

# An Overview of Continuing Interprofessional Education

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*Interprofessional education, continuing interprofessional education, interprofessional collaboration, and interprofessional care are moving to the forefront of approaches with the potential to reorganize the delivery of health professions education and health care practice. This article discusses 7 key trends in the scholarship and practice of interprofessional education: conceptual clarity, quality, safety, technology, assessment of learning, faculty development, and theory.*

**Key Words:** *interprofessional education, continuing interprofessional education, interprofessional collaboration, interprofessional care*

## Introduction

Over the past 10 years we have witnessed an impressive expansion of interprofessional activities (see FIGURE 1), as colleagues from across the globe have increasingly engaged in its development, implementation, and evaluation. As a result we have seen a growth of literature describing the nature of IPE<sup>1</sup> as well as exploring and debating its value for a range of educational and clinical stakeholders.<sup>2</sup>

Given the continued growth of IPE and its close ties to continuing education, it was considered timely for the *Journal of Continuing Education for the Health Professions* to explore this subject in some depth through a small number of specially invited papers. Collectively, these contributions consider a range of pertinent issues related to the conception, design, implementation, evaluation, and outcomes of continuing interprofessional education across a number of clinical and educational contexts. Ten articles spanning 2 issues (this, and the previous one, Volume 29, Issue 2) have been produced to provide a comprehensive examination of

CIPE. This article provides an overview of these contributions. Specifically, it relates the authors' work to 7 key interprofessional education trends that have emerged in recent years.

## Interprofessional Education

As FIGURE 1 indicates, IPE is an interactive learning activity that involves participants from 2 or more professions. Barr et al<sup>4</sup> outline a range of differing types of interactive learning methods commonly used in IPE. These include exchange-based learning (eg, seminar, workshop-based discussions), action-based learning (eg, problem-based learning), simulation-based learning, and e-based learning.

IPE aims to develop the attributes (attitudes, knowledge, skills, and behavior) required for effective collaborative practice. As Parsell and Bligh state, a central goal of IPE is to "enable learners to acquire knowledge, skills and professional attitudes [about collaboration] that they would not acquire effectively any other way." (p. 89)<sup>5</sup> Once equipped with these attributes, it is regarded that practitioners will be able to collaborate in a more effective manner, which in turn will enhance the quality and safety of patient care they deliver. Systematic review work describing the effects of IPE have indicated that it can produce a positive impact on professional practice and patient care.<sup>3,6</sup>

## Continuing Interprofessional Education

As the definition of CIPE in FIGURE 1 indicates, this form of education occurs after qualification or licensure. The other main form of IPE occurs before qualification or licensure. As noted above, both forms of IPE focus on enhancing collaboration between participating professional

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<p><i>Interprofessional education</i></p> <p>Interprofessional education (IPE) occurs when 2 or more professions learn with, from, and about each other to improve collaboration and the quality of care.<sup>3</sup></p> <p><i>Continuing interprofessional education</i></p> <p>Continuing interprofessional education (CIPE)—also sometimes termed continuing interprofessional development—is undertaken after initial qualification when members of 2 or more health and/or social care professions learn with, from, and about each other to improve collaboration and the quality of care.<sup>4</sup></p> <p><i>Interprofessional learning</i></p> <p>Interprofessional learning is learning arising from interaction between members (or students) of two or more professions. This may be a product of interprofessional education or happen spontaneously in the workplace or in education settings.<sup>4</sup></p> <p><i>Interprofessional collaboration</i></p> <p>Interprofessional collaboration is an active and ongoing partnership, between 2 or more professions, who work together to solve problems or provide services.<sup>4</sup></p> <p><i>Interprofessional care</i></p> <p>Interprofessional care is the provision of comprehensive services to patients by 2 or more health and/or social care professions who work collaboratively to deliver care within and across settings.<sup>4</sup></p>
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FIGURE 1. Definitions of interprofessional activities.

learners. CIPE differs from prelicensure IPE in 1 important respect. Whereas the latter aims to enhance the collaborative attributes of students before they reach practice, the former (which involves front-line practitioners and can be offered in a range of clinical settings) may also improve the delivery of interprofessional care.<sup>4,6</sup> Typically, CIPE is delivered in the form of workshops and seminars with interprofessional teams or groups of practitioners.<sup>4,6</sup> Indeed, findings from IPE reviews have indicated that a substantial amount of IPE occurs in a continuing-education context rather than a prelicensure context.<sup>4</sup>

## Interprofessional Trends

From work that has reviewed and synthesized the interprofessional education literature<sup>6-9</sup> it is possible to identify 7 main trends in relation to the development of IPE: conceptual clarity, quality, safety, technology, assessment of learning, faculty development, and theory. These trends have been used to frame a number of invited contributions from authors who have explored the nature of CIPE from a range of different theoretical, pedagogical, and practical perspectives.

