

Joined-up teaching : Interprofessional education of child protection to health and social work students

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Summary: In the UK, interprofessional working is becoming a cornerstone of social care practice. This article outlines how the authors, both academics in a university's health and social care department, are developing the teaching of interprofessional skills as an integral component of effective child protection education. This has become particularly pertinent in light of the recent legislative and policy shifts highlighted within the Laming Report (2003) and Every Child Matters (DfES, 2003). The proposed interprofessional children's teams will provide new challenges to all professions who hold child protection responsibilities. For students who exhibit high levels of anxiety about working in this area of practice, we have implemented an innovative and responsive educational programme to facilitate the development of knowledge and skills of interprofessional working within the field of child protection. By providing skills training in a professional setting, we aim to enable students to gain interprofessional knowledge through experience with practice.

Key words: interprofessional education, child protection, social work, community nursing, court training

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Introduction

Child protection work can generate high levels of stress, with health and social work students reporting anxieties about their readiness and capacity for meeting the skills required in these contexts. In response to the concerns expressed by students, child protection became a priority area for devising effective learning for professional practice. This article explores the reasoning behind the interprofessional child protection education currently undertaken jointly by social work and community health nursing students within the faculty where both authors are course leaders for vocational post-graduate courses. Through joint teaching, we aim to enable our students to reconcile differing practice models within a safe learning environment, where difference was constructed as an enriching experience, rather than one needed to be defended against. We examine the recent legislative and policy shifts, the professional and theoretical rationales underpinning child protection education, and look at the positive learning outcomes for the students. A description of the education programme we have adopted is analysed in relationship to student feedback, interprofessional perspectives and current learning theory.

Theoretical Context

Within the educational programme and this article we use the term interprofessional education adopting Hammick's understanding (1998) that interprofessional education involves students learning together to promote collaborative practice, rather than multi-professional or multi-disciplinary education, which is simply learning together. This view is supported by Zwarenstein et al (2002), who consider that interprofessional education occurs when members of more than one health and/or social care profession learn interactively to improve interprofessional collaboration and/or the health and well-being of clients.

The authors have operated from the standpoint that effective education in child protection is an interprofessional enterprise. Legislative and policy requirements over the past decade require health and social care agencies to work closely and collaboratively together (Pearson & Spencer, 1995; DHSS, 1990; DoH, 1999a; DoH, 1999b; Molyneux,

2001; IOM, 2003). This is particularly true of work in the community where strategic initiatives increasingly require interprofessional team working to meet the complex needs of service users. We take the view that child protection is at the forefront of this need for teamwork in order to meet the needs of vulnerable service-users. Structures for service-delivery have become increasingly interprofessional, with recent policy drivers in this field (DfES, 2003) proscribing interprofessional organisation for education, health and social work professionals, to better identify and protect vulnerable children.

The need for interprofessional teamwork has placed the way in which health care professionals are taught high on the agenda of educators, there is also a push from the UK Government for interprofessional education between health and social care professionals (DoH, 2000a, 2000b, 2001). As Pietroni (1994) highlighted separate training encourages different professional groups to hold on to their independence and autonomy, which can detract from effective teamwork and is something we are attempting to avoid. According to Zwarenstein et al (2002) evidence suggests that the health and social care professions do not collaborate well together. Interprofessional education offers a possible way forward in this area and is increasingly used in many countries to cultivate collaborative practice between professions in the health and social care sectors (WHO, 1978; WHO, 1988).

The authors child protection programme arose from collaboration between two academics in a recently amalgamated health and social care department. We have run interprofessional child protection education within pre-existing taught modules jointly for community health nurses and social work students over the last three academic years, with this year's education planning already underway. Each of the courses are separately located within sub-sections of the larger department, which since 2002 are thankfully located on the same campus, thus making interprofessional sessions easier to deliver.

Opportunities for thematic teaching have been somewhat proscribed by the academic structure of credit-rated modules with set learning outcomes, reflecting Cooper et al's (2001) finding that varying educational schedules act as an obstacle to interprofessional education. However, within these parameters we have managed to offer students skill-based learning which seeks to provide them with the basic knowledge and competencies for pre-registration and pre-qualification interprofessional child protection work.

