

Learning to work collaboratively to improve the quality of care for individuals, families and communities: The practice educator's role

Elizabeth Howkins¹ and Helena Low¹

Abstract: This article explores some of the issues that face the practice educator in providing and facilitating inter professional learning opportunities for their student during a practice placement experience. A brief overview of IPE is provided to show how it provides a platform for learning for effective collaborative practice. Issues highlighted and discussed include: the unique factors which have to be taken into account when facilitating learning of mixed professional groups; the enhanced and additional skills needed by teachers and facilitators; the challenges of finding appropriate interprofessional learning opportunities in limited and diverse practice settings; the preparation, strategies and changes which are needed to support practice educators in their interprofessional teaching role.

For the purpose of this article the role of the practice educator refers to a formal role in which the qualified health professional has formal responsibilities for facilitating the learning of pre-registration trainees.

Keywords: interprofessional learning; interprofessional collaborative practice; practice learning; practice educator

1. Executive & Board member Centre for the Advancement of Interprofessional Education. (CAIPE)

Address for correspondence: elizabeth.howkins@ntlworld.com, peter_helenalow@hotmail.com

Introduction and context

Health systems worldwide are struggling with increasingly complex and costly challenges, placing ever more demands on health and social care workers and driving forward changes in the way in which health and social care services are delivered. These changes are driven by a range of inter relating factors reflecting the context of care delivery. These include shortage of health and social care professionals, resource constraints, demography, technological advances, issues around patient safety and increasing demands by more informed recipients of care.

In the UK, this has been reinforced by government policies on workforce development. These have focused on the need for collaborative frameworks for education and practice, integrated approaches to care, co-operation and collaborative working across professional and organisational boundaries in order to improve the quality of care to patients and other service users. The resulting restructuring across health and social care organisations and agencies has meant that workers in these settings have to practice within a context which is constantly changing. Challenging social and complex health problems and an ongoing developing framework of policies and legislation for social care, health and education are issues which impact across these sectors.

The high profile inquiry into abuse and neglect at Mid-Staffordshire Hospital (Francis, 2010) and the Government Review of criminal abuse at Winterbourne View hospital (DH, 2012) has driven home the need for collaborative practice to improve patient safety and the quality of care. The health and social care workforce must now work in different ways, develop different patterns of professional relationships and collaborate across different organisation and professional cultures.

In the UK and internationally, IPE is now acknowledged as essential for improving collaborative practice and the quality of care to all service users. The World Health Organisation has stated that there is now sufficient evidence to indicate that effective IPE enables effective collaborative practice. (WHO, 2010). Interprofessional collaborative working has to be grounded in interprofessional learning and students of health and social care professions are now expected to experience some interprofessional learning in the practice setting.

In the practice learning environment, the role of the practice educator is crucial to the effectiveness of student learning and particularly in relation

to acquiring the competencies of collaborative practice. Research evidence indicates that the level of expertise of those facilitating interprofessional learning for collaborative practice is a strong factor in its effectiveness (Anderson et al, 2009, 2011; Freeman et al, 2010 Howkins& Bray, 2008). Individual practice educators may be experienced clinicians, managers and/or educationalists, but may lack the particular knowledge, skills and confidence to recognise interprofessional learning opportunities in practice settings and to facilitate learning with students from diverse professional backgrounds.

IPE and collaborative practice

The Centre for the Advancement of Interprofessional Education (CAIPE) defines IPE as: ‘Occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care’. (CAIPE, 2002). This definition has stood the test of time and is widely used throughout the world. It is important to note that in the definition the term “interprofessional education” (IPE) also includes all such learning in academic and work based settings before and after qualification, and with all those involved in the care given, thus adopting an inclusive view of ‘professional’.

Effective IPE develops and reinforces collaborative competence, employing interactive learning methods to enhance mutual understanding of each other’s roles and responsibilities. It cultivates mutual awareness, trust and respect as students are given the opportunity to explore ways in which their professions can work together to respond more fully, more effectively and more economically to the multiple and complex needs presented by individuals, families and communities in contemporary society. (Barr & Low, 2012)

Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care. (WHO, 2010).

