On my way to Lincoln to the #CAIPE forum. Looking forward to hearing all the news #IPE #IPL #interprofessional #CAIPEUK

Great to welcome a really enthusiastic and engaging group to the #caipeforum lots to discuss!

Excellent start to #caipeforum introduction Mark Brennan & Welcome Sue Rigby Deputy VC @unilincoln 😊👍

CAIPE corporate forum starts today at Lincoln University @CAIPEUK @RobertGordonUni @NHS_Education

All about #InterProfessionalEducation here @unilincoln with @CAIPEUK #caipeforum
Today – Morning Session...

- 10:00 Coffee and Networking
- 10:30 Introduction to the Seminar
- 10:45 Welcome to the University of Lincoln
  - Prof Sue Rigby, Deputy Vice Chancellor
- 11:00 IPE Journey at Lincoln
- 11:20 Break
- 11:35 IPE in Three Domains
- 12:35 Lunch
Today – Afternoon Session...

- 13:35 Group Discussions
- 14:35 Break
- 14:50 Plenary Feedback and Discussion
- 15:15 Student Voices
- 15:35 Partner presentations
  - CAIPE Update
  - Innovations from Corporate Members
- 16:00 Closing Address
  - Richard Gray – Chair, CAIPE
- 16:15 Close
IPE Journey at Lincoln

Developing the Strategy

The Operational Plan
University’s Strategic Vision

We will create a flexible and open university that encourages and supports collaborative working across boundaries and disciplines.

We will create time and space to allow the opportunity for our staff to reflect and create new ideas and thoughts to improve practices and outcomes.
Organic Growth from a Strong Baseline

Discussion ➔ Planning

Embedding ➔ Piloting

Established Practice
LIPESG - Objectives

• The objectives of LIPESG are to:
  • Enable students to have regular meaningful interaction with a range of other disciplines
  • Foster interdisciplinary research in IPE
  • Support the University of Lincoln ‘Student as producer’ activities in the development of IPE
  • Involve Service users in the development and implementation of IPE activities

LIPESG – Key Tasks

• Key Tasks
  • Support for staff and students
  • Identification of common / core competencies
  • Identification of national and international partners
  • Involvement of service users and students
  • Development of IPE Journal
University of Lincoln Interprofessional Education - Operational Plan

On-Campus Interprofessional Education
On-Placement
On-line
Research
IPE in Three Domains

On Placement
On Campus
On-line
PASSION IN INTERPROFESSIONAL EDUCATION IN PRACTICE

The Team (Academics and Clinical staff)
PASSION in IPE

PARTNERSHIP

AIM

STEERING (Core) GROUPs

STRATEGIES

INTERACTIVE ACTIVITIES

ON GOING COMMITMENT

NEXT STEPS
PARTNERSHIP

Collaborative working

• Within Lincoln University e.g. nursing and pharmacy
• With Trust (Two hospitals involved)
• Lincolnshire Partnership Foundation Trust (LPFT)
• Universities allocating students to practice
• Students
• Service users
AIM

• Embed IPE culture to promote collaborative working for the benefit of service users/patients
• Implement student IPE activities in practice
STEERING GROUP

• Consist of academics and clinical staff
• Consist of different professions (academics and clinical practice)
STRATEGIES

- Pilot
- In practice / simulation
- Identifying champions in clinical practice (interested)
- Mapping exercise of students (from which Universities and Levels)
- Framework - The University of British Columbia (UBC) model of Inter-professional Education.
  - Exposure
  - Immersion
  - Mastery (Charles, Bainbridge and Gilbert 2010)
- Training the facilitators
- Identifying inter-professional opportunities in practice
- Promotion of IPE activities (develop flyers, pens, Clinical Educators’ meetings, drop in sessions)
STRATEGIES

• Support (Grass root approach (Mental Health) and Top down approach – (Trust – Manager and Directors of all professions) - Updates.