Child protection lies at the heart of the Government's social care agenda and attracts considerable media attention. Most revisions of child protection practice have taken place in the wake of child deaths, with the subsequent public inquiries highlighting the need for improved practice. The Laming Inquiry (Laming Report, 2003) into the tragedy of Victoria Climbié's death produced 128 different recommendations, most of which have been incorporated in the Government's recent consultation document *Every Child Matters* (DfES, 2003). Some of the recommendations will require new legislation, such as the recommendation for every child to have a centrally held computerised record which is a central plank of the Government's proposed child protection strategy, as existent data protection law precludes the provision of non-confidential computerised records.

One core proposal of the Laming Report (2003) is for interprofessional child protection teams, echoing the perceived success of similar professional organisation in youth justice work. The establishment of joined up services for children will require far greater interprofessional working than before, bringing the need for interprofessional education in child protection to the top of many training agendas in health and social care. Differing ethical stances on issues such as confidentiality of records, differing response times and many other issues will need to be resolved within these proposed teams, if the goal of more effective protection of vulnerable children is to be achieved.

Shared information and a common assessment methodology across all disciplines involved in child protection work are an essential plank of the new proposals. We would argue that the establishment of a common assessment methodology requires more than just using the same forms and developing a common vocabulary, it also requires the ability to reconcile differing practice models. Social work sees assessment as a three part process, requiring knowledge, generic research skills and critical appraisal (Bentovim, 2001; Crisp et al, 2003). Although working in partnership with parents and families is seen as best practice, scepticism about parental intent or capabilities can be a strong component of the detection of serious child abuse. The ability to work transparently with colleagues and all families requires particular skills and a specialist knowledge-base, particularly with a practice model that includes parents attendance at child protection conferences, which are also the venue for sharing the concerns of all professionals.

Another area of difficulty in interprofessional work can be evaluating

the opinions of other professionals. Research for the NSPCC (Clever et al, 1998) found that one of the ten most frequent mistakes in child protection work was caused by workers being over-impressed by the status of the professional referring any child abuse allegations. The paediatric diagnosis of Victoria Climbié's scars as having been caused by scabies was a pivotal incident in the child protection investigation, with social workers seemingly unquestioningly accepting the scarring as being caused by an infection rather than being abusive in origin (Laming Report, 2003). Being willing and able to challenge the opinions of other professionals is a core skill in effective child protection working, one which may be facilitated by students learning together to manage uncertainty and complexity (Stanley, 1998).

Developing common cooperative working practices and a working knowledge of the complex processes of child protection can be better tackled in an interprofessional context. By focussing firmly on the overall goals of protecting children, the students learn to draw on the strengths and positive contributions that other professionals can bring to child protection working. Cooper et al's (2001) review of interprofessional education found that the largest effects of such interventions were on students' knowledge, attitudes, skills and beliefs, in particular on understanding of professional roles and team working. Whilst this reflects some of the benefits of the interprofessional programme that we provide, meeting the needs of service-users effectively can depend as much on how professionals work together, as on their individual competencies (Ovrevit, 1997).

The traditional educational backgrounds of health and social care professionals and their socialisation processes lead to differing identities (Elston & Holloway, 2001). These can result in attitudes that may indicate some experienced and qualified workers require a major cognitive shift, in order to reconcile their existing models of practice. The timing of the interprofessional learning experiences appears crucial but contested. Cooper et al (2001) found that early learning experiences were favoured because they benefited later participation in interdisciplinary activities. More recent work on interprofessional education by Mandy et al (2004) however, found that activities undertaken before students had developed a sound professional identity led to reinforcement of negative professional stereotyping. From Funnel's (1995) work it could be suggested that it is role insecurity, which contributes to these perceptions. For our courses, social work students are in the third year

of their course before the interprofessional education programme is undertaken, thus they have experienced professional practice previously in their course. For community nurses although their course is only one year in length students are already qualified nurses with at least two years experience. Thus the timing of interprofessional education aims to equip our students with the foundations of effective interprofessional working at a time when they have an established professional identity. In so doing it is anticipated that they will avoid the development of defensive attitudes towards interprofessional working with its attendant conflicts and rivalries. Although conflicts are necessary for progress, they can also be destructive and negatively affect team functioning (West & Pillinger, 1996). Thus the advantages of interprofessional education at pre-qualifying level can be the lack of divisive, pre-existing working practices. By offering joint educational experiences, students are learning to respect the boundaries and knowledge-bases of other professions, within a safe learning environment.

