.

**Ethical Principles;** Doctors require up to date knowledge on the legal framework and ethical principles which govern consent and underpin child abuse work.

**Interprofessional working;** The liaison between the GP and the midwife/health visitor/ school nurse and all relevant professionals including teachers, is the key to child protection work. Evidence from past inquiries has shown that many doctors fail to work interprofessionally. Doctors are the least likely team member to attend Child Protection Conferences; attempts should be made to ensure that their attendance at case conferences is given the highest priority. Where this is not possible it is often more effective for the GP to provide a report having discussed this in advance with the relevant health visitor who can represent the primary health care team. In addition informal meetings for relevant professionals can be held at the GP's surgery at times when he/she can attend.

**Professional accountability;** experience has shown that child protection procedures work best if the family is prepared to be open and honest with all professionals concerned. However, this is not always the case. It is important in these situations to be explicit about the actions being taken to minimize risk or harm to the child, without any implication of blame or accusation wherever possible. Child protection issues can be challenging and it would be helpful to be able to seek advice anonymously about uncertain situations at an early stage without necessarily formally reporting. However local experience has shown that this can be difficult and this can lead to delayed reporting by medical practitioners.

**Communication;** Some doctors have little on-going training and experience talking to children and young people and as a result they cannot listen to their messages; This is a key areas for training (Redsell and Hastings 2010- Listening to Children and Young Peoples in Healthcare Consultations- Radcliffe Publishing).

**Clinical competence;** On-going training should be in place for all health and social care staff including all doctors to recognize the vulnerable child at risk and detect abuse. In some areas best practice has come from designated additional training for some GP's. Doctors are also required to make sensitive judgments which require considerable training, knowledge and skills experience. These issues need to be addressed by relevant undergraduate, postgraduate and continuing education

The report emphasized that interprofessional working underpins much of doctors' roles in child protection. This should be emphasized through interprofessional education in medical training at pre and post qualification and throughout a career. Only in this way would the medical profession play its part to ensure a high level of care for what remains one of the most challenging and sensitive areas of professional practice.

Summary Compiled by Dr Richard Gray and Dr Elizabeth Anderson

# CAIPE NEWS

## Annual General Meeting

### Report by Helena Low:

This year's Annual General Meeting was held on June 24<sup>th</sup> at the National Council for Voluntary Organisations in London. Over 40 people attended on this lovely summer's day.

The day began with a welcome from Professor Hugh Barr, President of CAIPE. Professor Barr outlined how CAIPE was now more robust and well prepared for the future. This was followed by an address from the Chair, Elizabeth Howkins who reviewed the year 2009 – 2010, a year of great activity by CAIPE's Board and Executive Group and the membership as a whole.

The Annual General Meeting followed.

The result of the CAIPE Board elections were announced, with **Elizabeth Westcott** (Oxford Brookes University), **Debbie Craddock** (University of Southampton) and **Jenny Ford** (De Montfort University) all elected for their first term of office. They were warmly welcomed to the Board.

The meeting received and approved the Annual Report and Accounts for the period to 31<sup>st</sup> March 2010.

The Student Poster competition was held again by popular request following last year's successful event. The theme was ***Interprofessional Learning and Working***. Seven posters were submitted and students had the opportunity to present their posters to the meeting. Attendees were invited to vote for their favourite poster over the lunch period, no easy task as the standard was high. All the posters submitted are listed at the end of this report..

After lunch Charles and Sue Campion Smith gave a very interesting and informative presentation "Working with the people of Korokwe to introduce palliative care in Tanzania". They shared their experiences of introducing palliative care in Tanzania. Charles Campion Smith is a general practitioner in Dorset and a CAIPE Board member.

The key note presentation by Professor Mike Saks, Provost and Chief Executive of University Campus Suffolk followed. He gave an illuminative presentation entitled "Politics, Professionalism and the Interprofessional Agenda" detailing his involvement in interprofessional education during his career.

The winners of the Student Poster competition were announced. The winning undergraduate team was from the University of East Anglia: Jatinder Minhas, Charles Anwuzia-Iwegbu, Emma Rowett & Dimple Bhatia, with their poster entitled '*Providing a starting point for future health professionals*'. The post graduate winner was Louise Worswick from Bournemouth University with her poster '*Involving patients in a research project with primary care teams*'.

This was a most stimulating day with much lively discussion, sharing of information and ideas and great opportunities for networking.



**Post AGM note:** Since presenting their poster and winning the CAIPE national poster competition Charles and Jatinder have been co-opted to the CAIPE Board, sharing the role of undergraduate student representative. They report that they have added significantly to their CV's and believe that these achievements both contribute towards their upcoming MTAS application for jobs and could prove invaluable in their future careers.

