Collaboration is key: The impact of Interprofessional Education on Collaborative Practice in Primary Care

Defining interprofessional education (IPE)

Interprofessional Education (IPE) aims to promote working relationships between healthcare professionals, by providing an opportunity for professionals from different roles to learn with, from and about each other. This is intended to improve health outcomes for patients by enabling successful collaboration. IPE generally aims to encourage professionals to understand the contribution of their colleagues, thereby enhancing working relations and enabling collaboration. IPE has been shown to help practitioners resolve complex issues, increase job satisfaction, dispel stereotypes and enhance effective use of resources.

Defining collaborative practice

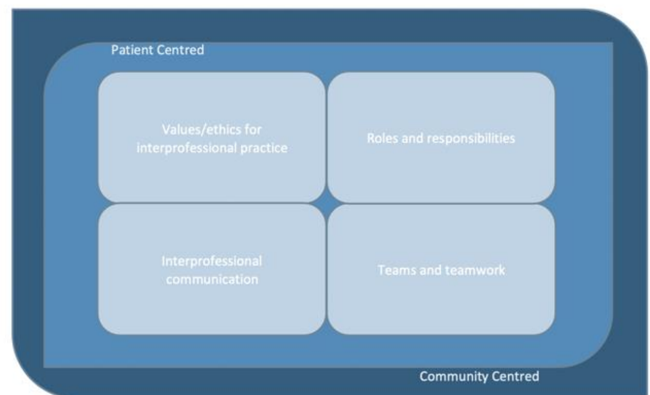


Figure 2 - The four competencies in Collaborative Practice. Adapted from IPEC (2016).

Policy, research and practice call for healthcare professionals to get involved in collaborative practice; which can be divided into four core competencies (visualised in Figure 1). Firstly, the creation of a climate of shared values and mutual respect for professionals to work within (values/ethics for interprofessional practice). Secondly, to utilise knowledge of one another's roles to promote the health of populations, as well as addressing the health needs of the individual (roles/responsibilities). Thirdly, effective and responsive communication between professionals in order to support a team approach (interprofessional communication). Finally, to build good relationships and dynamics between team members in order to provide targeted, efficient care to the population (teams and teamwork).

Collaboration is essential for the future of Primary Care

Primary care involves a wide range of organisations and professionals, each defined role with their own specialised knowledge and skills; this includes services outside of the traditional practice, including small enterprises, emerging and non-regulated roles. Specifically, the introduction of the Additional Roles Reimbursement Scheme (ARRS) has seen an increase in staff diversity, with a need for professional development and supervision. IPE could not only improve collaboration across the team but help to provide this much needed support to those employed under the ARRS.

On the one hand, this diverse and wide-reaching staff base puts Primary Care at risk of fragmentation leading to safety failures, inefficient use of resources and poorer health outcomes for patients. On the other, successful collaboration and integration of these services boasts opportunities for social prescribing, improving long-term patient outcomes, and benefitting the local community. Primary Care must also integrate 'vertically' with Secondary as well as 'horizontally' across community resources to provide a full service to their patients.

Another challenge to collaboration is the isolated nature of practice within Primary Care, where teams might not meet regularly, forming a hierarchy of actions which contrasts with the contemporary demand for interconnectedness. Furthermore, students have expressed struggle in understanding their own professional identity, and how they fit into a team. As an isolated practitioner in a Primary Care setting this could be exacerbated. Moreover, during the outbreak of SARS-CoV-2 in 2020, many Primary Care services moved to remote and online provision, further isolating individual service providers.

Amidst the move to Integrated Care Systems, it is important that Primary Care is represented. This will require a united voice from Primary Care teams, where every service provider is acknowledged and involved in future decisions to improve access, experience and outcomes for patients moving forward. This united approach will require collaboration between the Primary Care teams across the UK, which can be realised through provision of IPE.

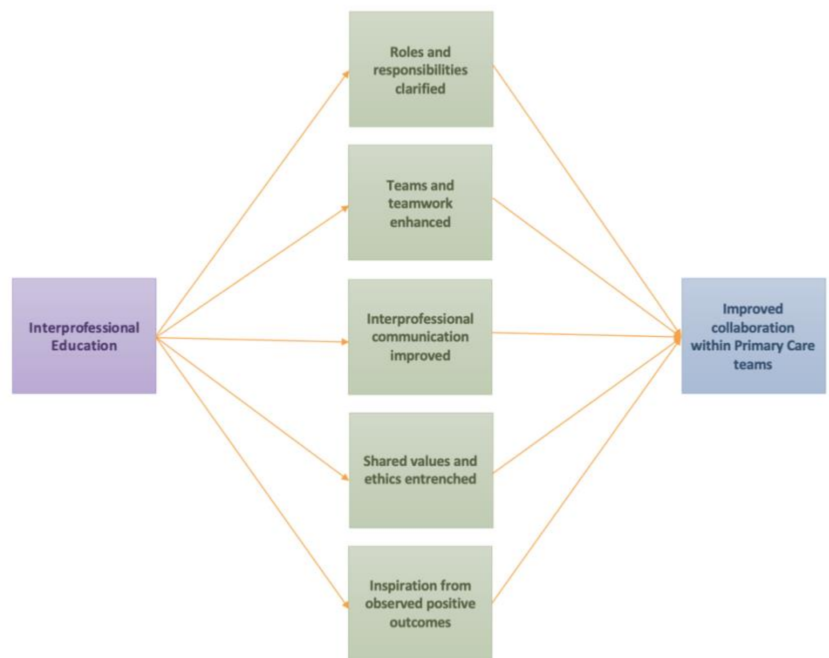
Clearly, there is a strong need for preservation and enhancement of collaborative practice in Primary Care. Collaboration will positively impact individual patient outcomes, affect policy making, enhance efficient use of resources, improve communication and increase job satisfaction for professionals. Interprofessional Education could be the tool by which this is achieved.