Professional education courses for health visitors, school nurses and social workers are enhanced by a shared knowledge-base and the opportunities to develop interprofessional skills, in particular communication skills. The emphasis is on the teaching of relevant knowledge, grounded within practice realities. This is a highly distinctive combination of disciplines and due to their overlapping responsibilities in the area of child protection, shared education has afforded considerable benefits. Knowledge gained in these sessions has also underpinned and been underpinned by teaching in related areas, for example law and communication.

The identification, assessment and management of child abuse are tasks requiring skills from many disciplines and professions, with health, social work, the police and education playing leading roles. The high risks involved in child protection work, both to children and the professional credibility of workers, can generate high levels of stress, with health and social work students reporting anxieties about their readiness and capacity for meeting the skills required in these contexts. Students have welcomed effective child protection education, with children and families work proving a popular option on the social work course at pre-qualifying level. However this popularity is seemingly not sustained in the local (London) employment market, with social work child protection posts being difficult to recruit to. This may reflect the belief of student social workers that they do not possess the skills

necessary to meet the challenge of child protection work. Consequently a primary aim of the interprofessional education that we offer is to develop the necessary skills and professional competence for child protection work.

The aims of this interprofessional education are:

- to promote an holistic interprofessional approach to child protection.
- to provide problem-based learning experiences.
- to facilitate good interprofessional relationships.
- to teach competence in child protection working and interprofessional working.
- to reduce anxiety in child protection working.
- to provide skills training in court work.
- to facilitate assessment and referral competencies.

Drawing upon a theoretical grounding contributed to the comprehensibility and validity of the educational provision. Initially a diagnosis of the students needs based on their evaluations, reflections and the findings from literature about child protection and interprofessional working led the facilitators to plan the programme to ensure the students existing experience would form a rich resource. Consequently interactive learning requiring active learner participation, and active exchange between learners from different professions were heavily emphasised in the teaching methods (Zwarenstein et al, 2002). The design of the subject base reflected a problem-centred framework, where the immediacy of application and relevance to practice was made explicit throughout.

Four of Mullen et al's (1985) principles of educational interventions were also drawn upon to strengthen the adult learning quality of the teaching methods:

- *Consonance*
Here intervention is directed toward meeting intended outcomes.
- *Individualisation*
Where the intervention is based on the student's cognitive level of knowledge, attitudes and beliefs.
- *Relevance*
So that interventions are geared to the student groups' learning needs in relation to individual professional role development.

- *Facilitation*

Based on the intervention being designed to affect student professional practice by providing them with the means to take action and/or reduce barriers to their action.

The result of the above educational concepts generated a programme design, which is described below.

The education currently involves two days, the first day taking place in October enables the students to meet each other and share experiences and perspectives on child protection. This day covers:

- theories of child abuse.
- signs and symptoms.
- exploration of types of abuse.
- vulnerability.
- children's versus parents needs.
- referral and intervention.

The second day occurs in March and is focussed on court training.

The first day starts with a lecture covering theories of child abuse, signs and symptoms. The lecture, which includes the use of slides provides opportunities for questions and answers. Following this a case study method is utilised, the case study is presented by the use of a high quality, video-taped case study from 'The Child's World Trainers Pack' (Howarth, 2001), with various practitioners describing their concerns about a fictional family. The video has proved useful in facilitating interprofessional group work discussions and stimulates appropriate and useful interprofessional decision-making. Through this video and problem based questions interprofessional groups cover: exploration of types of abuse; vulnerability; children's versus parents needs and referral and intervention. This interactive approach ensures that we were not merely bringing a mixed audience together in one room, but that students mutual understand is enhanced (Stevenson, 1994)