This way of working is different from traditional professional practice where professions work alongside each other, but not with each other. Interprofessional collaborative practice has unique characteristics in terms of values, codes of conduct, and ways of working which can challenge

and conflict with the culture, values and knowledge base of individual professions and traditional notions of professionalism. It has been argued that this shift can only be achieved through IPE - interprofessional collaborative working has to be grounded in interprofessional learning. (Frenk et al, 2010; Kennedy, 2001; Meads et al, 2005). Collaborative practice in the form of teamwork needs nurturing and supporting if it is to achieve its full potential to improve the health and wellbeing of clients and service users (Howkins & Bray, 2008).

Practitioners must be competent to collaborate. The Lancet Commission Report (Frenk et al, 2010) examined the education of health professionals and concluded that in future

Attainment of specific competencies must be the defining features of the education and evaluation of future health professionals.

IPE prepares students for collaborative practice by enabling them to acquire the competencies required for collaboration. A number of IPE Competency, or Capability statements have been generated in countries around the world. These include Canada (Canadian Interprofessional Health Collaborative, 2010), the United States (Interprofessional Education Collaborative Expert Panel, 2011) and in the UK, the Sheffield Capability Framework (CUILU, 2006). They vary, but have similar core competencies which include: role clarification, team working, developing supportive relationships, reflection and self-awareness, working across boundaries, interprofessional conflict resolution, interprofessional communication and interpersonal skills. Many universities now frame learning outcomes as competency based statements which are developed to achieve interprofessional collaboration.

Learning is placed at the centre of the educational process and it reinforces the notion that interprofessional learning can and does take place in everyday situations in the workplace as well as in planned programmes of interprofessional education.

The workplace offers an ideal learning environment to ensure learning is grounded in reality and is firmly practice based. Learning in the workplace is often informal, or incidental, non-intentional, learner centred and embedded in work activities. This range of formal and informal learning activities offers the practice teacher many opportunities to plan and organize IPE for student learning. There are many aspects to planning

effective IPE, but one of the most significant is to ensure that it focuses on the needs of individuals, families and communities. This is central to the development of collaborative health and social care workers.

The Practice Educator's role in teaching and facilitating IPL for collaborative practice.

The importance of learning in practice to healthcare professional education and training has long been recognised and the importance of the practice / clinical teachers who facilitate such learning has been re-emphasised in the Francis report (Francis, 2013), the NHS Education Outcomes Framework (Dept. of Health, 2013a) and the Department of Health Mandate to Health Education England (Dept. of Health, 2013b). A review of qualifications and training of clinical educators in the healthcare professions (Austerberry and Newman (2013) highlighted the variety and range of roles, accreditation, qualification and preparation of clinical / practice educators across the health professions. These roles are described variously as clinical / practice teachers, mentors, supervisors and others.

For the purpose of this article the role of the practice educator refers to a formal role in which the qualified health or care professional has formal responsibilities for facilitating the learning of pre-registration trainees. For most professions the practice educator's responsibilities include: providing everyday learning support to students, organising and facilitating appropriate learning experiences and in most health professions, assessing students' competency to practice. In some professions the assessor role is separate from the teaching role.

Providing everyday learning support and facilitating IP learning experiences

One of the challenges for practice educators is to enable learning about team working and collaborative practice in the context of day to day working (Morison et al, 2003; Gordon et al, 2004; Barr, 2007). Students need to experience learning situations where they are exposed to daily interactions between health and social care professionals where patients / clients / service users are placed at the centre of team working and service

delivery. Placements that give students exposure to the work of team members other than that of their profession specific practice educator are important, but practice educators must also be able to incorporate and demonstrate interprofessional team principles and skills into their own work and model them for learners.

Miers, Rickaby & Pollard (2008) identified ways in which those responsible for facilitating interprofessional practice learning could enhance that experience for students. These included: reflecting on their own team working skills and encouraging students to do likewise; discussion with students on how good or poor interprofessional collaboration affects care delivery in the practice setting; discussion with students how and whether service users are included in collaborative working and considering the interpersonal factors that affect interprofessional working. They also advised actively encouraging students to take up opportunities to learn about other professions, to find out about the roles/workloads/contributions to care of other professionals and support workers who work in the setting (including the roles of healthcare assistants, administrative staff, porters, domestic staff, and managers).

Deutschlander and Suter (2011) use the term interprofessional mentor as an overarching descriptor of practice educators in an interprofessional mentoring guide. They advise that the interprofessional mentor 'facilitates interprofessional learning opportunities by engaging students in activities that illustrate their professional roles and collaboration with others'. Asking thought provoking and critical questions about client care and team functioning becomes integral to the students' learning'.