**List of student posters submitted: all posters will be placed on the CAIPE website**

**Undergraduate entrants**

**1. Title: 'Providing a starting point for future health professionals'**

Jatinder Minhas, Charles Anwuzia-Iwegbu, Emma Rowett & Dimple Bhatia,  
University of East Anglia

**2. Title: 'Rushing to teach Inter-professional Learning'**

Tom Mallinson  
University of Warwick

**3. Title: 'The Interprofessional Learning Pathway in a nutshell'**

Sarah Martin  
Coventry University

**4. Title: 'Triple Bypass Burger'**

Jenny Miller  
Buckinghamshire New University

**5. Title: 'Interprofessional Learning and Working'**

Kaneez Khan  
University of Warwick

**6. Title: 'Our Journey Towards Becoming Interprofessional'**

Melvin Yeung & Natasha Soobul  
University of Leicester

**7. Title: 'Working and learning together helps you see the full picture'**

Sean Ledington  
University of Wolverhampton

**Postgraduate entrant**

**8. Title: 'Involving patients in a research project with primary care teams'**

Louise Worswick  
Bournemouth University

**AGM: Presentation by Charles and Sue Champion Smith**



**AGM: Presentation by Mike Sax**

## POSTER COMPETITION

Louise Worswick, from Bournemouth University, post graduate winner.





## POSTER COMPETITION

Charles, Jatinda and Emma: Undergraduate winners from University of East Anglia





# CAIPE NEWS

## Report from All Together Better Health 5 Conference

### Leaders of Interprofessional Education

#### CAIPE Board Share their Expertise at All Together Better Health 5 Conference

The CAIPE board led a workshop at the All Together Better Health 5 conference in Sydney Australia on '*Tomorrow's leaders of interprofessional education*'. The workshop focused on ensuring quality within interprofessional education through the skills of those who teach and lead this work. CAIPE Board members worked together to share their expertise of leading interprofessional learning.\*.

The workshop aimed to highlight the pedagogic challenges of facilitating interprofessional learning (IPL) and asked participants to consider solutions for developing advanced competence in leading interprofessional teaching. The literature shows that staff development in the facilitation of interprofessional education (IPE) is essential and specific knowledge, attitudes and skills are required by facilitators to ensure effective IPL (list of key references are shown at the end of this report). The majority of teachers who engage with IPE have originally taught profession specific curricula from which they may develop a limited teaching repertoire that can restrict their ability to transfer their skills to meet interprofessional learning outcomes.

Many are unfamiliar with the small group teaching methods used in IPE and some may be unaware of the value-laden interactions that naturally occur as students learn about, from and with each other.

Participants were asked to work in groups separated by a fun interactive task which grouped together those with little skill and knowledge in this field with those who had developed their thinking and were struggling to engage faculty commitment or to get the learning right. Others were concerned about sustaining the level of IPE activity.

The outcomes showed that this was indeed a topic of real concern. The participants also raised a range of questions about IPE generally. The following list outlines the discussions generated from the workshop.

- For some a naivety or lack of experience of the problems that arise in delivering interprofessional learning as many were working as novices and discover some time later the need for high quality IPE teachers.
- Problems with curriculum development as several were struggling to know when and where to place IPE within health and social care curriculum.
- Problems in designing interprofessional learning that all participants including teachers find engaging.
- Problems of educator/clinical support for interprofessional learning in clinical areas.
- The need for a common language within health and social care delivery as these impacts on teaching and learning. There was a hope for the development of a common language within healthcare delivery but this requires time for the toleration of individual difficulties.
- Funding and resources for quality teaching and learning in this area.
- The need for champions and leaders and their on-going support in this field.

\* Dr Susanne Linqvist (Director and Senior Lecturer of Interprofessional education at the University of East Anglia); Professor Marilyn Hammick (Visiting Professor, Birmingham City University UK), Dr Liz Anderson (Senior Lecture in Shared Learning at the University of Leicester), Jill Thistlethwaite (Head of Medical Education Warwick University), Helena Low (Executive Board Member CAIPE).

In general there was strong agreement that staff development for IPE was an on-going issue. This type of development should be available for the range of need across all educational levels from undergraduate to master's level courses. There was a vision that the engagement of effective IPE facilitators might be driven by students as change agents. This remains therefore a hot topic for further research.

Dr E Anderson



**CAIPE Facilitators Helena Low, Susanne Lindqvist, Jill Thistlethwaite, Marilyn Hammick, and Elizabeth Anderson**

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## CAIPE NEWS

### Report from All Together Better Health 5 Conference

#### CAIPE – DOWN UNDER

The All Together Better Health 5 Conference (ATBH5) had nine regular attendees of the CAIPE board meetings flying the flag, or rather supporting the new CAIPE poster. CAIPE attendees included Ann Ewens, Jill Thistlethwaite, Dawn Forman, Helena Low, Liz Anderson, Marilyn Hammick, Hugh Barr, Angus MacFadyen and Susanne Lindqvist. All had found means of actually supporting their attendance at the conference and CAIPE was very visible throughout the event.

This year's conference was held in the Novotel in Manly, Australia and, whilst the nearly 400 delegates were, at times, tempted by the blue sea and sky, the soft sands and temperatures of 23° outside, visits outside the hotel were limited as the quality of the speakers, workshops and networking opportunities seemed even more attractive.

The World Health Organisation's framework for interprofessional education and collaborative practice featured in many of the keynote speeches and it was made very clear that, despite the challenges of delivering health care services in both Australia and New Zealand, policy documentation within these countries and steer from leaders included interprofessional practice and education as very much part of their agenda.

