Interprofessional education (IPE) is defined as “Occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care” (Barr 2002 p6). IPE is increasingly recognized as important to health education. Its objective is to cultivate collaborative practice, to provide patient-centred care, and is focused on improving patient outcomes, improving efficiency and reducing clinical errors. Implementing IPE has many challenges for both facilitators and teachers, who may find themselves uncomfortable being asked to teach a group of learners from health professions different to their own. The challenges facing IPE are shared with much of medical education and involve interprofessional dynamics, communication skills, role definition as well as organization of courses. The purpose of this How To is to explore some key issues facing the wider use of interprofessional education and how these could be overcome. These include setting ground rules, challenging power differentiation, and empowering participants.

**Set ground rules**
Developing a set of ground rules is an important part of any education event, but this basic educational principle is all the more important in the setting of IPE. This is due to the nature of the environment where a varied mix of professions, seniority and experience come together to contribute to the educational event. We will highlight the ground rules which address specific problems encountered in IPE.

**Obtain commitment** - In a pressurised healthcare system it is difficult enough to arrange a regular session which all members of a single specialty can attend, let alone those from multiple disciplines. It is therefore vital for participants to ‘buy in’ to the session, to commit to attending for the set time, to attend regularly and to be bleep and telephone free. This will ensure you have the necessary representation for a more in-depth learning experience.

**Avoid using jargon** - All disciplines will come to the learning experience with differing perspectives on healthcare, and often will have developed their own terminology distinct to their day to day work. As useful as these may be, it is important to avoid using jargon. In patient-centred education, it is important that the discussions are open to all. By avoiding terms and acronyms specific to certain disciplines, you ensure an inclusive and open approach where people can discuss issues without fear of embarrassment.

**Mixing and interacting within and between professions** - Organisation of the room can be a subtle but important factor. It is all too easy for a group of doctors or nurses to arrive together, sit together and primarily interact together, or in unison. A mixed seating plan encourages interaction between learners of varied professions.

**Challenge Power Differentials**
There will be a wide range of professionals of all levels involved in inter-professional education and this makes it all the more important that the hospital hierarchy should be left behind. Whether through stereotyping or professional egos, certain people may feel their voice is more important, to the detriment of others in the group. Similarly, the inverse of this relationship is also an issue. Some more junior members of the group may perceive their views or opinions are inferior compared to seniors within or beyond their own professions. In the education environment, all participants should feel valued as members of the group, learning and working together.

So how do we bypass these inherent differences in position and personality? We must ensure the teaching is outcome focused, highlighting not the seniority of a consultant or senior academic but rather putting the patient at the centre of the teaching. This is not to say that we should hide or ignore different participant’s roles, rather we must acknowledge and embrace the differences between and within professions. During inter-professional education it would be naïve to assume there will not be situations where certain professionals will be able to contribute more than others; the key is doing this in a fair, equal and balanced way.
Empower Participants

Having all participants engaged in a critical dialogue might be a real challenge considering all the above, so empowering every learner becomes a necessity. The focus should be on the shared vision, shared interests and shared responsibility with an ultimate aim of collaboration in order to improve quality of care. This helps to shape and continuously remind all participants of the achievable goal.

It is important to enhance the individual sense of self-determination and achievement. Therefore, through IPE experiences, a goal is to create learners who are self-motivated within each profession and become IPE champions.

An enabling environment and educational setting that enhances the sense of equity and shared personal and disciplinary development are vital. In practical terms we have to ensure a clear mechanism to anticipate any structural barriers that might emerge, paying particular and continuous attention to equity and empowerment. This may take the form of rejecting any individual or discipline labelling, building a broad-based alliance within the learning group, facilitating constructive dialogue and focusing on the shared learning outcome.

Conclusion

Several steps can be taken in order to fully utilise IPE and prevent some of the common drawbacks. Developing ground rules defines appropriate behaviour from the outset and acts as an educational contract for the participants. Breaking hierarchical boundaries will ensure that each participant feels valued and allows people to freely contribute and air their opinions. This, alongside ensuring the environment is appropriate and structural barriers are removed, empowers all learners to gain as much as possible from IPE.

Key messages

Set ground rules
- Participants must make a commitment to the IPE session
- Use general terminology instead of profession-specific jargon, don’t just assume others understand
- Turn off your phones and avoid other distractions.
- Organise mixed seating

Challenge power differentials
- Leave the hospital hierarchy behind
- Put the patient at the centre of the teaching
- Acknowledge and embrace the differences between and within professions
- Ensure a balanced contribution from participants

Empower participants
- Emphasise “Shared vision, shared interests and shared responsibility of improving patient care”
- Enhance the individual sense of self-determination and achievement
- Enhance the sense of equity
- Facilitate constructive dialogue

References


