

**The Evidence Base
&
Recommendations
for
Interprofessional Education
in
Health and Social Care**

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**A summary of findings from a Systematic Review
reported in**

Barr, H., Koppel, I., Reeves, S., Hammick, M. and Freeth, D. (2005)
*Effective Interprofessional Education: Argument, Assumption and
Evidence*. Oxford: Blackwell

**With recommendations based on analysis and
arguments developed in that book and its
companion volume**

Freeth, D., Hammick, H. Reeves, S., Koppel, I. and Barr, H. (2005)
*Effective Interprofessional Education: Development, Delivery and
Evaluation*. Oxford: Blackwell

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Interprofessional education: a definition

Occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care.

Executive Summary of Systematic Review and Evidence

A systematic search of databases¹ identified 353 evaluations of interprofessional education (IPE) in health and social care, which were graded for quality based on their methodological rigour and clarity of presentation. Detailed analysis focused on the 107 more robust IPE evaluations.

Pre-qualifying (pre-licensure) IPE typically delivered preparatory or interim outcomes, i.e. modification of reciprocal attitudes between students of different professions and acquisition of knowledge relevant to collaborative practice. Many of the post-qualifying initiatives reported beneficial changes in the organisation and delivery of services.

Over half the IPE evaluations were from the United States, a third from the United Kingdom (UK) with the remainder spread between eight other countries. More than two thirds had been published since 1996 and, having recently updated our searches to 2005,² we know that the expansion of the evidence base continues apace. More high quality studies are becoming available to inform the development of policy and practice.

Evaluations of hospital-based and community-based IPE were evenly balanced. More focused on chronic than acute conditions. Reflecting the composition of the relevant teams, participants were most often in descending order from nursing, medicine, the allied health professions and social work. Over half these initiatives lasted more than seven days, often spread over several months.

Four fifths of IPE initiatives were for qualified professionals, although implementation of policies for pre-qualifying IPE is redressing the balance in some countries (notably the UK and Canada).

Pre-qualifying IPE typically comprised themes, modules or placements appended to, or cutting across, two or more

¹ Medline 1966-2003, CINAHL 1982-2001, BEI 1964-2001 and ASSIA 1990-2003

² The forthcoming synthesis is being prepared for the BEME (Best Evidence Medical Education) collaboration.

uniprofessional programmes. Learning during very few of these was assessed and contributed to the students' academic and professional awards. Some evaluations in progress are comparing before and after scores for students whose uniprofessional programmes did or did not include one or more IPE element. A key question for future evaluation is the relative effects of discrete interprofessional learning components embedded in pre-qualifying uniprofessional programmes and those that permeate the culture and content of such programmes throughout.

Post-qualifying IPE typically comprises discrete courses, workshops or action-based projects in the workplace.

At both levels, the interactive learning methods used to facilitate IPE included case studies, problem solving and simulation exercises.

Initiatives included in the review were found to have three overlapping foci: preparing individuals, cultivating collaboration and improving services (see Figure one). Outcomes reported from pre-qualifying IPE were most often within the first focus, less often the second. Outcomes reported from post-qualifying IPE emphasised the second and more strongly the third.