The two presentations that I enjoyed the most were those of Professor Ratie Mpofu from South Africa and the panel of practitioners (called a hypothetical in Australia). Professor Mpofu's clear articulation of how she, as Dean, had helped develop interprofessional practice in the community by engaging students in working with communities, showed clear vision and commitment to improving practice with a community focus. The community used as an example in the presentation had poor housing conditions, poor sanitation and very poor health provision. Students from different professions had listened to what the local community was indicating as to what their actual needs were. Many found that by helping the women and children in their day to day activities they built a trusting relationship which enabled the women of the community to indicate the areas in which they would most like support and development. Collectively, the students and the community had cleared an area of debris and rubbish to establish a centre where women could go to develop crafts which they could sell and, hopefully, this would grow into a community centre which would eventually become a health centre for all the community.

The second presentation I enjoyed involved a panel of experienced practitioners and policy-makers, including our colleague, Jill Thistlethwaite. Actors presenting themselves as patients were introduced to the panel and one of the panel members was asked to assess the patient's situation and propose an appropriate way forward. Much to the embarrassment of the panel members, but to the amusement of the audience, the chosen practitioner struggled to varying degrees to offer an appropriate commentary. Pleasingly Jill and a newly qualified doctor seemed to fare best in this situation but the point was clearly made that health care practice, let alone interprofessional practice, in an environment where patients were increasingly well-educated with regard to their condition and, therefore, having higher expectations, was very difficult.

The workshops, round-table discussions, post-presentation and stands all provided an atmosphere which encouraged open sharing of information and experience. As each of the inter-professional education networks, including CAIPE, InterEd, The Network, TUFH, JAIPE, CHIC, EIPEN, AIHC, and AIPPEN were present, the opportunity was taken to see if a federated body under the auspices of InterEd could be formed to continue to share good practice and encourage a direct dialogue with the World Health Organisation. This group will be led in the first instance by Jill Thistlethwaite and I am sure we will hear more of this in the future.

The next All Together Better Health Conference, All Together Better Health 6, will be held in Japan in 2012 and I hope this conference will prove to be equally well attended by CAIPE members.

Written by Professor Dawn Forman - dawn@ilmd.biz

CAIPE

News

# CAIPE NEWS

## From Ireland

### An Interprofessional Education Project

#### An interprofessional education (IPE) project

#### Departments of Occupational Therapy, Physiotherapy and Speech and Language Therapy University of Limerick

The study aimed to implement and evaluate an innovative model of IPE to improve interprofessional communication and team working skills for students and therapists involved in the project. The IPE project implemented the MAGPIE framework for interprofessional case based teaching linked to the University of Queensland. MAGPIE, (**M**eeet, **A**ssess, **G**oal Set, **P**lan, **I**mplement, **E**valuate) is an interdisciplinary community rehabilitation process which has been used with a variety of healthcare professionals to promote interdisciplinary working. Students from the disciplines of occupational therapy and physiotherapy in differing placement sites were involved in case based sessions concerning one of their clients. These sessions were facilitated by University based Placement Facilitators from Occupational Therapy, Physiotherapy and Speech and Language Therapy. This was for one half day per week and the sessions informed the student's interventions with clients. A series of focus groups and semi structured interviews were used to evaluate the experiences of all stakeholders. Overall the findings suggested that IPE in the clinical setting, using the client centred MAGPIE model, has many positive benefits for all stakeholders. The detailed findings of this project are currently being written up for publication.

From: Mairead Cahill, Marie O'Donnell, Alison Warren, Olive Gowan & Ann Taylor

#### Interprofessional Reflective Practice at Kerry General Hospital Ireland

Since 2008, a collaborative partnership has flourished between higher education and service providers in the development and delivery of interprofessional reflective practice for medical, nursing, physiotherapy and occupational therapy students. The initiative developed through collaboration across three different higher education institutions, namely, Institute of Technology Tralee (ITT), University College Cork (UCC) and the Royal College of Surgery (RCSI).

Students volunteer to become part of the process. This has enabled a positive approach to IPE at the onset. The process has evolved over time, but remains focused firmly on the reality of practice whereby the patient is central focus and with their consent students collaboratively assess, plan problem solving and care. The task and maintenance functions of the cohort are monitored collaboratively by the relevant lecturers/practice co-ordinators for the respective programmes.

With permission and instruction from Angus McFadyen (Glasgow Caledonian University) we use the revised Readiness for Interprofessional Learning Scale (RIPLS) and the Interdisciplinary perception Scale (IEPS) for pre and post analysis of students' perceptions.

So far the students have evaluated the initiative with enthusiasm and a willingness to continue collaborative learning. Correspondingly, facilitators undergo a learning process with each cohort and in dealing with common obstacles such as timetabling and practice-based tasks.

The findings will be reported shortly. For further information please contact::

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## CAIPE Forum for Corporate Members

Helena Low

CAIPE  
FORUM

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

In this issue, Melisa Owens & Chris Dearnley report on IPE at Bradford University; and Lesley Hughes reports on IPE at Hull University .

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.

### Different Ways of Knowing: the Challenge of Interprofessional Assessment

Melissa Owens & Chris Dearnley

Bradford University

#### Background

A small scale research study was undertaken at the the University of Bradford in 2009, to explore the impact that professional epistemologies may have on the introduction of interprofessional assessment in the practice setting. This was undertaken as part of the ALPS CETL (Assessment and Learning in Practice Settings (Centre for Excellence in Teaching and Learning)). \*

#### Methods

The study included the 5 pre-registration professional programmes represented in the School of Health Studies: midwifery, nursing (all branches), occupational therapy,physiotherapy and radiography.