Debriefings help students examine collaborative practice: the role of various providers in delivering services, gaps in available services, the involvement of clients, the level of collaboration between providers, systems issues, etc. Critical appraisal of policy and practice from interprofessional perspectives heightens students' awareness of the need for collaborative practice to improve care and services (Barr and Low, 2012). Just getting students to work alongside other professions is not enough, they need to be aware of the wider context and wider issues.

However, where a placement has limited IPL opportunities, the practice educator must provide alternative IPL experiences. In a study of social work students' experiences of interprofessional practice learning (Low & Barr, 2008) practice educators identified a range of scenarios created through discussion, group work, case studies, role play and reviewing work already undertaken. One commented that 'No matter how limited

learning opportunities for collaborative practice are, they do exist and we have to ensure that students have the opportunity to work alongside and with other professions’.

Working collaboratively with practice educators from other professions

Universities have long recognised that interprofessional learning is most effective in the practice setting and curricula models are increasingly focussing on specific learning experiences where mixed profession groups of students experience practice together (e.g. Anderson & Lennox, 2009). Practice educators may then be working with colleagues from other professions with similar roles and cooperate and collaborate to plan and facilitate IPL together. This collaboration between practice educators can provide excellent opportunities to ‘model’ the behaviour they hope to facilitate in students.

When there are no planned and structured opportunities, practice educators must be able to recognise and make the most of opportunistic, interactive, interprofessional learning experiences which can arise when students from more than one profession are in practice settings at the same time. (Mallik & McGowan, 2007; Stew, 2005)

Facilitating interprofessional learning: The challenges

Facilitated interaction between students in mixed professional groups is considered to be a key element in the interprofessional learning process (Freeth et al, 2005; Hammick et al, 2007; Freeth et al, 2007) and a significant factor in the effectiveness of that learning. However, there are a range of complex issues which surround IPL (Low, 1998,; Howkins & Bray, 2008). The diversity and difference between students of the different professions may impact on the interaction between them and the effectiveness of the learning. Barr and Low (2013) include in these differences educational background, professional cultures, power, status and hierarchy, language and professional practice perspectives. All these affect the way in which students are implicitly socialised into their uni-professional culture and the way in which they perceive and interact with other professions. These

act as barriers to the development of effective professional relationships and collaborative practice and facilitators have to be able to discern and address these underlying issues with sensitivity.

The expertise which is required for any group teaching and learning situation has to be further developed and enhanced for facilitation of IPL. The range of knowledge, skills and attitudes builds on, but extends beyond those of uni-professional teaching. (Anderson et al., 2009 & 2011; Freeman et al., 2010; Low 1998).

Howkins and Bray (2008) define a facilitator of IPL as someone who embraces the notion of dialogue, is self - aware, learns with the group but is able to provide the appropriate learning resources and create the environment for effective interprofessional learning. They argue that facilitation of IPL involves skills in five key areas: awareness and use of self; dealing with difference and conflict; ability to facilitate group processes and relationships; able to manage power dimensions and able to plan for the context of learning.

Pollard et al (2010) found that pre-qualifying IPE did prepare individuals to work with colleagues from other professions and that effective interprofessional work impacts positively on service delivery. However, there was also evidence of the damaging effects of negative stereotypes arising from IPE sessions both in the classroom and in practice. The student experience gained from the practice placement rates highly in their learning in becoming a competent professional but is strongly influenced by the degree of role modeling experienced by the student. Participants in the Pollard study showed how students working with other professionals and observing examples of poor care and poor service delivery made a powerful impression on their learning in practice and reinforced findings on the quality of interprofessional working (Laming, 2003, 2009). In the conclusion of the study Pollard writes, 'the positive effects of IPE appears to be mitigated by various factors, including the quality of facilitation and supervision/mentorship in both academic and placement environment'. (page 360) .

The practice educator has to work hard to balance the negative and positive experiences of IPL for the student so that when they emerge as qualified practitioners they themselves will feel able to promote positive models of IPL. But unless this happens it has been suggested that the benefits of IPE at undergraduate level will be blunted and diluted by the

early experiences of newly qualified professionals in their work settings (Veerapen & Purkiss, 2014).

Preparation of practice educators for IPL

Most universities who deliver IPE within their pre-registration programmes do include some preparation for IPL for those who facilitate it in the classroom and in the practice settings, generally within the standard preparation of practice educators. However, the length, level and nature of this preparation varies, with some professions requiring a specific level of educational competence and the achievement of outcomes. Austerberry & Newman (2013) indicated that longer preparation of clinical educators tended to focus on organisational aspects of placements and aspects of assessment.