Interprofessional Education promotes collaboration

Roles and responsibilities are clarified through IPE. This helps to bring together professionals in a fragmented system of Primary Care through mutual respect and understanding of role delineation.

Teamwork is promoted through provision of IPE. This is achieved through improving relationships, as well as learning skills such as leadership and conflict resolution.

Development of **communication skills** is achieved through IPE. Through improvement of networking skills, professionals experience an increased confidence in asking colleagues for advice.



Shared values are entrenched in IPE. Through emphasis on patient-centred care and the shared expectation to work interprofessionally, participants are united in common goals.

IPE promotes future collaboration by demonstrating positive outcomes of collaboration, such as **improved patient outcomes** as a result of IPE.

Looking to the future

It is clear on review of the literature that IPE has a direct positive impact on collaborative practice, and so the potential benefit of IPE in Primary Care is tangible. To ensure IPE is promoted the key stakeholders must be identified and met with to discuss what IPE is being currently provided. Nationally mandating post-graduate IPE would be challenging as Primary Care services act independently, but also space should be left for creativity and flexibility regarding the type and amount of IPE to be provided. However, undergraduate IPE can be promoted to universities and placement providers directly. IPE is already within the curriculum of some UK universities, such as King's College London, however there are many more students that can benefit from IPE being a mandatory part of their training. Some examples of IPE shown in the literature can be seen in Annex A.

Annex A

Example 1 – King's College London

Setting: University-based formal undergraduate teaching delivered in classroom and simulation suites
Type: Selection of programmes lasting half a day (some across three half days) involving formal teaching, group work and simulation training.
Participants: Dentistry, Dietetics, Medicine, Midwifery, Adult Nursing, Child Nursing, Mental Health Nursing, Pharmacy, Clinical Psychology and Physiotherapy students.
Outcomes: These sessions cover 6 competencies; task continuity, role complementarity, reflexive adaptation, distributed leadership, normative flexibility, emotional intelligence.
What we can learn: This example of undergraduate IPE helps students to improve their "clinical-technical content knowledge and experience… interpersonal regard and emotional-affective intelligence [and] organisational insight and strategic-tactical foresight". This is a general example of how IPE can be applied to undergraduate curriculum, it is not Primary Care specific.
Read more… https://www.kcl.ac.uk/ctbp/education

Example 2 – Campion-Smith et al (2011) Can sharing stories change practice? A qualitative study of an interprofessional narrative-based palliative care course

Setting: UK (Dorset), meetings held in a rural market town hospice.
Type: "A series of six interprofessional palliative care meetings used narrative, with participants sharing stories from their professional experience in facilitated small groups."
Participants: "The course was attended by doctors, nurses, social workers and emergency care practitioners."
Outcomes: "The course was evaluated by telephone interview with 19 of the 28 participants. Respondents reported effects including changed behaviours and benefit to patients. Five months after the end of the course, many participants described changed professional behaviour which they believed led to improved patient outcomes." "The use of narrative, as a starting point for shared learning, discussion and evaluation is unusual." The use of a theme (palliative care) ensured that a specific team was recruited. This is a good example of how a less formal, postgraduate delivery of IPE in a Primary Care setting, sustained over time, can improve collaboration.
Read more… https://doi.org/10.3109/13561820.2010.515427

Example 3 – Heath et al (2015) Interprofessional mental health training in rural primary care: findings from a mixed methods study

Setting: Canada
Type: 20-week training programme on mental health intervention and interprofessional practice.
Participants: "Participants in this study were recruited purposively by health professionals in Primary Care leadership positions." "Participants came from a wide variety of sectors, including health care, community agencies, justice and schools."
Outcomes: Significant increase in positive attitude toward, knowledge and understanding in collaborative mental health care. Improved collaboration following completion of the program. This is a great example of how a more formal education program can be implemented across a broad range of established professionals, again with a theme. The paper includes a detailed breakdown of what was covered in the sessions.
Read more… https://doi.org/10.3109/13561820.2014.966808