24. COLLABORATIVE PRACTICE AND INTERPROFESSIONAL EDUCATION AND WORKPLACE LEARNING

One of the biggest challenges faced by workplace educators is the design and implementation of training that primarily requires an attitudinal change or a change in perspective. Currently in the health sector internationally there has been high-level policy impetus given to interprofessional collaboration, yet health professions primarily educate their new practitioners in silos. The most influential consideration of the role and importance of interprofessional education (IPE) appears in reports published by the World Health Organization (WHO). In its latest report, the WHO considered a range of studies published in the literature (including a systematic review) and carried out extensive consultation culminating in the Framework for Action on Interprofessional Education and Collaborative Practice launched in 2010 (WHO, 2010). This framework underscores the imperative for increased collaborative healthcare practice directed at strengthening health systems and health outcomes. It also introduces the concept of “collaborative practice-ready” health care professionals—individuals whose training is made possible by the development and implementation of effective IPE programs.

IPE enables learners to work in teams or groups to explore similarities and differences within and across professions. Successful interprofessional teams understand where professional boundaries intersect, have respect for all members of the health workforce, disrupt hierarchies, and activate all members of the healthcare team. Health is of course not the only profession where interprofessional understanding is important (consider a construction site, for example) and we hope our experience can be useful for those in sectors other than health.

This chapter describes an initiative to pilot an interprofessional education experience for new graduates from eight health professions entering the workforce at a large metropolitan hospital in New Zealand. A group of hospital-based educators in Christchurch decided that they wanted to take up the challenge to enhance the interprofessional understanding of their new graduates and at the same time develop and enhance their own cross-professional links and understanding of each other’s professions. When interprofessional understanding is the primary goal the content needs to be appropriate to that industry but it is the vehicle for the learning.
THE STRATEGY

A group of educators from a range of health disciplines (all members of a local Interprofessional Supervisors Group) decided to take up the challenge and explore a teaching strategy designed to encourage interprofessional understanding among our new graduate workforce, but also to build and develop our own understanding and capability as a group of supervisors committed to the principles of IPE and collaborative practice, and we chose simulation as our teaching strategy. In this chapter we tell the story of that experience.

The design of the simulation drew on understandings gained from the literature and from experience of similar initiatives in overseas clinical settings. As Hammick, Freeth, Koppel, Reeves, and Barr (2007) pointed out in their review of the IPE literature, the wide range of IPE interventions showcases a variety of educational methods, professional groups and evaluation methods. Most reports provide descriptive and evaluative information rather than robust research-based evidence of the effectiveness of IPE. Some studies report mixed results for the impact of IPE on improved practice (see e.g., Thistlethwaite & Nesbit, 2007). However, emerging evidence indicates the positive benefits of IPE for learner satisfaction, increased knowledge and skills about collaborative practice, and changed perceptions of others in the team (Hammick et al., 2007). Key evidence-based components of IPE used to inform our IPE project were:

1. Development of a shared vision of IPE and how it can be implemented in the organisation;
2. Provision of an authentic, realistic IPE experience linked to the needs of all professionals involved in the learning;
3. Use of expert staff, drawn from a range of professional backgrounds, to facilitate IPE activities;
4. Identification of clear learning outcomes related to content and process;
5. Identification of the resources (rooms, equipment, teachers) necessary for the implementation and delivery of IPE.

Our pilot drew on the work of Freeth and Nicol (1998) and Ker, Mole, and Bradley (2008). Both sets of practitioners used a simulated ward environment set in a clinical skills centre catering for patients with common medical conditions.

Goals, Participants and Project Coordination

The IPE pilot required the new graduates who participated in it to work together through various clinical scenarios in a simulated ward environment. Each scenario was designed to enable participants to:

- work collaboratively as an interprofessional (IP) team;
- integrate their clinical skills in a reality-based setting;
- jointly prioritise the care of simulated patients;
- socialise interprofessionally early in their careers;