Interprofessional education in clinical practice: not a single vaccine

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Abstract. In increasingly complex health service environments, the quality of teamwork and co-operation between doctors, nurses and allied health professionals, is ‘under the microscope’. Interprofessional education (IPE), a process whereby health professionals learn ‘from, with and about each other’, is advocated as a response to widespread calls for improved communication and collaboration between healthcare professionals.

Although there is much that is commendable in IPE, the authors caution that the benefits may be overstated if too much is attributed to, or expected of, IPE activities. The authors propose that clarity is required around what can realistically be achieved. Furthermore, engagement with clinicians in the clinical practice setting who are instrumental in assisting students make sense of their knowledge through practice, is imperative for sustainable outcomes.
Interprofessional education and learning has been linked to improved teamwork, enhanced quality care, greater patient participation, and improved patient outcomes, although the evidence for the latter is weaker. The reality is that theoretical learning alone will not contribute to these outcomes as much as actual practice. Recognising that there is much to be gained in working towards IPL within clinical settings from both within medical, nursing and allied health programs as well as across these professions, we propose two goals.

First, the key objectives of IPL in Australia should be defined to allow a coordinated response to policy and delivery model development. Once identified, these key objectives should be actively promoted in the workplace so what can be achieved from IPL is clearly delineated and it is not seen as an ‘all encompassing’ end in itself or driver of particular healthcare agendas. Second, IPL should be underpinned by authentic clinical activities to ensure alignment between learning objectives and clinical learning experiences.

**Identifying the key objectives of IPL**

There is a pressing need for sector-wide dialogue in Australia about identifying the key objectives of IPL so that expectations can be managed regarding what it can and should deliver. As part of this dialogue, the full extent of existing understandings of what IPL is, and what it should be, would be canvassed together with an exploration of existing assumptions regarding where student learning might occur. Clearly articulating both specific learning objectives and where IPL should sit within the clinical learning experience is necessary to facilitate development of activities for students that are realistic and achievable. To avoid tokenism, IPL activities should be strategically embedded in everyday activities.

**IPL within authentic medical, nursing and allied health practice**

Clinical relevance will be central to the success of any IPL initiatives. IPL will be difficult to sustain if it sits apart from the routines and practices of the healthcare context in which it is situated. Although positive outcomes have been documented in terms of student IPL and awareness of patients’ experience of healthcare in controlled, demonstration IPL wards overseas, students are wary of the extent to which this learning is transferable to the ‘real world’ and some dismiss it as ‘not relevant to future practice’.

Further development and implementation of IPL initiatives would benefit from doctors, nurses and allied health professionals identifying for students the contribution of their professional roles to patient care, and interactions that facilitate reciprocal learning with other health disciplines. Incorporating IPL concepts into existing clinical activities such as team conferences and ward rounds would enhance relevance to both students and clinical teachers. Interprofessional interactions could then be coached from the perspective of each profession (and, as with all effective teaching and learning, supported by successful modelling).

Limitations to many current approaches to teaching where IPL activities are not undertaken in authentic clinical settings have included a lack of transferability of IPL knowledge, skills and attitudes from the ‘classroom’ into the ‘workplace’. In addition, because many IPL activities are artificially constructed, there is an increased risk of ‘burn out’ in clinical teachers because IPL becomes an additional activity that is increasingly complex in its execution. Embedding the key objectives of IPL as a routine part of normal clinical activity is therefore much more likely to see IPL outcomes transferred into practice.

**Conclusion**

IPL is not a vaccine against all health system ailments. Rather it offers further opportunities to enhance student clinical learning and achievement of knowledge, skills and attitudes that will be needed for high quality patient care into the future.
References


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