Following ethical approval, 6 different focus group (FG) interviews were undertaken with students, lecturers and practice assessors. Students were interviewed interprofessionally in their year (first, second and third) groups and, due to the low response rate, 2 focus group interviews were undertaken with the practice assessors.

A semi-structured interview schedule, based on Belenkey et al's (1986) 'Women's Ways of Knowing' was used for the FGs and the interviews were both audio and video recorded. This was to enable the professional identity of individuals to be identified during the process of transcribing. Interviews were then transcribed and analysed using the software package 'NVIVO8' and template analysis, which enables data to be organised thematically through the initial creation of a template (King 2004).

#### Results

Through analysis of the data, 3 broad themes were identified with one being further divided into 3 sub-categories as follows:

- ◇ Truth and Knowledge: Cultural Differences
- ◇ Truth and Knowledge: Assessment Differences
- ◇ Becoming Professional
  - i. Searching
  - ii. Belonging
  - iii. Assimilating

\*The Assessment & Learning in Practice Settings (ALPS) Centre for Excellence in Teaching & Learning (CETL) is based in the north of England and is a collaborative initiative incorporating the universities of Bradford, Huddersfield, Leeds, Leeds Metropolitan, and York St John; each with reputations for excellence in practice (work) based learning and assessment, for students in the health and social care professions.

### ◇ Truth and Knowledge: Cultural Differences

There were distinct differences noted with regards to what each valued as truth and knowledge, in relation to their own profession, with only one profession standing slightly apart by adopting a more positivistic paradigm than others. All professions, however, were protective of their own cultural identity and this strengthened over time. Practice assessors were found to be the most protective and as such did not consider it possible for one profession to assess students from their own profession, even when the skills could be considered to be generic, such as communication skills

### Corporate Members

#### ◇ Truth and Knowledge: Assessment Differences

The cultural differences across professions was recognizable in the way in which each assessed their students. The profession which demonstrated a strong leaning towards the scientific positivist paradigm, selected assessments which reflected this; for example unseen, written exams which tested objective knowledge upon which they believed practice could be based. Other professions, however, preferred assessments which were broader in focus and embraced a reflexive approach to knowledge and understanding (Schon 1984).

#### ◇ Becoming Professional

What was similar across different professional groups was the way in which the affiliation to a chosen profession became stronger over time, developing through 3 phases as follows:

- i. Searching
- ii. Belonging
- iii. Assimilating

The initial phase was identified as 'searching'. Here, first year students had chosen the profession to which they wanted to belong but were aware of those cultural aspects, such as linguistic codes, that separated them from belonging to that profession. By the second year, students considered themselves as 'belonging' to their chosen profession and were aware of the nuances that they had acquired which enabled them to achieve this status. However by year 3, students had assimilated themselves so strongly to their chosen profession that they could no longer recognize the characteristics they had adopted in taking on that identity. This 'assimilation' continued developing in strength post qualifying with the Practice Assessors so strongly assimilated to their profession that they considered it to be a fundamental part of their identity: fiercely gate keeping their professional identity and believing that no other professional was competent to assess the skills of their 'own' students.

### Discussion

Interprofessional education is now well established within the university setting and developing interprofessional assessment in clinical practice is a logical progression from this. However, as this study shows, there are many challenges to this; not least of which is that individual professions continue to practice and assess their students in a way they consider to be unique to their own profession, with the knowledge and beliefs that substantiate this being engrained, prior to qualification. If interprofessional assessment in clinical practice is to be successful, therefore, consideration needs to be given as to how the belief systems of different professions can be bridged; and (re) education of those involved in the development, delivery and assessment of pre-registration programmes achieved.

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## Interprofessional Education in the Undergraduate Curriculum

**University of Hull**

**Dr Lesley Hughes**

### Background

The strategic direction for interprofessional education within the Faculty of Health and Social Care at the University of Hull, and the Hull York Medical School is that students will receive interprofessional learning that is progressive and embedded within their education programme. To achieve this we have established a series of interprofessional learning experiences for students both within the University and in clinical placement. The development of IPE has been a journey of negotiating, planning, staff training, piloting, evaluating, and implementing changes to programmes and modules; resulting in an eclectic model.

### Model for interprofessional learning

#### 4 dimensions:

- ◆ **Workshops** on patient safety, management of complex situations, end of life
- ◆ An **E-learning** virtual community
- ◆ **Interprofessional Training Ward**
- ◆ **Interprofessional Case Learning** in clinical and community placements.

This report focus on the last of these 4 dimensions,

#### **Interprofessional Case Learning' in clinical and community placements.**

Students engage in interprofessional learning through their clinical placements and are supported by their tutor. They are tasked with considering how the health and care of a patient is influenced by members of the interdisciplinary team, and how integrated team working will improve the quality of service patients receive.