Previous experience demonstrated that the use of case studies where 'borderline' examples of child abuse were presented exacerbated divisions of approach, one case study had this effect. As commented upon by Barr (1997) and Atkins (1998) there is a danger that when professions come together rivalries and misconceptions about perspectives, respective roles and responsibilities become evident. In this case study of an unruly

infant the community health nurse students agreed with the parent that the child was suffering from Attention Deficit Hyperactive Disorder (ADHD), whereas the social work students were convinced that poor parenting skills were causing the child's attention-seeking behaviour. Although the case study may be suitable for more advanced education, we decided that the use of case studies with a less disputed focus of concern would be more appropriate for basic child protection education. The case study currently used provides more obvious examples of abusive and negligent child-care and has consequently proved to have a more unifying effect.

Weinstein (1992) suggests that shared learning provides the vehicle for developing a common philosophy of care and knowledge about each other's roles. The group work exercises employed on this day have this effect and prove beneficial in facilitating interprofessional communication skills, with some groups having high quality levels of debate. This interactive approach to learning, which includes simulation exercises and skills training are key components of an interprofessional education curriculum advocated by Mazhindu (2001), as an antidote to the largely ineffective shared learning where students are taught in common lectures. Good feedback at the end of the groups ensures that all participants benefit from the different discussions that have occurred. This andragogical approach to adult learning has produced positive outcomes, enabling students and facilitators to understand the other group's professional roles, their skills and responsibilities and for helping to clarify their own roles and responsibilities. This teaching method has also helped to raise awareness of crossover and overlap in knowledge and skills and a realisation of professional limitations.

The key aspect of the second education day is the development of court skills. A mock child protection court hearing takes the form of a role-play undertaken in magistrate courts local to the university. The advantage of using a professional setting enables students to gain interprofessional knowledge through practical experience (Eraut, 1994). Preparation begins a week in advance when students are given mock court reports, statements and other case materials derived from those used to train Bar School (Barrister) students. Students are also provided with information about the structure of the court system and plans of courtroom lay outs with explanatory notes. On the court training day there is a briefing to outline the case materials, identify issues in the cases and allocate the various roles undertaken within the court setting,

with students taking on the role of a magistrate, solicitor, (parent/client, prosecution, defence), witnesses, guardian, etc. Other students may act as 'shadows' and observe their counterparts without the pressure of 'performing', though 'shadows' and 'performers' may swap roles in order to experience the role-play from both perspectives.

Court skills training is provided in order to give students practice in a range of the required skills and to prepare students for practical communication issues. These involve forms of address, procedures and roles in the court arena, body language and delivery of key messages under pressure. We are aware of some universities who use drama students for playing the parental roles in court enactments, but the debriefing from our students demonstrated that putting themselves in the parental role had increased their understanding of the parents perspective. This added dimension of awareness of the parental position in child protection is helpful when one is aiming to work in partnership with parents when possible.

In this way the day focuses on interprofessional communication skills, particularly skills for the court and conference settings. Reconciling differing practice models and gaining a respect for and working knowledge of related professional roles are all identifiable learning outcomes for this second interprofessional workshop day, which is facilitated by the authors, one of whom has practice experience as a Children's Guardian, which provided relevant expertise. Other tutors from across the disciplines and department also facilitate on the day, including a law lecturer with a background as a professional lawyer and also the law and ethics lecturer for the students on both professional courses. The result is a core group of facilitators with a high level of relevant expertise in court work.

The interprofessional education sessions have been routinely reviewed within end of semester monitoring, with students offering enthusiastic approval. We have also undertaken focus group evaluation exercises, where students have had the opportunity to reflect on the impact of the training programme. The student experience is largely reported in positive terms, with outcomes identified as: increased confidence in child protection procedures; an increased willingness to work collaboratively; an increased awareness of professional boundaries and knowledge-bases. Students report growing confidence of working in a difficult but crucial area and reduced anxiety associated with a perceived improvement in their skills and knowledge base. This would be validated by Cooper et

al's (2001) evaluation of interprofessional learning experiences, which showed that students found such learning experiences highly relevant and wanted more learning of this type. Academic staff have also noted a marked decrease in professional stereotyping by students in subsequent teaching sessions. This finding contradicts Mandy et al's (2004) finding that interprofessional learning reinforced professional stereotyping within some groups of students, the difference as highlighted above may be due to the timing of the training in the social work course, and the community nurses nursing career.

