

Building and expanding interprofessional teaching teams

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ABSTRACT

INTRODUCTION: Interprofessional education (IPE) aims to prepare learners to work in collaborative health-care teams. The University of Otago, Wellington has piloted, developed and expanded an IPE programme since 2011. An interprofessional teaching team has developed alongside this programme.

AIMS: This study aimed to understand the development of a university-based interprofessional teaching team over a 4-year period and generate insights to aid the development of such teams elsewhere.

METHODS: Two semi-structured audio-recorded educator focus groups were conducted at key times in the development of the IPE programme in 2011 and 2014. The programme focused on long-term condition management and involved students from dietetics, medicine, physiotherapy and radiation therapy. Focus group transcripts were independently analysed by two researchers using Thematic Analysis to identify broad themes. Initial themes were compared, discussed and combined to form a thematic framework. The thematic framework was verified by the education team and subsequently updated and reorganised.

RESULTS: Three key themes emerged: (i) development as an interprofessional educator; (ii) developing a team; and (iii) risk and reward. Teaching in an interprofessional environment was initially daunting but confidence increased with experience. Team teaching highlighted educators' disciplinary roles and skill sets and exposed educators to different teaching approaches. Educators perceived they modelled team development processes to students through their own development as a team. Interprofessional teaching was challenging to organise but participation was rewarding. Programme expansion increased the risks and complexity, but also acted as a stimulus for development and energised the teaching team.

DISCUSSION: Interprofessional teaching is initially challenging but ultimately enriching. Interprofessional teaching skills take time to develop and perspectives of role change over time. Educator team development is aided by commitment, understanding, enthusiasm, leadership and trust.

KEYWORDS: Interprofessional education; health professional education; faculty development; focus group; qualitative research

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J PRIM HEALTH CARE 2017;9(1):29–33.

doi:10.1071/HC16053

Published online 29 March 2017

Introduction

Interprofessional education (IPE) aims to prepare learners to work in collaborative health-care teams that use multiple skill sets to provide

well-coordinated, high-quality, patient-centred care.¹ Interprofessional practice is particularly important in the context of people living longer with long-term, complex and co-morbid

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WHAT GAP THIS FILLS

What is already known: Interprofessional teaching can be challenging and associated with initial anxiety. Confidence and ability grow with experience, and education teams role-model interprofessional behaviours and team development to students.

What this study adds: Exposure to different teaching approaches through participating in interprofessional education can help educators to develop their teaching skill set. Expanding interprofessional programmes can increase risk and complexity but also stimulate development and enthusiasm.

conditions. Their multifaceted needs cannot be met by a single disciplinary skill set.²

The University of Otago, Wellington piloted an IPE programme involving dietetics, medicine and physiotherapy in 2011.³ This programme continued, developed and expanded over subsequent years to include the discipline of radiation therapy in 2014. The expansion increased class size from ~30 to 80 students. The education team also grew from an initial core group of five (professional backgrounds of dietetics, medicine, nursing and physiotherapy) to eight (additional backgrounds of education psychology, midwifery and radiation therapy). All education team members were experienced tertiary teachers with variable levels of IPE experience. The programme includes an initial workshop, visits in interdisciplinary groups of three students to a person living in the community with one or more long-term conditions, and an interdisciplinary group presentation to student peers about the person visited, clinicians involved in these people's care and interprofessional educators. The experiences and outcomes of learners in this programme have been described previously.³⁻⁵

This programme has developed a community of interprofessional educators, which includes patients-as-teachers and their health-care providers. This study explored the perspective of the university-based education team that developed alongside the programme. The aim of this study was to understand the development of an interprofessional teaching team and generate insights that may aid the development of such teams elsewhere.

Methods

Two focus groups of educators were conducted at key time points in the IPE programme's evolution. The first ($n = 5$) was conducted after the programme's inception and delivery to the first cohort of students in 2011. The second ($n = 6$) was conducted in 2014 after the expansion of the programme to include students and educators from the discipline of radiation therapy.

Semi-structured audio-recorded focus groups were facilitated by an experienced educationalist. Focus group recordings (2011) or transcripts (2014) were analysed using Thematic Analysis.⁶ The facilitator and another researcher independently identified broad themes emerging from each group. These two researchers then compared, discussed and subsequently combined themes to form a thematic framework. Data were then coded by theme with nVivo10 software (QSR International Pty Ltd, Melbourne, VIC, Australia). Themes and representative data were summarised and presented anonymously to the education team for verification and comment. Following education team feedback, themes were reorganised and a summary written for further team review and discussion that informed final themes and interpretation. This study was approved by the University of Otago Ethics Committee (D13/186).

Results

Three themes emerged. Data supporting the findings are presented in Table 1.

Development as an interprofessional educator

Teaching in an interprofessional environment for the first time was daunting. Confidence increased through experience teaching on the programme over several years. Educators new to the programme discussed feeling responsible for the students from their discipline. In contrast, educators with more interprofessional experience felt confident students from their discipline did not require specific facilitation and considered they were contributing experience and generic interprofessional teaching skills rather than discipline-specific skills.