• Gaining support from all involved (Including all universities allocating students to practice)

• Development of scenarios (all professions involved)
INTERACTIVE ACTIVITIES

Trust:
• Themes: Dignity, Communication and Safeguarding
• On the wards and simulation

Mental Health:
• The use of Actors
• Involving Service users

In both sectors:
• Collaborative development of scenarios
• Student evaluations
• Debriefing
• Assessment
• Good record-keeping and dissemination
INTERACTIVE ACTIVITIES

• Multiple disciplines

• Nursing
  (Given practice hours)

• Provision of certificates
  (Facilitators and students)
INTERACTIVE ACTIVITIES

Pharmacy & Nursing Students
• Interactive case based workshops

Pharmacy & Medical Students
• Ward based activities
ON-GOING COMMITMENT

• Implement student IPE activities
• Identify more champions
• Expand and encourage more IPE activities in all areas where Lincoln students are allocated - how?
• 21\textsuperscript{st} December 2016 organised Inter-professional education workshop in clinical staff (academics and clinical staff) facilitated by CAIPE members
ON-GOING COMMITMENT
21\textsuperscript{st} December 2016 IPE clinical staff workshop
NEXT STEPS

• Encourage more IPE in practice –
  • To follow up clinical staff in 6 months.
  • Padlet has been created - for sharing and networking
  • Students taking responsibility (through clinical educator)
  • Service-users’ guidance
  • Engaging more professions
  • Continue discussing IPE Practice Education forums
## Implementation

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Solutions</th>
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</thead>
<tbody>
<tr>
<td>Students allocated to placements at different times</td>
<td>Mapping of student allocations</td>
</tr>
<tr>
<td>Some professions are under represented in some areas</td>
<td>Inviting students from other wards/departments. Facilitators to attend the presentation (scenario based)</td>
</tr>
<tr>
<td>Different outcomes for each profession</td>
<td>Themes: Dignity, Communication and Safeguard.</td>
</tr>
<tr>
<td>Including more professions to facilitate IPE activities</td>
<td>So far: Nurses, Physiotherapists, Occupational Therapists, Pharmacists, Dieticians, Midwives and Medical staff.</td>
</tr>
<tr>
<td>Continue sustaining the IPE activities in practice</td>
<td>• IPE to be facilitated by clinical staff</td>
</tr>
<tr>
<td></td>
<td>• Involve more clinical areas</td>
</tr>
<tr>
<td></td>
<td>• Clinical staff to keep records of IPE activities</td>
</tr>
</tbody>
</table>
## Implementation

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| Students have different levels of knowledge of IPE concepts and themes | • Provide pre-reading and additional support materials  
• Explore the concept of IPE and the themes before IPE activities |
| Some clinical areas still reluctant to participate – IPE is viewed as an additional workload | • Drop in sessions  
• Involving students to develop IPE activities |
| Staff turnover                                       | • Enthusiasm and perseverance                       |
| Staff shortage in practice                          | • Flexibility and increasing awareness  
• Leadership                                          |
Implementation

“...barriers to IPE (IPL) will not disappear by simply being ignored, but they can be managed and overcome. Finding and implementing solutions to these challenges require creativity and the support of clinical staff.”

(McPherson, Headrick and Moss 2013 p.46)
In summary – what is required?

• Leadership – enablers
• A-K-S
  • **Attitude** – passion, flexibility and commitment
  • **Knowledge** – context, who can make it happen, where and how
  • **Skills** – negotiating, communication and working in partnership
• Willingness and determination
• Administrative support
IPE in Three Domains

On Placement

On Campus

On-line
On Campus

1st year Pharmacy & Nursing students
Experiential learning of medicines administration through simulated activities
On Campus

Year 2:

• **Scenario-based haematology-themed IPE activity** among *Biomedical Science* & *M.Pharm* students.

• Scenarios were **derived** and **developed** by the academics from the above-said programs.

• This **3-week IPE activity** included **in-class preparation & presentation**, **feedback** from facilitators and **producing** [reflective] essays.

**Future plans:**

• Involvement of other health profession students, e.g. Nursing
On Campus

2nd year Pharmacy & Nursing students

Experiential learning of the management of respiratory conditions through simulated activities
On Campus

Year 3:

• **Scenario-based IPE activity** among *Biomedical Science, Biochemistry* & *M.Pharm* students.