Students and staff have experienced this education as stimulating, enjoyable and memorable. The tools used to provide this feedback are of the questionnaire type with some narrative enquiry in the form of group discussion. The main variables measured relate to levels of satisfaction and perceived changes in knowledge, attitudes and beliefs. Feedback takes place immediately after the sessions and within three months at the end of each semester. This year we will be seeking more precise feedback, to inform the planning of future sessions, asking students to identify future learning needs within child protection. We recognise that our methods of evaluation are limited, which prevents this educational experience contributing as an evaluation or research study into the effectiveness of interprofessional education. We are not alone in suffering from this weakness and although the literature in interdisciplinary education was found to be large and diverse (Cooper et al, 2001; Zwarenstein et al, 2002), it includes relatively small amounts of research data.

The methodological flaws in our own work and the work of others only appear to result in evidence to support a positive effect on students understanding of professional roles, professional socialisation, alteration of stereotypical images and team working (Cooper et al, 2001). However, it does not provide evidence of a discernable effect on professional practice and/or health care outcomes. Zwarenstein et al (2002, p.8) found this result from their systematic review of the literature disappointing and state 'without some form of reliable evidence, we continue to have little idea about the possible impact of this type of educational intervention. Nevertheless, one should remember that although we found no evidence of the effectiveness of IPE (interprofessional education), this does not imply that there is evidence of ineffectiveness of IPE'.

However, Zwarenstein et al (2002) are reporting as the Cochrane collaboration subgroup, the Cochrane Effective Practice and Organisation

of Care Group (EPOC). This group utilise a recognised format for systematic reviews, which is located firmly within the paradigm of clinical research in medicine. Within this paradigm systematic reviews of randomised controlled trials (RCT) are recommended for reviews that pertain to answer scientific questions. However, for reviews of educational practice, other research philosophies that embrace qualitative approaches need to be considered (Buckley, 1998; Cooper et al, 2001).

Although staff enjoyed the team-teaching involved in the programme, it has to be acknowledged that there is a greater administrative workload in the organisation of this interprofessional educational programme, the main reported drawback is the additional preparation time involved. Identifying sufficient numbers of staff with competency in specialist areas such as family court work can also be problematic when simultaneously teaching a large number of students in small groups. Our experience certainly echoes Cooper et al's (2001) review finding that interprofessional education requires strong administrative support and a consistent team of experienced faculty members to plan and facilitate the courses.

Child protection conferencing emerged as an area of concern from last year's student cohort. We have identified a role-played conference based on a case study as an appropriate venue for interprofessional teaching and learning, but decided that this would need to be on a different occasion than the role-played court case. Varying the mode of delivery is perceived by us as essential to the planning of interprofessional teaching and learning, at the core of which is acquiring transferable skills, not skills specific to particular education modes.

Whilst we commenced the interprofessional child protection education in order to facilitate the meeting of existing learning outcomes in the best possible way, the teaching and learning across health and social work has evolved to encompass wider issues than the original court skills training. Interprofessional practice and wider child protection education have become part of this joint endeavour. The cross-professional teaching possibilities are immense, future development is planned to broaden the professional range of student participants, with education and law students and police cadets being potential participants.

Conclusion

By taking on board the interprofessional nature of child protection, we decided that this was a good area to target thematic, interprofessional teaching for health and social work students. Students had identified child protection work as an area that causes them anxiety and for which they sought to develop skills and knowledge prior to professional practice. Recent legislative and policy shifts highlight the need for interprofessional team-working, or joined up working, making the teaching of interprofessional skills an integral component of effective child protection education. The proposed interprofessional teams to be established from next year will provide new challenges to all professions who hold child protection responsibilities. Through the introduction of joint child protection teaching, we are laying the foundations for interprofessional communication, cooperation and understanding. However, we recognise that joint training alone is insufficient for ensuring collaboration in practice, ongoing team training is also required to overcome the inertia of practice.

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