#### **Aims:**

- ◆ Develop profession-specific skills and competencies in dealing with patients
- ◆ Enhance their team-working skills through working in an inter-professional environment
- ◆ Understand the roles and competencies of the other professions as distinct from medicine

<b>Interprofessional Education Learning Outcome</b>
1. Respect, understand and support the roles of other professionals involved in health and social care delivery
2. Demonstrate a set of knowledge, skills, competencies, and attitudes which are common to all professions and which underpin the delivery of quality patient/client-focused services
3. Deal with complexity and uncertainty
4. Collaborate with other professionals in practice
5. Identify the key principles that facilitate effective interprofessional learning and working
6. Analyse and offer reasoned critique of interprofessional learning and interprofessional working

## Learning Activity

The emphasis on interprofessional education during student's placements is to enable them to understand and respect the role and expertise of other disciplines contributing to the care and rehabilitation process of patients. In addition to developing greater awareness of their own profession specific skills and competences, they are required to develop an understanding of the skills of others, and identify where complementary working benefits the patient.

Students are tasked with participating in the interprofessional aspects of care for two of the patients whilst on each 8 week placement; both in hospital and general practice and to include in the case discussions with their educational supervisors. As part of the learning process they are expected to liaise with, and utilize the knowledge and skills from other team members in order to assist them with completing each case. In addition to an introduction session on IPE case learning at the commencement of the academic year, workshops are provided to support learning in each semester .

## Learning Guidance

For each IPE case students are given the following guidance schedule:

1. **Consider** the case from your own perspective and that of others

- A. What other professions are involved in the care/support of this patient?
- B. What did this case teach you about the role of others in the multidisciplinary team? Relate this to knowledge, skills and beliefs
- C. What did this case teach you about your own role within the multidisciplinary team? Relate this to knowledge, skills and beliefs
- D. In considering your own knowledge and skills of the case what gaps/areas for exploring with others were identified

2. **Reflect** on the differences and similarities of other members of the multidisciplinary team and the way they support each other and the patient.

- A. How has your learning been enhanced? Relate this to the skills, knowledge, and understanding will you transfer to future practice

3. **Complete** the sections in your template and ask your supervisor to sign/date your completed case.

## Assessment

Students complete a template for each case which is then handed to their supervisor for discussion and signing before being handed into the examination office. The cases are formatively assessed by the student's supervisor and form part of the final summative assessment. Students are also advised to include in their own learning portfolios, evidence of achievements of learning outcomes and skills obtained from their IPE experience.

Contact: L.A Hughes@Hull.ac.uk

## **Service Users involvement : A Resource in Interprofessional E- Learning**

### **University of Hull**

**M Beadle, M Dearing, Y Needham,**

Within the Faculty of Health and Social Care, interprofessional e-learning has evolved to include scenario based IPE that is available to a number of health care professionals. The development of scenario learning has been through the involvement of service users who have enabled the team to understand the complexities of living with a learning disability.

There is an increasing importance in the facilitation of user participation in the development and evaluation of health services, and in the education of health professionals (Phipps and Fletcher 2009). The need to relate learning to reality and make it more meaningful to students is a key issue, particularly when the learning is based around scenarios. The project team identified the importance of developing a 'real life scenario', based around a topic, in this case the chosen topic was learning disability. In addition to developing interprofessional learning, it is crucial that an area of interest to facilitate discussion for all the participants involved is utilised. For this purpose the team chose to involve people with a learning disability in the development of the scenario. This was achieved with the involvement of an existing user group.

The theme that emerged focussed around poor communication; lack of explanation, exclusion by the community, and the paternalistic attitude of some staff. The scenario that emerged, and that is used for students learning involves a woman with a moderate learning disability and her partner who has Down 's syndrome. To present this as a learning scenario for students, we chose to invite a local theatre group and University of Hull Drama students to participate in the development of film clips which students can then watch, interact and comment on. The involvement of actors with a learning disability ensured that the scenario was based around 'reality'. Students and facilitators who have utilised this scenario have commented positively about the film clips developing their knowledge and understanding of learning disability.



## 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;**

**Hugh Barr, Dawn Forman and Jill Thistlethwaite**

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

### **News update from Curtin University Perth Australia.**

Over the past two years Curtin has been helped to develop a strong strategy for embedding Interprofessional Education by CAIPE colleagues including Hugh Barr, Dawn Forman and Jill Thistlethwaite. Margo has also met with a number of CAIPE board members on her recent trip to the UK. The following article provides an update on their placement activities.

The Curtin team is lead by Sue Jones Associate Professor and Dean for Teaching and Learning and Margo Brewer Director of Interprofessional Practice.



Sue Jones

Margo Brewer

Following on from the success of the final year student interprofessional fieldwork placements in 2009, the IPE team continue to work with Faculty staff and clinical partners to increase both the range and number of fieldwork experiences for students.

Examples include:

### **Brightwater Care Group**

Placements at Brightwater Care Group in 2010 have included students from physiotherapy, occupational therapy, speech pathology, social work, dietetics, nursing and pharmacy joining medical students from the University of Western Australia (UWA) at two of their sites:

Oats Street is a 27-place rehabilitation facility for people aged 16 and over with an acquired disability and issues of cognitive impairment while Kingsley operates a 21 bed residential service for people with high care needs and a 44 bed interim care service.

Curtin was successful with partners UWA and Brightwater Care Group in securing a Australian \$1.7 million grant to expand the infrastructure and supervision required to significantly increase the students placed at Brightwater.

### **CHIRI IPE Centre**

Curtin was also successful in obtaining an \$885,000 Department of Health and Ageing Clinical Training Grant to provide Interprofessional placements in the areas of obesity, chronic pain, mental health, wound care, COPD, diabetes and early intervention services in both on and off-campus facilities.