• Scenarios were **derived** and **developed** by the academics from the above-said programs.

• This **7-week IPE activity** included **preparation**, **presentation**, **feedback** from peers & facilitators and **producing** [reflective] essays.

**Future plans:**

• Involvement of other health profession students, e.g., Nursing, etc.
On Campus

3rd year Pharmacy & Nursing students

Experiential learning of cardiology conditions through simulated activities
On Campus

**Evaluation strategies**

**A. One-off assessments**

- Reflective essay
- Peer assessment
- Assessment by the facilitators

**B. Continuous assessments**

- Knowledge & skills assessment by piggy-backing on other assessment tasks such as written exams, OSCEs, etc.
- Conference Day (Poster Presentation)
Conference Day
(Poster Presentation)

• An opportunity for the students to show-case their **professional development** via **poster presentation**

• To develop the contents of the posters students:
  1. Participated in a variety of experiential learning opportunities i.e., Health promotion, IPE, Placements, etc.
  2. Participated in a formative **appraisal exercise**
IPE in Three Domains

On Placement
On Campus
On-line
IPE On-line

• The IPE Journal
  • Students Mapping their IPE journey and gains

• Values Exchange
  • On-line forum for ethical discussions
The University of Lincoln Values Exchange offers powerful ways for creating teaching, learning and research opportunities across disciplines and between educational institutions. Using a range of philosophical frameworks and a social media-type interface, the Vx assists users to explore practice-based decision-making, enabling deep thinking and offering unique ways of learning from others.

**TOP ISSUES**

**HIGHER EDUCATION SHOULD BE FREE. IT IS PROPOSED THAT HIGHER EDUCATION SHOULD BE FREE.**

86% Agree

What do you think?

**THINK STOP SIXTEEN: RACHEL**

It is proposed that you tell a practitioner in charge of Rachel’s intent

**THINK STOP SEVENTEEN: FAROOQ**

**THINK STOP FIFTEEN: CATHERINE**

CONTINUE

REPORTS

REPORTS
THINK STOP FIFTEEN: CATHERINE

Catherine is the elderly woman we met in Chapter Three. She has symptoms of dementia and now has multiple health issues, one of which is allergic asthma that gives her severe breathing difficulties. Best medical advice is that Catherine should give up her cherished springer spaniel dog, Petra, as there is a risk that it will trigger increasingly severe asthma attacks.

These attacks have already resulted in trips to hospital A&E, and could even prove fatal. However, Catherine reacts very badly to the suggestion, saying that it would be like losing a child.

It is proposed that the health team insist that Petra is re-homed in Catherine’s best interest.
Questions - Observations
#CAIPEForum

Barriers to IPE will not disappear @unilincoln @CAIPEUK #caipeforum

Really interesting work happening @unilincoln @caipeuk #caipeforum

On campus simulation for pharmacy and nursing students on medication @unilincoln @CAIPEUK #caipeforum

Use of PADLET with technical support enables IPE evaluation contributions added by all involved @unilincoln @CAIPEUK #caipeforum

There are always challenges to delivering IPE in practice @unilincoln they have helpful solutions @CAIPEUK #caipeforum

#caipeforum nice to see students from @UnLincoln_SHS taking part in #IPE with @unilincoln on #clinicalplacement

Discussing Passion in IPE and strategies for implementation @unilincoln #caipeforum
Group Discussions

• One hour
• Three hosts
• Three questions
  A. Meaningful Evaluation
  B. Breaking Barriers
  C. Interprofessional to Interdisciplinary

• Three Groups
  • Group 1
    • Orange Room
  • Group 2
    • Room JBL 2W01
  • Group 3
    • Room JBL 2W02
Meaningful Evaluation

- ‘Meaningful’ to whom?
  - Students
  - Patients

- Educational/health and social care disclosure
- Criteria for evaluation must match criteria for IPE

- Evaluate the IPE process
  - Process
  - Outcomes

- Long term evaluation
  - Longitudinal

- How does the method transfer to practice for students?
  - Compare ways of delivering outcomes

- Health and social care evaluation, integration
  - Pre/post implementation

- IPE working diary – capture experiences

- Multi-pronged evaluation
  - Positives on the day of.
  - End of course evaluation
  - Measure competencies
  - Alumni

- Structured systematic review

- Impact on the service user outcomes
  - Measurable?
  - Evidence?
  - Case reviews, positive patient journey.
  - Does it link back to their IPE experience? Or training?