It is no surprise then that practice educators working to support students in multi-professional groups often feel unprepared for their role, undervalued and unsupported when faced with these different challenges. (Freeth & Reeves, 2004; Rees & Johnson, 2007, Low & Barr, 2008). However, facilitators who embrace a positive attitude towards IPL have been shown to enhance their students' learning experience (Howkins & Bray, 2008). To help facilitators reach this positive mind set, thorough preparation is advocated (Anderson, Cox, & Thorpe, 2009; Howkins & Bray, 2008; Rees & Johnson, 2007).

In the Review of Interprofessional Education in the United Kingdom (Barr, Helme & D'Avray, 2014) the development of pre-qualifying education in the UK from 1997 to 2013 is described using three sources, the literature, an online survey and reflective accounts. It provides a comprehensive overview of IPE describing the IPE teaching and learning in universities and higher education settings. But what is missing from the review is an understanding of work based IPE. The results show that what is provided tends to be classroom based. The review makes a clear recommendation that work needs to be undertaken to address this omission

Concluding comments

As has been stated elsewhere in this article, effective practice based IPL is crucial to the development of a collaborative competent workforce in health and social care and the practice educator role is critical to effective student learning.

The practice educator's role in facilitating this learning is often perceived as an extra demand on an all ready full schedule for teaching uni-professional competence. But as the CAIPE review on Interprofessional Education in the United Kingdom (Barr, Helme & D'Avray, 2014) found, within many health and social care professional programmes IPE is no longer being taught as 'add on' or discrete modules but integrated into the whole preparation of becoming a professional.

Thus, a greater understanding of learning in practice and the practice learning environment is required. The challenges and the role of the practice educator are ever increasing with little extra resource in both time and money. Practice educators need ongoing support, strategies and hopefully a culture change in practice to be able to provide their students with a meaningful IPL experience. In the same way that the classroom based IPE is integrated within curricula, so support for IPL in practice should be structured into the university programme to help and guide the practice educator in all the aspects of organizing, planning and facilitating collaborative working.

Changing the culture to promote continuous service improvement through IPL in the workplace (Wilcock et al, 2009) is something that could be achieved if all the stakeholders (employers, practitioners, all professional groups, commissioners, university staff etc) find a way forward to both acknowledge and embrace the importance of IPL in the work place.

Students learn by observing and experiencing different levels of collaborative work in the practice setting. The control of this learning environment is mainly in the hands of the employers and service providers. It is therefore to this group that the challenge to begin changing the culture to promote service improvement and IPL in the work place must rest. The practice educator and the student cannot change the culture on their own.

References

- Anderson, E. and Lennox, A (2009) The Leicester Model of Interprofessional Education: Developing, delivering and learning from student voices for 10 years. *Journal of Interprofessional Care*, 23, 6, 557-573
- Anderson, E., Cox, D., and Thorpe, L.N.(2009) Preparation for educators involved in interprofessional education. *Journal of Interprofessional Care*, 23, 1, 81-94
- Austerberry, H., Newman, M (2013) *Review of qualifications and training for clinical educators in the healthcare professions*, London: IOE University of London
- Barr, H. (2007) Foreword (piii). in: A. Lennox and E.S. Anderson (Eds.) *The Leicester Model of Interprofessional Education. A practical guide to implementation in health and social care education*. The Higher Education Academy for Medicine, Dentistry and Veterinary Medicine. Special Report 9 ISBN 978-1-905788-45-3
- Barr, H and Low, H (2012) *Interprofessional education in pre-registration courses: A CAIPE guide for commissioners and regulators of education*. Fareham: CAIPE
- Barr, H., Helme, M. and D'Avray, L. (2014) *Review of interprofessional education in the United Kingdom 1997-2013*. Fareham: CAIPE
- Canadian Interprofessional Health Collaborative (2010) *A national competency framework for interprofessional collaboration*. www.cihc.ca/files/CIHC-IPCompetencies_Feb2010pdf
- CUILU (2006) *Interprofessional capability framework*. Sheffield: The Combined Universities Interprofessional Learning Unit
- Department of Health (2013a). *The Education Outcomes Framework*. March 2013
- Department of Health (2013b). *Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values. A mandate from the Government to Health Education England: April 2013 to March 2015*
- Department of Health (2012) *Transforming care: A national response to Winterbourne View Hospital: Department of Health Review Final Report* DH December 2012
- Deutschlander S and E Suter. 2011. *Interprofessional mentoring guide*. Alberta: Health Services, Alberta.
- Francis R (2013) *The Mid Staffordshire NHS Foundation Trust Public Inquiry: Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. London: TSO
- Frenk, J., Chen, L., Bhutta, Z A., Cohen, J., Crisp, N., Evans, E., Fineberg, H., Garcia, P., Ke, Y., Kelley, P., Kistnasamy, B., Meleis, A., Naylor, D., Pablos-Medez, A., Reddy, S., Scrimshaw, S., Sepulveda, J., Serwadda, D. and Zurayk, H. (2010). Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. A Global Independent Commission. *The Lancet*, December 4 2010. www.thelancet.com
- Freeman, S., Wright, A., and Lindqvist, S. (2010) *Facilitator training for educators*