Three pilots will be conducted in semester two, in the University, with the other services to follow soon after.

### **Student Training Ward Royal Perth Hospital (RPH)**

The ward will host an Interprofessional Education program involving a patient-centred student training ward in 5E which is a general medical ward. This will provide two week clinical placements for students from professions including medicine, nursing, physiotherapy, occupational therapy, social work and pharmacy drawn from Curtin University and the RPH University Department of Medicine.

Within the 26 bed ward 6 – 8 beds will comprise the student training ward area. The key focus is on applying interprofessional education principles to the delivery of holistic patient care, with an emphasis on teamwork during patient contact, handover and discharge planning. This experience, based on best practice from similar training wards in Europe, will enable students to develop collaborative capabilities and attitudes, increase their knowledge of the roles and responsibilities of their own profession as well as each of the professions within the team, and demonstrate increased independence.

### **Go Global**

This continues to provide rich cultural interprofessional experiences for students.

## Partnership Working in Special Education

### Department of Applied Sciences

### Fontys University, Netherlands

## Hans Schuman PhD

### Introduction

The Dutch Ministry of Education and the Netherlands Association of Universities of Applied Sciences introduced *lectoraten* to the Dutch universities of applied sciences in 2001. An important feature of each lectoraat is the research group. A research group is always made up of a number of lecturers of a University of Applied Sciences. Some research groups however also include staff of external partners to engage in practice-oriented research, that is research which originates from practice and is relevant to practice. Lectoraten thus have a supporting role in knowledge innovation in higher professional education and in supporting practitioners in developing their practice.

### Collaboration

The Lectoraat in '*Inter-professional, Interdisciplinary and Interagency Collaboration*' came about as the result of a special collaboration between Fontys OSO, the Helioskoop Foundation and Heliomare Rehabilitation Services.

The partners working together within this research domain have distinguished three fields on which the practice-oriented research should be focused:

- peripatetic supervision of students with physical disabilities in mainstream schools;
- support and guidance for students who show challenging behaviour and who have severe learning disabilities; and
- transition of students with physical, and sometimes multiple, impairments to employment, living in the community and exercising citizenship.
- 

### The research

The concept of 'inter-professional and interdisciplinary collaboration' is central to working with children and young people in these three fields, but refers mainly to the work of professionals. The purpose of our research however is directed at supporting students and their parents or carers. The focus is on their participation, emancipation and self-empowerment and their active involvement at all stages of the decision-making process (Callahan & Bradley Garner, 1997). The concept of 'support' should increasingly take centre stage in place of the concept of 'care' (Van Gennep, 2000).

The research group comprises 10 members: three from Fontys OSO, six from the Helioskoop Foundation (amongst them teachers and support staff) and one from Heliomare Rehabilitation. All members of the research group devote one day a week to practice-oriented research and participating in other activities for the lectoraat. Smaller research groups have been formed for each subfield.

Interdisciplinary collaboration assumes that the collaborating professionals are willing and able to integrate the knowledge they bring from their disciplines, allowing new knowledge and innovative approaches to be developed in order to change or improve an existing practice (Buntinx & Bijwaard, 2004). There has long been discussion and much has been written about the importance of interdisciplinary collaboration for the client, but achieving, implementing and sustaining it seems to be more difficult (Mitchell & Crittenden, 2000).

For each of the subfields of research a number of research questions have been formulated to guide our research (Schuman, 2010):

1. Lectoraten are research groups, consisting of lecturers and led by a lector, at universities of applied sciences that connect higher education curricula, professional practice and research on topics of social relevance.
2. Fontys OSO is *the* expertise centre in the Netherlands in the field of specialist professional development for education professionals working with pupils with special needs. It is the ambition of Fontys OSO to facilitate life-long learning for all education professionals by working with them. To this end it offers a Masters course in Special Educational Needs which students can study either full time or part time; it organizes study days and conferences; it offers tailor-made courses and services in school development among other fields
3. The Helioskoop Foundation, comprises four schools that offer education, support and guidance to children and young people with physical, learning or multiple disabilities, ranging in age from 4 to 20 years



### Peripatetic support

- Which support is needed for physically disabled students to become successful in mainstream schools?
- Which factors are important in guiding and supporting this process?
- Which competences do the professionals concerned need to do their work from an inter-professional and interdisciplinary perspective?
- Improvement and innovation: How can we strengthen the role of the students and their parents /carers during this process, focusing on self-determination, self-advocacy and participation?

### Challenging behaviour

- Which support is needed for students with severe and multiple impairments and with challenging behaviour, who are in special schools, to participate successfully within their classes and with their peers?
- Which competences do different professionals need to do their work from an inter-professional and interdisciplinary perspective?
- Improvement and innovation: How can we, based on video recordings of individual students, develop a profile of each student, which supports staff to better understand the unique way each student is communicating?

### Transition

- Which support is needed for physically disabled students of the special schools of Helioskoop to successfully move into further education or into employment?
- Which competences do different professionals need to support this process from an inter-professional, interdisciplinary and interagency perspective?
- Improvement and innovation: How can we facilitate and support students and their parents /carers to becoming leading partners during the transition process?