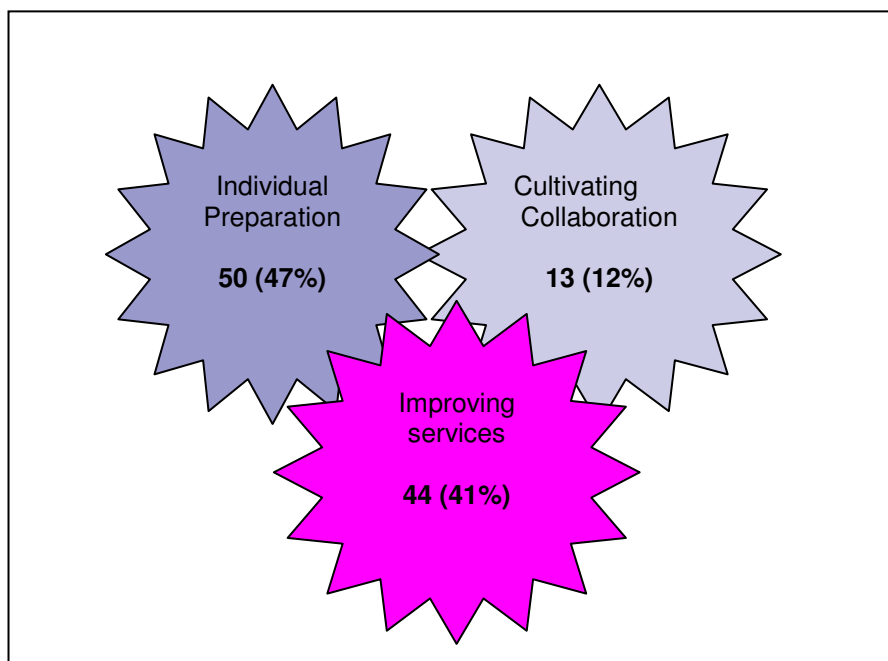


Figure 1

Recommendations

Figure 1 can be reconceptualised as three cogs (Figure 2) so that the first stage drives the second, which in turn drives the third. Viewed thus IPE is, or at least should be, progressive, each stage reinforcing and augmenting the others along a continuum.

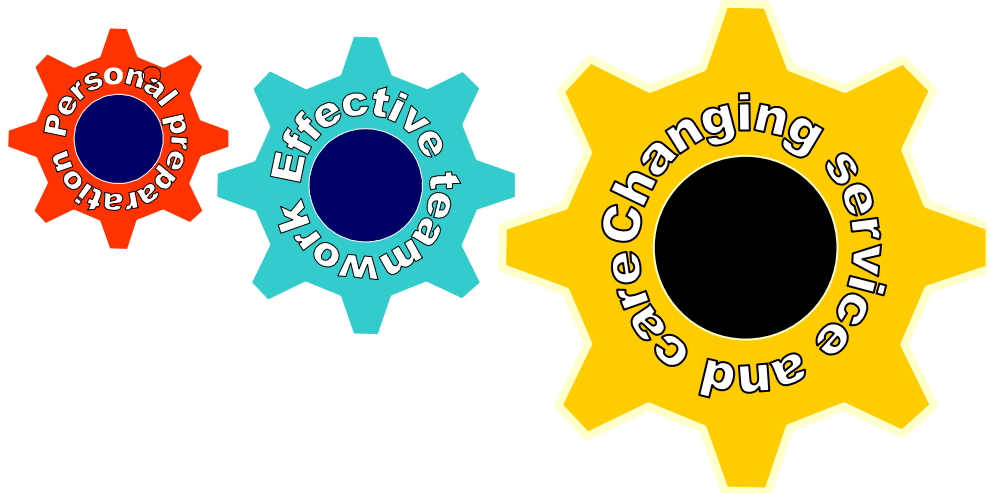


Figure 2

The evidence points to the need for five developments:

1. Integrate IPE more closely into culture and curricula throughout pre-qualifying professional programmes.
2. Improve on outcomes reported from pre-qualifying IPE by further developing competency or capability-based models designed to change behaviour in addition to attitudes and knowledge. This should reinforce preparation for teamwork and encourage students to be responsive to innovative, flexible and change-oriented practice. It would nevertheless remain unrealistic and unreasonable to expect newly fledged practitioners to be change agents on first appointment; or to expect their pre-qualifying IPE to equip them for all their future collaborative roles.
3. Provide positive and well-supervised experiences of collaborative practice for recently qualified workers during formative months

and years in practice to enable them to test and reinforce their interprofessional learning.

4. Advance interprofessional learning opportunities (in the workplace and in universities) by building on earlier foundations to equip and motivate practitioners to lead collaborative endeavours towards change and improved practice.
5. Develop a career-long continuum of integrated uniprofessional and interprofessional learning that is subject to systematic and robust evaluation.

Related publications include:

Barr, H. (2002) *Interprofessional Education: Today, Yesterday and Tomorrow*. Occasional Paper 1. London: the Learning and Teaching Support Network for Health Sciences and Practice

www.healthheacademy.ac.uk

Freeth, D., Hammick, M., Koppel, I., Reeves, S. and Barr, H. (2002) *A Critical Review of Evaluations of Interprofessional Education*.

London: Learning and Teaching Support Network for Health Sciences and Practice. www.healthheacademy.ac.uk

Freeth, D., Reeves, S., Koppel, I., Hammick, M. and Barr, H. (2005) *Evaluating Interprofessional Education: a Self-Help Guide*. London: Higher Education Academy Health Sciences and Practice Network.

<http://www.health.heacademy.ac.uk>

Meads, G. and Ashcroft, J, with Barr, H. Scott, R. and Wild, A. (2005) *The Case for Interprofessional Collaboration in Health and Social Care*. Oxford: Blackwell

Zwarenstein, M., Reeves, S., Barr, H., Hammick, M. Koppel, I. and Atkins, J. (2000) *Interprofessional Education: Effects on Professional Practice and Health*. Oxford: The Cochrane Library