An Anatomy of Continuing Interprofessional Education

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Continuing interprofessional education is the means by which experienced health, social care, and other practitioners learn with, from, and about each other, formally and informally, to improve their collective practice and to cultivate closer collaboration. It applies principles of interprofessional education through media commonly employed in continuing professional education grounded in team-based practice. Among many approaches, it may be enriched by guided or self-directed reading, by open, distance, or e-learning, and during workshops, seminars, conferences, or courses. No one medium is preferable; nor are they mutually exclusive. Each complements the others. Subsequent articles in this issue put flesh on these bones.

Key Words: continuing professional education, continuing uniprofessional education, continuing multiprofessional education, continuing interprofessional education

Introduction

This brief article locates the concept of continuing interprofessional education within continuing professional education to provide a frame of reference for the articles that follow. It offers working definitions for terms, including some that are often ill-understood and confused when employed interchangeably. Examples draw upon the author’s experience in the United Kingdom, complemented and enriched more by other authors in this issue, who draw primarily upon a North American context.

Understanding Continuing Interprofessional Education

The term continuing professional education needs no introduction for readers of this journal. The terms continuing uniprofessional education, continuing multiprofessional education, and continuing interprofessional education may be more familiar after reading this issue. They distinguish between 3 approaches to continuing professional education (see TABLE 1).

Choosing Between the Approaches

Uniprofessional continuing education may fit when 1 or more of the following apply:

- Objectives address profession-specific practice
- Curricula are tightly constrained by a regulatory body
- Learning leads to a profession-specific award

Multiprofessional continuing education may fit when 1 or more of the following apply:

- Objectives are organizationally rather than professionally determined
- Economies of scale may result from including more than 1 profession
- Specialist teaching expertise needs to be deployed optimally

Interprofessional continuing education may fit when 1 or more of the following apply:

- Learning is within an interprofessional team
- Effective implementation demands improved or different modes of collaboration between professions
- Effective practice depends upon mobilizing resources across professions
- Problematic relationships between professions need remedy
- Policy implementation destabilizes pre-existing roles and relationships between professions

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TABLE 1. Comparing Definitions

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<thead>
<tr>
<th>Multiprofessional Education</th>
<th>Continuing Multiprofessional Education</th>
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<tbody>
<tr>
<td>Professionals learn together</td>
<td>Ongoing learning for professions together</td>
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<table>
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<tr>
<th>Interprofessional Education</th>
<th>Continuing Interprofessional Education</th>
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<tr>
<td>Professions learn with, from, and about each other to improve collaboration and quality of care</td>
<td>Ongoing learning with, from, and about other professions to improve collaboration and the quality of care</td>
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<tr>
<th>Professional Education</th>
<th>Continuing Professional Education</th>
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</thead>
<tbody>
<tr>
<td>Unprofessional, multiprofessional, and interprofessional education in sum</td>
<td>Ongoing uniprofessional, multiprofessional, and interprofessional education in sum</td>
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</table>

Entering Contested Territory

Clear though these distinctions may be conceptually, they may be contested operationally. A profession, protecting its territory, may defend uniprofessional provision. It may, however, be challenged by educational and service managers as well as policy makers who recognize, from their vantage points, similarities of need across professions and prospects for more efficient, effective, and economic joint provision to help create a more flexible workforce.

Transition from multiprofessional to interprofessional continuing education may encounter less resistance, but be ill-understood if and when providers assume that interprofessional objectives can be incorporated into multiprofessional continuing education without modifying structure, content and learning methods, disregarding evidence that interprofessional continuing education needs additional investment in interactive learning in small groups. Interprofessional continuing education (indistinguishable from multiprofessional in all but name) may, as a result, comprise common learning to the exclusion of comparative learning. In doing so, it may deny participants opportunities to explore similarities and differences between professions on which intelligent collaborative practice depends.

Most continuing professional education today is multiprofessional, within which interprofessional objectives, content, and learning methods may be embedded. Discrete examples of interprofessional continuing education, when found, tend to be minimal, marginal, and ephemeral.