### *Trend 1: Conceptual Clarity*

Given the close links between IPE, CIPE, and interprofessional collaboration (IPC) practice, we have seen an ongoing conceptual uncertainty in the literature.<sup>10</sup> Often authors

will combine terms such as “IPE/IPC” and regard them as a single interprofessional activity. This is particularly problematic as it collapses *education* and *practice* together without an awareness of the differences that exist between these activities. In addition, there is a tendency to employ “IPE” as an all-encompassing term, which overlooks some of its important differences, such as the setting—undergraduate, postgraduate, or continuing IPE—in which it is delivered. These ongoing problems are particularly challenging when one is attempting to distinguish which interprofessional education or practice activity produces which type of outcome. Two articles in this issue, Barr<sup>11</sup> and Joanne Goldman and colleagues<sup>12</sup> explore some of these conceptual issues related to CIPE. Together, they begin to drill down to explore a range of salient conceptual dimensions of IPE, CIPE, and IPC. Barr<sup>11</sup> describes and discusses an anatomy of CIPE in which he stresses the use of formal and informal team-based approaches and describes the range of formats in which CIPE can be delivered (eg, workshops, seminars, conferences) as well as the learning methods (eg, self-directed, distance, or e-learning) that can be implemented by educators. Goldman et al<sup>12</sup> draw on findings of a scoping review (an exploratory review that aims to provide an initial mapping or scoping of a field by identifying key concepts, theories, and/or studies before more comprehensive review work is undertaken) of interprofessional interventions, including CIPE. These authors describe how, based on the findings from their review, they categorized 3 separate interprofessional interventions—education-based, practice-based, and organization-based. They go on to argue that greater clarity of the design, development, and implementation of these different interprofessional interventions will result in a better understanding about the role and effectiveness of CIPE, as well as IPE and IPC.

### *Trend 2: Quality*

A systematic review revealed that quality improvement (QI) approaches such as Continuous Quality Improvement and Total Quality Management underpinned a large number of CIPE initiatives, accounting for 41 of the 107 included studies.<sup>4</sup> Indeed, given its philosophical roots within organizational learning theory, a tradition that stresses the need for continuous team-based learning activities to improve the quality of organizational processes and productivity, QI can provide an ideal vehicle for delivering CIPE. Wilcock and colleagues<sup>13</sup> provide an in-depth exploration of the contribution QI can make to CIPE. In their article, Wilcock et al<sup>13</sup> argue that individual professionals and health care teams must share an understanding of continuously improving their practice by integrating CIPE as part of everyday work. These authors also discuss how situating interprofessional learning, working, and quality improvement within a framework of social learning theory can create a continuum between interprofessional learning and service improvement. They outline how various health care stakeholders could work

together to promote CIPE jointly to enhance patient outcomes, and suggest that the use of experienced-based design is a particularly advantageous approach for bringing patients and staff together to share the role of improving services and care. Toner<sup>14</sup> picks up the thread of quality in his description of the implementation and evaluation of a CIPE program that aims to provide health care learners with an understanding of health care issues for geriatric populations in medically underserved areas in order to improve the quality of their practice. Toner<sup>14</sup> reports a range of positive outcomes relating to the development of attitudes and perceptions for working in rural practice in order to improve the quality of care delivered in medically underserved settings.

### *Trend 3: Safety*

Patient safety is currently a key aim of all health care systems. As the seminal document, *To Err is Human*<sup>15</sup> stresses, safety demands effective communication and collaboration. Since its publication, we have seen the development of patient safety initiatives to improve the quality of team communication<sup>16</sup> and the establishment of organizations (eg, the Institute for Healthcare Improvement, the Canadian Patient Safety Institute, and the UK National Patient Safety Agency) promoting IPC and teamwork to help enhance patient safety. Both IPE and, in particular CIPE, have important roles in developing the knowledge, skills, and behaviors required for professionals to work together to deliver care in a safe manner. Freeth and colleagues<sup>17</sup> provide a helpful description of a CIPE course aimed at improving nontechnical skills among obstetric teams. With qualitative and quantitative data, Freeth et al<sup>17</sup> report that the course generated a number of positive outcomes in relation to acquiring new knowledge of communication and leadership in crisis situations as well as changes in participant behavior in the workplace. The need for skillful facilitation of debriefing also was reported to be central in this form of CIPE.