- involved in interprofessional learning. *Journal of Interprofessional Care*, 24, 4, 375-385
- Freeth, D., Hammick, M., Reeves, S., Koppel, I. and Barr, H. (2005) *Effective interprofessional education: Development, delivery and evaluation*. Oxford. Blackwell with CAIPE
- Gordon, F., Walsh, C., Marshall, M., Wilson, F. and Hunt, T. (2004) Developing interprofessional capability in students of health and social care: The role of practice based learning. *Journal of Integrated Care*, 12, 4, 12-18.
- Hammick, M., Freeth, D., Koppel, I., Reeves, S. and Barr, H. (2007) A best evidence systematic review of interprofessional education. *Medical Teacher*, 29, 735-751
- Howkins, E. and Bray, J. (2008) *Preparing for Interprofessional teaching: Theory and practice*. Oxford, Radcliffe Publishing.
- Interprofessional Education Collaborative Expert Panel (2011) *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington DC: Interprofessional Education Collaborative
- Kennedy, I. (2001) *Learning from Bristol: The report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995*. London: DH. The Stationery Office.
- Laming, L. (2003) *Inquiry into the death of Victoria Climbié*. London: The Stationary Office
- Laming, L. (2009) *The protection of children in England. A progress report*, Norwich: The stationary Office.
- Low, H. and Barr, H. (2008) *Practice learning for interprofessional collaboration: Perspectives from programmes leading to the social work degree*. CAIPE. www.caipe.org.uk
- Mallik, M., and McGowan, B (2007) Issues in practice based learning in nursing in the United Kingdom and the Republic of Ireland: Results from a multi professional scoping exercise. *Nurse Education Today*, 27, 1, 52-59
- Meads, G., Ashcroft, J., Barr, H., Scott, R., and Wild, A. (2005). *The Case for Interprofessional Education in Health and Social Care*. Blackwell Publishing with CAIPE
- Miers, M., Rickaby, C., Pollard, K. (2008) *Making the most of interprofessional learning opportunities: Professionals' and students' experience of interprofessional learning and working: Advice to mentors*. Higher Education Academy Health Sciences and Practice Subject Centre.
- Morison, S., Boohan, M., Jenkins, J., and Moutray, M. (2003) Facilitating undergraduate interprofessional learning in health care: Comparing classroom and clinical learning for nursing and medical students. *Learning in Health and Social Care*, 2, (2), 92-104.

- Pollard, K., Miers, M. and Rickaby, C. (2012) Oh why didn't I take more notice? Professionals' views and perceptions of pre-qualifying preparation for Interprofessional working in practice. *Journal of Interprofessional Care*, 26, 5, 355-361
- Rees, D. and Johnson, R. (2007) All together now? Staff views and experiences of a pre-qualifying interprofessional curriculum. *Journal of Interprofessional Care*, 21, 5, 543-555
- Stew, G. (2005). Learning together in practice: A survey of Interprofessional education in clinical settings in South East England. *Journal of Interprofessional Care*, 9, 3, 223-235
- Veerapeen, K and Purkiss, M. (2014) Implications of early workplace experiences on continuing education for physicians and nurses *Journal of Interprofessional Care*, 28, 3, 218-225
- Wilcock, P., James, G. and Chambers, A. (2009) Health Care Improvement and Continuing Interprofessional Education :Continuing Interprofessional Development to improve patient outcomes. *Journal of Continuing Education in the Health Professions*, 29, 2, 84-90
- WHO (2010) *Framework for action on interprofessional education and collaborative practice*, Geneva: WHO