The recent AMEE Guide: Learning in Interprofessional Teams, is ambitious in its intentions (Hammick et al. 2009). The authors claim the Guide to be: “a Guide for health and social care professionals who teach or guide others learning before and after qualification, in formal courses or the workplace”.

They hope “the Guide will improve the understanding of the reader about the types of learning that are effective, the characteristics and challenges of interprofessional learning, the practical ways to enhance interprofessional learning and means by which interprofessional learning in teams can lead to more effective practice”.

Did they succeed in their intentions?

The guide is a storehouse of information. Nearly all aspects of interprofessional learning (IPL) are mentioned and elaborated on a state of the art basis. So readers who want to have an overview of the topic and the associated literature can get it.

The “stop and think” sections contain exercises to think further and to discuss these topics with colleagues. The boxes contain stimuli for further reading. Both elements create interactivity, they stimulate in-depth learning and give more opportunities to broaden the scope of the reader.

On the other hand, for those readers who have not much time to go through all the interactive sections and boxes a short overview of the conclusions around the four goals of the guide as mentioned in the beginning would have been useful.

Some topics are dealt with in the boxes and not in the full text, for example “egalitarian learning”, “reflective learning”, “adult learning”, situated learning”, and aspects of learning to handle barriers and development of strategies for implementation. As these concepts of learning are crucial for interprofessional learning, I feel that mentioning them in the full text would have been perhaps more effective.

As to the content of the guide the reader is served with an introduction of the central concepts on which the guide has been build: interprofessional education, interprofessional learning, team and teamworking, and learning.

The definition of interprofessional learning given in this guide is very similar to the definition researchers in the field of workplace learning give: “learning in work can involve formal or informal teaching, but is practice – based and participative: embedded in action, not centered in an individual’s head but distributed among activities, continuous interactions and relationships of people within a system.” (Davis et al 2000, Fenwick 2001))
The authors draw the readers’ attention to learning in organizational context and especially how organizational aspects can affect interprofessional working. I think that this is a very important aspect. New understanding about the nature of learning processes appear to be emerging across the fields of organizational and management studies, sociology of work, labor studies, adult education, feminist studies, human resources development studies and vocational education research (Fenwick 2008).

In my opinion the relation between individual learning and collective learning in interprofessional learning settings should perhaps have been mentioned because this relation is important for understanding the mechanisms of interprofessional work and learning (Fenwick 2008).

The Guide focuses on “capability” as the ability to adapt to changes and not only the competence-based focus for program construction. This is a very striking point and the authors get hereby to the very root of the matter.

The concept of interprofessional learning, the patient included, is relatively new and innovative within the curricula of medical practitioners; so teachers have little experience of teaching or facilitating it. In the last paragraph the authors draw attention to the important role of the facilitators of interprofessional learning. Not everybody is capable to be a good facilitator. Quality of interprofessional learning in small groups is proportional with the quality of the facilitator. Training of the facilitators of interprofessional learning groups is crucial for the success of the project.

Assessment methods for interprofessional learning are equally innovative: portfolio development, group assessment, peer assessment, self-assessment etc... The validity and reliability of these methods is often a point of discussion. What is essential is that the assessment of behavior and the results of it should be the response to a realistic practical task (van Berkel et al 2003).

Competencies should be assessed by means of observation of the behavior itself or on the basis of the product that results from the behavior. Assessment does not deal with reproduction of knowledge but with the use of that knowledge and skills when learners try to solve problems (Dochy and Nickmans, 2005).

I very much appreciate the section about planning and facilitating interprofessional learning. Especially the sense of reality of the authors: “The reality is that course planners have to start with what they have”. Perhaps it would be sensible and just to seek funding for this important task, in order to deliver sustainable programs of interprofessional learning and to avoid the burn out often experienced by course organizers and supporting staff. There is a huge amount of organizational work to be carried out, especially when trying to facilitate and work in authentic situations. It is essential to achieve the highest level of Miller’s pyramid, namely the student “does”…. This level should be achieved not only on the program but also form the basis of assessment. Moreover teaching staff need professionalization to ensure the competences of interprofessional facilitators; professionalisation needs time and money.

This guide is a very useful tool. for everyone who is involved in some form of interprofessional learning. I have appreciated the didactic approach and the framework of the stop and think boxes. These makes the Guide a comprehensive course where (nearly) all aspects of interprofessional learning are dealt with.

I would like to congratulate the authors with this outstanding work and thoroughly recommend its reading to all involved in IPL.
References


Notes on Contributor

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