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**CAIPE  
RESOURCES**



# ONLINE IPE NEWSLETTER

Issue No. 3 September 2010

## Online IPE:

**Proudly Announces the**

**Launch of New Website September 2010**

**Online IPE: A Virtual Learning Centre**, is excited to announce the launch of our new redesigned website: [www.onlineipe.com](http://www.onlineipe.com)

*Online IPE* has expanded its focus from an academic audience to a broader, collaborative audience, which includes a variety of healthcare providers.

We are aware that,

Team Development

Communications

Ethics

play significant roles in many different healthcare environments. *Online IPE* modules meet the needs of many healthcare service providers by offering clinicians opportunities for improved skill set while working within a team environment. Our online modules can be used by health care agencies offering opportunities of continuing education around collaborative practice

Our newly designed website is quick and easy to navigate through, and features multimedia and interactive learning experiences. We invite you to take a look to see which modules will be useful at your organization

## Why Use

**Online Modules for IPE?**

**Key lessons**, learned through the development and evaluation of these modules, are detailed in an article by *Luke et al.* [Click Here](#). We found that Online IPE:

**engages health care workers in learning how to foster inter-professional care &**

**should be created by interprofessional teams.**

**Topics of our modules include:** Aboriginal Health, Health Promotion, Team Development, Palliative Care/ Total Pain, Stroke care, Ethics, Communication and Primary Care Obesity Case Study. Our modules are available at a not-for-profit price.

## Announcing: Now Available! Interprofessional Practice in Primary Care – An Obesity Case Study Module

### Overview of the Module Topics for Each Week

- Attitudes and beliefs and the impact on professional relationships
- Bringing clinical practice guidelines into an inter-professional team
- Perspectives of disability and chronic disease management in primary care
- Patient-centred decision making
- Knowledge translation and the impact on team function and patient care

#### Learners and Students will be able to:

- Review the literature on beliefs and attitudes on obesity and the impact on relationships with colleagues and clients.
- Explore the importance of working collaboratively
- Integrate the use of clinical practice guidelines across disciplines for use in a primary care setting.
- Understand the role of the patient/client on the team.  
patient/client on the team.

For more information about our online courses, and pricing:

email us at [info@onlineipe.com](mailto:info@onlineipe.com) or

visit our website: [www.onlineipe.com](http://www.onlineipe.com)

## Also Check Out Our New Events Postings on our New Website!

- Upcoming Conferences
- Abstract Calls
- International Events

### Resources

#### Communication 1 & 2 Module

##### Physiotherapy student stated:

*"I think having good communication skills is arguably the most important attribute for a health care professional. These modules allowed me to recognize what skills I need to work on. Also, it will allow me to communicate better with other health care providers."*

## Physicians Approved for CME Credits

Our set of **Team Development** modules meet the accreditation criteria of the College of Family Physicians of Canada for up to 3.0 Mainpro-M1 credits per module for Ontario-based CFPC members only.

Members of the CFP who are located outside of Ontario may claim 1 credit per hour under the Mainpro-MS category if they complete a self-directed "Linking Learning to Practice" exercise and claim credits under the Mainpro-C category.

Members of the Royal College of Physicians and Surgeons of Canada may claim Maincert Section 2 credits.

Each physician should claim only those hours that he/she actually spent in the activity

#### A Team Development Module

##### participant stated:

*"Reading articles, seeing how effective and useful a team can be really opened my eyes as to what I can do better and what we can do better as a team"(Dietician)*

**CAIPE  
EVENTS**

**CAIPE Chair's Event**

**Friday 19th November Kings College London**

**'Challenging Interprofessional Research'**

**What are the current challenges in IP research? Have you been challenged or are you challenging?**

**Programme**

10.00 Arrival, Registration, Refreshments

10.30 Welcome and Chair's remarks

10.45 **Key note Presentation: *Relative Distancing in Interprofessional Education and Collaborative Practice.***  
**Chris Green**, PhD student, University of Essex.

11.30 **Research presentations**

i) *Making sense of children's rights in interprofessional settings.*

**Margaret Boushel**, PhD student, University of Sussex.

ii) *The preparation and support of teachers involved with IPE.*

**Dr Richard Gray**, Faculty Fellow University of Brighton.

iii) *Challenges in co-ordinating research in interprofessional and interdisciplinary collaboration.*

**Dr Johannes Schumann**, Lector Interdisciplinair werken,

Fontys OSO, Stichting Helioskoop/Heliomare Revalidatie.

12.15 Open discussion

1.00 Poster pitches (*1 minute, each presenter*)

1.15 Lunch

14.15 **Key Note presentation: *Interprofessional Research – A complex process***  
**Kathy Pollard**, University of West of England.

**Research proposals**

**'Challenges and related solutions inherent in researching Interprofessional Education'**

i) The challenges involved with IPE research in Aberdeen, Scotland.

**Dr Sundari Joseph**, Dr Lesley Diack, Dr Sue Barnard, Robert Gordon University.

ii) Using Portfolio's to Assess Interprofessional Competence at Pre-registration Level.

**Sezer Domac**, PhD Student, University of Leicester.

iii) Exploring the potential for joint training between legal professionals in the Criminal Justice System and health and social care professionals in the Mental-Health Services.