### *Trend 4: Technology*

The past 20 years have witnessed an expansion in the use of information technology systems. This expansion led to the development of several forms of electronic communication with the potential for introducing new and innovative ways to deliver education. The use of these technologies offers important potential for CIPE. For example, it has been argued that these technologies can offer an “electronic bridge” (p. 81) for practitioners to work and learn together with a variety of electronic media over both time and space.<sup>18</sup> No longer must CIPE occur with all team members present. Technology enables learning to be undertaken in a more flexible open and creative manner. In this issue, Luke and colleagues<sup>19</sup> examine the challenges and opportunities encountered in the design of online interprofessional health sciences education spanning multiple educational and clinical service institutions. Luke et al<sup>19</sup> also outline a range of

ideas for the design of online interprofessional learning, including effective media design, a range of interactive asynchronous and synchronous learning methods, and the creation of an interprofessional learning community.

### *Trend 5: Assessment of Learning*

Despite the central importance of the assessment of learning within IPE and CIPE, it has received relatively little attention. Although a range of approaches for the assessment of learning within CIPE have been employed, including the development of shared care plans, team presentations, team posters, and written assignments,<sup>2</sup> most do not provide rigor (validity and reliability) in the way they assess interprofessional learning. Authors are beginning to address this problem, and as a result we are beginning to see the development of more comprehensive assessment approaches and tools.<sup>20,21</sup> Simmons and Wagner<sup>22</sup> examine some of the opportunities and challenges related to this subject area. They focus on a number of key conceptual issues, such as determining the purpose of the assessment and the use of assessment blueprints, to ensure that learners are exposed to a relevant range of competencies and therefore enhance the rigor of the assessment. They also discuss the use of multiple assessment methods and the potential of simulation as a key method in the assessment of learning within CIPE.

### *Trend 6: Faculty Development*

In general, the IPE literature has concentrated on describing and discussing a range of learner-focused issues. Consequently, although we have a detailed understanding of the learners’ experiences of IPE, little is known about faculty perspectives.<sup>2,4</sup> For example, we have a poor idea of what form of support faculty need to prepare them for facilitating interprofessional learning. Given that interprofessional friction can emerge within learning groups when, for example, professional boundaries are infringed, or learner resistance to IPE or CIPE can occur, faculty require effective preparation for this role. Silver and Leslie<sup>23</sup> go on to provide an examination of the issues related to faculty development for CIPE. They argue that faculty development can play an essential role in enhancing interprofessional collaboration and enhancing the skills needed to facilitate CIPE in an effective manner. They offer a planning guide, and suggestions for a curriculum, teaching strategies, tools, and formats for planning faculty development for CIPE, including the application of a systems approach, the use of adult learning principles, and an outcomes-based curriculum design.

### *Trend 7: Theory*

The use of theory can provide a comprehensive understanding of phenomena that are not easily explained, such as how societies function, how organizations operate, and

### Lessons for Practice

- Interprofessional education, continuing interprofessional education, interprofessional collaboration, and interprofessional care are emerging activities to help reform the delivery of health professions education and health care practice.
- Conceptual clarity, quality, safety, technology, assessment of learning, faculty development, and theory are trends emerging to guide continuing interprofessional education.
- A firmer understanding of theoretical, pedagogical, and practical issues related to continuing interprofessional education is developing.

why individuals in interprofessional teams interact in certain ways. Theories provide different “lenses” through which to look at complicated issues. Educators involved in the development of IPE and CIPE have not explicitly drawn upon theory, despite the potential of theory to explain important relationships. As a result, the interprofessional field is largely atheoretical in nature. Encouragingly, this shortfall is beginning to be addressed through the work of authors such as Cooper et al<sup>24</sup> and Hean and Dickinson.<sup>25</sup> Two articles in this issue, Sargeant<sup>26</sup> and Kitto and colleagues<sup>27</sup> explore the use of theory within CIPE. Sargeant<sup>26</sup> discusses the role of complexity, reflective learning, and communities of practice for illuminating the nature of IPE and for providing tools to inform and guide CIPE interventions. Kitto et al<sup>27</sup> explore the potential of CIPE and how it might be applied in a surgical setting. These authors argue that the sense of professionalism within surgery is in conflict with the professionalism developed in other medical and health care professions, and surgeons view moves towards interprofessionalism (eg, CIPE) less favorably than do their colleagues. They also stress that convergence can occur only between surgical professionalism and broader discourses of interprofessionalism, if priority attention is given to understand and deconstruct the tension currently embedded in surgery.

### Closing Comments

It is anticipated that this special collection of articles, each elaborating a key trend within the development of the interprofessional field, offers readers a rich insight into both the *state of the art* of CIPE and also the state of *what is*

*possible* for this form of health professions continuing education. As the collection illustrates, a firm understanding of a range of theoretical, pedagogical, and practical issues is evolving. As a result, the future of CIPE looks promising with an array of educational, clinical, and patient-care possibilities.

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