Interprofessional continuing education differs depending on the learning medium.

Learning from Practice

Systematic, sustained, and incremental learning from practice characterizes professionalism at its best, in health care learning with, from, and about patients, careers, families, and communities, as well as the other professions involved and their organizations. It may amount to little more than reflection at the end of the working day relayed perhaps to colleagues in casual discussion during coffee or lunch breaks. But it can be more purposeful, feeding into professional and interprofessional consultations, team meetings, case conferences, away days, workshops, or learning sets. Colleagues, especially from other professions, may introduce new perspectives, challenge cherished assumptions, and suggest alternative approaches pregnant with opportunities for co-working.

Learning from practice enhances understanding, performance, and motivation. Interprofessional learning from practice heightens critical awareness of shortcomings in service delivery and drives collective action.

That helps to explain why interprofessional continuing education has been incorporated into methodologies such as collaborative inquiry\(^1\) and continuous quality improvement (CQI)\(^2\) (see also Wilcock et al\(^3\)) akin to problem-based learning that engages practitioners from different professions in systematic and cyclical review of service provision leading to strategies for improvement. Of the 2, CQI is the more widespread. It originated in the United States in numerous grass-root initiatives associated with the Interdisciplinary Professional Education Collaborative (IPEC) and the Institute of Health Improvement (IHI)\(^4\) spreading to the United Kingdom.\(^5\) Interprofessional continuing education is implicit in CQI initiatives whenever they engage different professions, explicit in some.\(^6\)

Learning as a Team

Look no further than this issue for examples of learning not only in teams but as teams to enhance collective capability. Sergeant\(^7\) commends such learning to improve patient safety, a proposition that Freeth et al\(^8\) confirm from the application of their simulated learning model. Toner et al\(^9\) present a team learning model that resulted in improved access to health care by older people, and Wilcock et al\(^1\) offer a model that could be widely applied to improve diverse aspects of practice. Furthermore, Luke et al\(^10\) demonstrate how online learning applied team-based learning to practice, and Simmons and Wagner\(^11\) surmount barriers in assessing team learning.

Learning in multidisciplinary teams may be implicit, but more effective—as these articles consistently demonstrate when it is made explicit—exposing issues, searching for solutions, and setting aside time for reflection and investigation. The Chief Medical Officer for England\(^12\) recommended planned and ongoing continuing professional education (using the term continuing professional development) for primary care teams. Led by and for professionals, Practice Professional Developing Planning (PPDP) would develop the concept of the whole practice as a resource for health care by identifying individual and prac-
tice needs. Wilcock et al thought that PPDP should be a built-in, not added-on, patient-centered approach in which the whole team would be involved in drafting the Practice Professional Developing Plan, incorporating Personal Development Plans for each member.

Bateman et al, and in a follow-up paper McLellan et al, described how problems for team members during the formative stages in establishing a new primary health care center near Cambridge, England, were identified and addressed employing 360-degree appraisal and action research. Internal interprofessional consultation was complemented by external profession-specific consultation and allegiance encouraged to professional institutions.

Described thusly, the learning team is analogous to the learning organization, "where people continually explore their capacity to create the results they truly desire, where new and expansive learning patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together."

Learning from the Literature

The conscientious practitioner also has an obligation to keep abreast of developments in policy, practice, and research covered by journals for his or her profession, a habit that becomes interprofessional when it taps sources from other professions or, still better, joins or instigates an interprofessional reading group.

Learning at a Distance

Distance learning goes beyond systematic reading. Although uniprofessional distance learning programs are viable for the larger professions, such as nursing and school teaching, recouping production costs favors products designed to attract larger markets for a range of professions and beyond. Programs can be overly generic, but many focus effectively on specialist needs applicable across professions.