- Do we ask the right questions?
  - Embed it (the evaluation) into the curriculum evaluation.
  - Did the IPE help prepare you for practice?
  - How did IPE help you professionally?

- Professional identity

- Educational/health and social care integration
Outputs from Discussion Groups

Overcoming Barriers

Safe spaces
Neutral zones

Staff and academics
Marketing
All professions

Curriculum restructuring
Making opportunities

Organisational support
Top down

Not mandatory, no assessment (boycott)
Support leaders from management, incentives e.g. practice hour’s certificate

Timetabling

Younger students

Cultural change
Students = change agents

Showing positivity from the beginning
Experience and education
Making it fun

Regulatory body

Face to face logistics
Numbers

University open days

Importance

Communication
Teamwork

Lifelong learning

Flexibility of organisation

Practise orientated

Parity
Does everyone need to have the same experience?
“Traffic light” system.
Recorded on their online journey – Is it read?

Experience and education

Needs for people to build interprofessional relationships

All professions

Marketing

University of Lincoln

Centre for the Advancement of Interprofessional Education

Not mandatory, no assessment (boycott)
Support leaders from management, incentives e.g. practice hour’s certificate

Communication
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Experience and education
**Outputs from Discussion Groups**

**Students’ perception of IDE**
Will be valued, same values, for it!
Gain appreciation e.g. assertiveness training, not marketed as IPE

**Challenges**
Participation, willingness to change, resistance, time

**Interagency, inter organisation, business model**

**Graduate attributes**
Global citizenship, skills acquired e.g. communication, language, terminology

**Moving towards engaging with a wider group**
Not just within healthcare but with business school for business plan

**Not entirely in curriculum**

**IPE – traditional HSC**
IDE – involve non healthcare e.g. police, health studies, arts

**Disciplines, academia**
Barriers brought on by institutions

**Break down stereotypes and misconceptions**
Beyond health and social care
Involve other disciplines

**Interprofessional to Interdisciplinary**

**Accreditation by professional body**
Fit for practise

**Difficult to define**
Danger of words

**From professional courses we are regulated and have a practice and titles**

**Needs to be real and useful**
Contribution to wellbeing and society

**Finances**
Support of the organisation

**Professionalism**
In practise, skills, attitudes

**Lifelong skills**

**Finding connections**

**Core IPE**

**Collaboration instead of interdisciplinary**

**Society, under groups**

**Promote combined outcome**

**What is the aim? Demonstrate the benefit.**

**IDE**
Involve non healthcare e.g. police, health studies, arts

**IPE**
Traditional HSC

**From professional courses we are regulated and have a practice and titles**

**Bridging**

**Initial qualification**

**Broader view to include others**

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**What is the aim? Demonstrate the benefit.**
Student Voices

Pharmacy, Mental Health Nursing and Adult Nursing learning from each other
What does it mean for us?

As students progressing toward a career within healthcare, there is an increasing awareness that when planning and implementing patient care it is necessary to work with healthcare professionals from different disciplines.

This will:

- Improve the quality of care
- Focus on person centred planning
- Respect the contribution of other professionals
- Facilitate learning about other areas.
- Flexible and collaborative work ethos.
Key Themes

Communication
- In order for professionals to work as a team, there is a need for effective communication
- Jargon and abbreviations need to be avoided so all professionals have a thorough understanding of what is being discussed
- Roles need to be explored, respected and fully understood between professionals
- Forms an appreciation of the skills mix that others bring to collaborative patient care

Stereotyping and Power Imbalances
- Be aware of our own personal stereotypes about other professionals
- Address perceived power imbalances within teams, others may have a similar misconception in regard to your own discipline
- Formulate an agreed philosophy in regard to individualistic patient care