**Dr Sarah Hean**, Dr Jerry Warr, Vanessa Heaslip, Sue Staddon, Bournemouth University.

15.30 Open discussion / opportunities for critical friend feedback

16.00 Final Remarks

16.15 Tea and close

16.30 Depart

## **Interprofessional Education**

### **Conference News**

#### **The Network Towards Unity for Health**

The Network Towards Unity for Health – A partner of CAIPE is holding its annual International conference in Nepal this year.

The conference entitled:

**‘Advancing Quality through Partnerships of Health Education and Health Services Institutions’**

promises to be one which will be of interest to CAIPE members.

The conference is being hosted by BP Koirala Institute of Health Sciences Kathmandu, Nepal on the 13<sup>th</sup> to the 17<sup>th</sup> November with a post conference excursion to Dharan on the 18<sup>th</sup> to the 20<sup>th</sup> November.

#### **Jeanne De Vos as a Keynote speaker**

Jeanne De Vos has been working in Mumbai for more than forty years and founded the National Domestic Workers Movement. In 2005, she was nominated for the Nobel Peace Prize, together with 999 other ‘peace-building’ women around the globe. She has agreed to give a keynote on “Decent work: The base for health and health training for the poor”.

**For further information please access the web site:**

**<http://www.the-networktufh.org/home/index.asp>**

**CAIPE  
Student  
Network**

## **Join the Student Network**

**Are you interested in joining the student Network?**

**Yes, then visit the CAIPE website [www.caipe.org.uk](http://www.caipe.org.uk) select Join CAIPE and complete the on-line registration form and become a member today!**

**For Only £5 for the duration of your course**

**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](mailto:cmgreeb@essex.ac.uk).

## **National Health Sciences Students' Association & Journal of Interprofessional Care Presents:**

### **2011 International Essay Contest on Interprofessionalism**

Ever wanted to share a great experience working with other health care professionals and providers? Excited to convey how teamwork can be practiced in a clinical setting?

The National Health Sciences Students' Association (NaHSSA) and the Journal of Interprofessional Care (JIC) is pleased to announce the call for the 2011 International Essay Contest on Interprofessionalism. We invite you to share your thoughts with us!

#### **Awards**

**Winner:** \$500 cash prize and essay publication in the JIC and essay featured on the NaHSSA website.

**Runner Up:** \$100 cash prize and essay featured on the NaHSSA website.

#### **Essay**

Each participating student is required to submit a 1500 word (maximum) essay on ONE of the following topics:

1. Have you ever witnessed or been a part of healthcare professionals working together towards a common goal? Outline the experience and discuss (with use of the interprofessional literature) how this interprofessional collaboration experience may alter patient outcomes.

OR

2. Share your insights on the current state and future of interprofessionalism in healthcare. Discussion may include an analysis about interprofessional education and /or interprofessional collaboration in the healthcare system, improving patient outcomes, and other relevant topics.

Please also note that competitive essays should display high level thinking by linking these topics to broader concepts.

Essays should be in accord with the house style for the JIC and submitted to [essaycontest@nahssa.ca](mailto:essaycontest@nahssa.ca). Please also include your full name, program of study, and school name along with your essay upon submission.

#### **Adjudication**

A panel of judges selected and approved by the NaHSSA and JIC will judge entries according to the following criteria: substance and originality, clarity and composition, and adherence to contest guidelines. The winning authors will be contacted via email.

#### **Eligible entrants**

1. Full time or part time students
2. Enrolled in undergraduate or graduate studies at a college or university
3. Pursuing a degree in health sciences or affiliated programs

#### **Deadline for submission**

**March 25th, 2011 (22:00:00 EDT).** Please note that this is the final deadline and no late applications will be considered.

**Please see the April 2009 edition of the NaHSSA Newsletter to read about the recipients of 2009 NaHSSA Essay Contest.**

**For more information or questions, please contact Hyosung Jung ([vpacademic@nahssa.ca](mailto:vpacademic@nahssa.ca)) or Dr. Scott Reeves ([jic@utoronto.ca](mailto:jic@utoronto.ca))**

**CAIPE**  
**Fundraising**

## Raising Funds for CAIPE

### 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](http://www.caipe.org.uk). Click on 'Join CAIPE' on the menu bar.

### Gift Aid

When becoming a member complete the Gift Aid form as this increases the amount CAIPE receives

### Shop Online Via 'Easy Fundraising'

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

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

### TO FIND OUT MORE AND TO JOIN CAIPE

Email: [admin@caipe.org.uk](mailto:admin@caipe.org.uk)

Website: [www.caipe.org.uk](http://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?
- Is there something you would like us to include on a regular basis?

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?**

We aim to publish on the last Friday of March, June and November, **is this appropriate?**

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

### **Next Bulletins Theme is 'Simulation, Patient Safety' and the Human Factor**

### **Let us have your news, views and articles by Friday 25th March**

We will undertake a cost benefit analysis of printing some hard copies of the bulletin especially for honorary members, but would like to encourage greater access of the web site, please remember to use the web site

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

### **Please email us at**

To Lesley Hughes **[L.A.Hughes@Hull.ac.uk](mailto:L.A.Hughes@Hull.ac.uk)**

To Richard Pitt **[Richard.Pitt@nottingham.ac.uk](mailto:Richard.Pitt@nottingham.ac.uk)**