The United Kingdom–based Open University (OU) is noteworthy for the range and quality of it practice-related programs used flexibly in preliminary, qualifying, and continuing education by some 16,000 health and social care personnel each year at home and abroad. Each program is the product of sustained and systematic research by a multiprofessional team exposed to external scrutiny at every stage from conception to delivery. Though much of the learning is individual and self-directed, tutors are often from another practice profession or an academic discipline, while group tutorials and summer schools introduce professional mix.

The OU, and numerous other educational institutions following in its wake, has reconfigured continuous professional education opportunities for multiprofessional instead of uniprofessional audiences. Work-related rather than work-based, they build in case studies from collaborative practice. Doubts nevertheless persist about how far distance learning alone can go in developing interprofessional learning, given the need for grounding in practice and quality of interaction, doubts that OU exponents challenge.

Learning Electronically

Much the same doubts accompanied the introduction of e-learning, doubts again challenged by its exponents and laid to rest as its materials are put to the test as Robert Luke and his coauthors, in this issue, illustrate from the experience of the Canadian Institute of Interprofessional Health Science Education.

Permit me to add another example with which I am associated. Two English universities, Coventry and Sheffield Hallam, jointly run CIPEL, the Centre for Interprofessional E-Learning, which manufactures learning objects, scenarios, and case studies reflecting a range of needs and multiple professional responses, to be downloaded free and introduced by teachers into “blended learning” at their discretion.

Far from discrete, e-learning now pervades other continuing professional educational learning media at every stage. Journals are accessible electronically. Search engines tap sources easily and expeditiously. Databases lessen the need to learn by rote. And so on.

Learning at Events

All of this may make workshops, seminars, conferences, and courses seem passé! Yet the number offered by employing agencies, universities, learned institutions, pressure groups, specialist charities, and others for seemingly every health profession shows no sign of abating.

The choice is bewildering, and reliable information to appraise their professional merits, still less interprofessional, elusive. Many such events can and do complement and reinforce interprofessional continuing education, but determining which calls for critical evaluation. Workers and employing agencies may err on the side of caution, sticking with the usual suspects, missing perhaps leading-edge opportunities. The case for kite marking external interprofessional continuing education needs to be revisited against evidence-based criteria.

Mixing and Matching Media

No one medium for interprofessional continuing education is preferable. Each complements the others. Employing agencies tend to call on internal capacity first, for relevance and to contain costs, then selectively from those externally for which they are willing to release staff in working time and at their expense.

Practitioners intent on progressing their education and practice beyond their immediate employment, are at liberty to enroll for external events in their own time at their own expense. Short-term sacrifice may pay dividends in the longer term, opening new career opportunities and helping to build a cadre of interprofessional leaders for the future.
Lessons for Practice

- Continuing uniprofessional education, continuing multiprofessional education, and continuing interprofessional education distinguish between 3 approaches to continuing professional education. The first aims to address profession-specific practice; the second offers shared professional experiences; the third is interactive and aims to improve collaboration.

- Although these distinctions may be conceptually clear, they may be contested operationally. Multiprofessional and interprofessional continuing education may, for example, be ill-understood if it is assumed that interprofessional objectives can be incorporated into multiprofessional continuing education without modifying structure, content, and learning methods.

- Interprofessional continuing education differs depending on the learning medium used. These can include practice-based, team-based, distance-based, and electronically based forms of learning.

Transcending Boundaries

More systematic practice-based learning, greater commitment by employing agencies, integration of professional education systems, and especially advances in educational technology are liberating professional knowledge. Silos survive in prelicensure studies; they have all but disappeared in continuing professional education, which is now overwhelmingly multiprofessional. Implantaing the interprofessional in the multiprofessional is the challenge. Examples like those that follow demonstrate the art of the possible.

Conclusion

While responding to the request to instill structure into an untidy field, I have been alert to the danger of crimping and cramming innovation inadvertently. Continuing interprofessional education cannot be captured in all its complexity in a single issue of this journal, still less in this brief introductory article. It is the stage at which professional and interprofessional development can be explored more freely than within students’ beginning understanding and the regulatory constraints of prelicensure programs, capitalizing on imaginative learning approaches, opportunities, and media.

References