Learning in Interprofessional Teams
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The need for interprofessional learning (IPL) was captured for me by a patient when he asked ‘Do none of you talk to each other?’ (Carlisle and Cooper, 2004). His question linked with my own thinking at this time as I dealt with an ageing parent and a diverse range of seemingly unconnected services. It also reminded me of my training some 30 years ago when IPL was first mooted as a new way of training health professionals. Then, as now, the idea evolved out of “common sense” demands, but it still remains difficult to fit such a multiple systems approach to education into existing traditional educational frameworks. The result has been to positively embed the idea or the theory of IPL whilst practicalities continue to create problems. Such a situation needs to be changed given that health care is now built around a complex interplay of multiple interdependent systems within which traditional “reduce and resolve” approaches to clinical care and service organisation no longer work (Plesk and Grenhalgh, 2001). Put simply, it can be argued that without interprofessionalism we are sleep walking into a mine-field of trouble. The AMEE Guide: Learning in Interprofessional Teams (Hammick et al. 2009) is therefore most welcome. It provides a means of bridging this theory practice divide in an accessible format and brings together a wealth of information relevant to IPL. It synthesises the literature, addresses key references and provides important learning links through its focus on three inter-related areas – learning in interprofessional teams, teams and team working, and planning and facilitating interprofessional learning. It highlights key themes and shows how they join-up and the authors are to be congratulated on producing such an excellent reference tool.

Moving on from this congratulatory response I have a few more words to offer. Use of words such as ‘complex’, ‘adaptation’, ‘creating change’ etc., highlight the fact that IPL is a transformative learning process which relates to a cultural shift. As such, a lot of research has been conducted exploring IPL in its many forms, my own included. Our research drew on complexity theory (Cooper et al, 2004) to conceptualize the intervention and to evaluate its impact on a group of approximately 500 students studying physiotherapy, medicine, occupational therapy, nursing and social work. Two research studies took place: the first when a series of interprofessional workshops were facilitated by trained practitioners (Cooper et al, 2005); the second when the practitioners co-facilitated with trained service users in an aim to narrow the gap between theory and practice (Cooper and Spencer-Dawes, 2006). A multi-stakeholder evaluation was used and findings showed that service users can make an important contribution to IPL for students in the early stages of their training. Their perspectives allowed students to learn how to apply the principles of teamwork, to place the service user at the centre of the care process, and to make connections between theory and “real life” experiences. This demonstrated to students the value of IPL. It provided a memorable learning experience which focused on developing ‘adaptive capability’ i.e. the ability to creatively cope with new situations. Learning which builds capability demands that individuals engage with uncertain and unfamiliar contexts in a meaningful way (Fraser and Greenhalgh, 2001).
These hallmarks are cognisant with Complexity which offers a scientific framework that takes into account the mutual importance of both the micro- and macro- influences that can affect health care outcomes. It accounts for the fact that learning how to work inter-professionally is an evolving process grounded in experience, making fieldwork central to IPL. This links into Kolb's model which emphasises the process of adaptation within learning as opposed to an end-point focused purely on learning outcomes which copies the break down of education into autonomous groupings, parallel to the breakdown of clinical care (Fraser and Greenahlgh, 2001). It emphasises that knowledge is a transformation process, being continuously created and recreated, not an independent entity to be acquired or transferred (Kolb, 1984).

This guide's approach to learning, firstly by using the ‘Stop and Think’ approach reinforces the fact that IPL is a constant source of reflective enquiry. Reflection can be seen as the process by which students link autonomous practice with interprofessionality so that the two become aligned and IPL can be placed in context. Involving service users in IPL was found in our own research to be crucial to this process. Their ‘stories’, interacting with an interprofessional group of students, allowed each to recognise and respect the other’s area of expertise. In essence they pooled their knowledge to choose a way forward so that the language of interactive collaboration became the currency. Secondly by drawing the reader into the service user perspective using case studies, the reader has to work toward understanding the ‘meaningfulness’ of IPL which is important given that it emerges alongside learning about individual autonomous practice. From this perspective IPL can be seen as an open system within a series of other inter-related systems that feed back on themselves. Here, the role of educators is to help the learner make connections between all forms of learning with IPL being at the centre of working practice. In relation to this point, the section on teams focuses on ‘leadership’ as providing a key pointer to the need to relinquish traditional roles for the ‘good of the team’ (page 5). This needs to be extended to include the ‘good of the service user’ (my italics) to highlight the common goal of the team.

So how can I conclude this viewpoint? We all, I hope, accept that changes toward interprofessional education are essential to manage current and future health care problems given that such problems cannot be addressed by a single-discipline focus. Whilst the theory and practice of IPL continue to develop, the need for integrated guidance based on what we know now is essential and this document certainly provides an excellent way forward. It essentially calls for personal and professional reaction and action. I will finish with a quote from Ian Kennedy (2003) who wrote,

‘A mature culture will settle on sharing power and responsibility …. This is the culture which we should work towards—helping each other as we go’.

These final words seem to provide a ‘remedy’ for the patient’s question, ‘Do none of you talk to each other?’ It very simply summarises what IPL aims to achieve, skilful communication and productive relationships between people, what he calls a ‘mature (working) culture’.
References

Carlisle C, Cooper H. (2004). “Do none of you talk to each other?” The challenges facing the implementation of interprofessional education. Medical Teacher, 26(6), 545-552.


Notes on Contributor

Helen Cooper’s research into education, including IPL, has had wide ranging impact on the use of theory and combined methodologies. It has demonstrated the relevance of Complexity Science as a new methodological paradigm for integrating the natural and behavioural sciences with respect to the study of health and education.

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