Organisational Barriers
- Compartmentalisation of departments in relation to training
- Lack of trust in the collaborative process
- Competition between disciplines
- Differences in levels of authority
- Different goals of team members
- Conflict in regard to individual relationships with patient.
Adult Nursing Experiences

- Respiratory simulation day at university with pharmacy students

- Working together to gather essential information about a patient, evaluate this and conclude with a diagnosis

- Discussing the management of the diagnosis, what possible medications we could give and what route

- All being in agreement with the work we have done
Mental Health Nursing Experiences

• Took part in a student led video recording based upon the patient's perspective when receiving a diagnosis of encephalitis

Aim:
• To promote inter professional practice within workplace settings
• To explore the roles and utilise skill sets from other disciplines
• To gain knowledge from others
• To promote person centred care and patient involvement
Pharmacy Experiences

• Mental Health simulation day
• Respiratory Case Studies
• Cardiology Case Studies
• Pilgrim Hospital IPE Day with case presentation
• Lincoln County Hospital IPE morning with doctors speaking to patients
• Working with biomedical science and biochemistry students on case studies
• School of Life Sciences Poster Conference
• Values Exchange
Reflections from Adult Nursing

• Having an insight on how the pharmacology course runs
• Being able to utilise our varied skills in order to provide a diagnosis and management for our patients
• Reiterating the importance of multidisciplinary teams
• Realising and respecting each other's profession
• Learning new things from one another
• Being able to relate the simulation days to practice (more realistic)
• Demonstrating our communication skills
Reflections from Mental Health

• Insight into other professions and their working ethic
• Highlighted the importance of communication within multidisciplinary teams
• Benefits of experiences of others, and the skills that they are able to apply to practice
• Shows the benefits gained from opinions and experience - allows further consideration of what the patient needs
• Improved understanding of resources available.
Reflections from Pharmacy

• Learnt about each others roles in a multidisciplinary team
• What each other's strengths and capabilities are and using this to optimise the dynamics of the team
• Understanding the value of strong communication skills within a team
• How the science and practice integrate to form diagnoses for patients
• Extremely interesting learning from others experiences on placements
Conclusions

• Teamwork improves the outcome for patient care
• Institutional hierarchies can hinder communication which can impact negatively upon patient care
• Promotes improved knowledge of illness and recovery focused care
• Highlights importance of interpersonal skills for liaison and communication
• Optimises patient care
• Improves clinical outcomes.
#CAIPEForum

The most important people in the room - our students! #cai peforum #proud

At the #cai peforum discussing meaningful evaluation, breaking barriers, interprofessional & interdisciplinary education @unilin coln @CAIPEUK

#cai peforum the key themes for students by students

Hearing our students views on their #inter professional experiences #cai peforum @unilin coln @CAIPEUK

Students don't have IPE as an add on anymore- integrated curriculum @unilin coln @CAIPEUK #cai peforum
Partner Presentations

CAIPE Update
Closing Address – Richard Gray
Innovations from @unilincoln #caipeforum being taken up by other CAIPE Corporate Forums @Unl_SHS

LHERI @UnlHEResearch
Thank you @markibrennan for the opportunity to briefly outline @UOLHEResearch’s interest in research into IPE activities #caipeforum

Jenny Ford @JennyFordDMU
Lincoln Uni taking IPE beyond health into social science, arts and business. Great ideas for student collaboration @unilincoln #caipeforum

LHERI @UnlHEResearch
Interesting question @caipeuk #caipeforum about evidence of how students who have experienced IPE take this into practice after graduation

CAIPE UK @CAIPEUK
Effective Collaboration at start of process for embedding @unilincoln #caipeforum @sunjo100

Kirsty Hyndes @kirstyhyndes #caipeforum strategic objectives are so important in IPE

Sunderi Joseph @sajaijo100
Debriefing is part of every activity. IPE assessment encourages reflective practitioners @unilincoln @CAIPEUK #caipeforum

Sunderi Joseph @sajaijo100
National & International networking for IPE with Malaysian and UK students connecting @unilincoln @CAIPEUK #caipeforum
IPE Innovation