Table 1. Themes, subthemes and supporting data

Theme	Subtheme	Quotation
Development as an interprofessional educator	Confidence	<p><i>'This is different from what is sort of business as usual, and that's quite- it's more challenging.'</i></p> <p><i>'I probably would be more confident next time going in, knowing ... you know, how [it] worked.'</i></p> <p><i>'I definitely felt more confident going in, I knew what was happening, I felt confident teaching with other educators ... the first one, that was a little bit daunting, I suppose.'</i></p>
	Responsibility for own discipline	<p><i>'The first couple of years too, [I felt] that I needed to protect these [discipline] students and make sure that they've got lots to contribute, where actually now I'm like 'oh well, they will if they will'.'</i></p> <p><i>'Most of the time, I didn't look at [name] as looking after the medical students and you looking after the physio students, I kind of looked at us as we were kind of all looking after the IPE part.'</i></p> <p><i>'It's much more of a feeling that they are [all] our class, and that our duty of care is to all of them. Which is quite is nice.'</i></p>
Developing a team	Different skill sets	<i>'You see different ways of communicating ideas to students ... as much as the different disciplinary skills ... the different general education skills [were] really interesting to see.'</i>
	Finding place in team	<p><i>'It was knowing when to contribute and when not to... not wanting to over-step that mark.'</i></p> <p><i>'I'm a doctor. I have trouble, because we know how to lead the show, and we're right. And all the rest should just do what they're told, and you know come and help us make decisions. I mean, that's the culture from which I come. And so you know, I try not to revert to type too much, but that's the risk.'</i></p>
	Enthusiasm and common purpose	<p><i>'It's that enthusiasm and passion for inter-professional practice as well.'</i></p> <p><i>'I think the answer to anyone else doing it is it's not going to happen without some enthusiasts.'</i></p> <p><i>'If you didn't have someone on the team who got it in a fairly substantial way, the risk is that that would make things harder.'</i></p>
	Trust and respect	<i>'It does require that kind of horizontal respect for what we all bring.'</i>
Risk and reward	Increased complexity	<i>'It has meant we had to get another new practice ... I underestimated- I've been to see them several times, and they're very anxious that we're going to do damage to their patients.'</i>
	Involvement of clinicians	<i>'I think that's one of the really nice things about having [patients' clinicians] come along to the presentation sessions, cause at the end they're really valuable for the questions they ask and the insights they give, but two, then they can see how their patient is used, for want of a better [word] and the value that adds to the students' learning.'</i>
	Stimulus to improve the programme	<p><i>'It did feel less like the old chronic care one that we'd done in that past, it was more constructed around what we thought the needs of this group were.'</i></p> <p><i>'The other big change was we rebuilt that curriculum for the first introductory session, so that it had a slightly different flavour. I think it was probably less biomedically driven, perhaps. Cause it was built from the medical student content originally, and now it's probably a little bit more to generic [to all the disciplines].'</i></p> <p><i>'And try and base it on a similar material, but shifting it around, and that's been really fun.'</i></p>
	Increased reward	<p><i>'I was probably more excited about the teaching this year than I have been in the past.'</i></p> <p><i>'I came out with a bit of a buzz.'</i></p>

Developing a team

Forming an interprofessional teaching team highlighted educators' different disciplinary roles and skill sets. Exposure to different approaches was beneficial for educators' teaching practice,

even if at times it was challenging to change from ingrained habits.

Educators discussed the process of finding their own place within the teaching team. Educators

new to the programme reported sitting back to watch how the team worked, whereas experienced educators reflected on the need to mitigate natural tendencies to take over the team and the influence of traditional hierarchies. Prior interprofessional practice experience and relationships were integral to developing working rapport. Educators understood they were modelling team development processes to students through their own development as a team.

It was considered vital that all IPE team members understood the concept, principles and ethos of IPE and the reason for the IPE programme, as well as being enthusiastic about it. This meant they all worked in the same direction and were willing to undertake the extra work required to enable the programme. It was clear from both focus groups that educators understood the importance of the IPE programme. The need for leadership (provided by one team member over the 4 years of the programme) was recognised, but also recognised was the requirement for this leader to be supported by team members and the institution.

Trust and respect were identified as required both in the immediate teaching team and also in the broader community of educators (encompassing the health-care providers who recruited patients and the patients themselves as teachers).

Risk and reward

Interprofessional teaching was challenging to organise within crowded curricula that provided limited opportunities for students from different disciplines to learn together. Challenges were compounded by the IPE programme running over several weeks and requiring multiple time points when students could interact or attend teaching contact sessions. Although many key constructs associated with providing care to people with long-term conditions were consistent across disciplines, this programme highlighted differences in explicit models and terminology that had to be reconciled. Despite these challenges, the 2011 focus group commented on educators' enjoyment of the experience and their motivation to continue the programme.

Expansion added to the programme's risks and complexity. More students and more disciplines increased difficulties associated with organising the teaching sessions and students finding opportunities to undertake independent learning activities. To enable the 'patient-as-teacher' model, the number of involved patients increased from seven in 2011 to 28 in 2014 and primary health-care practices from one to four. It was considered very important to involve the same primary health-care practice partners over a period of time and having these clinicians contribute to the presentation sessions, so that they could share additional knowledge and witness the value of these learning opportunities.

The increased size and complexity of the programme in 2014 also provided a stimulus to adapt the curriculum and find efficiencies to make the programme more sustainable. The development of a revised curriculum and refined delivery model made the 2014 programme more enjoyable and energised the education team. Educators commented that the revised curriculum seemed to better meet the needs of learners by integrating student suggestions from previous programme iterations and being purpose developed for an interprofessional class rather than an adapted medical module.

The 2014 focus group reflected that the programme provided a learning environment that enriched participants. The team felt that real progress had been made in the development of IPE and this gave confidence to try to integrate more disciplines and create new IPE activities.

Discussion

This study found that interprofessional teaching skills take time to develop and perspectives of role change over time. Educator team development is aided by commitment, understanding, enthusiasm, leadership and trust. There are risks and challenges associated with conducting and expanding interprofessional programmes, but these are balanced by considerable rewards.

Educators involved in teaching the IPE programme self-selected to take part and developed

the programme from a shared interest in preparing learners to practice in an interprofessional collaborative manner. Previous studies have found that prior interprofessional clinical experience helps educators understand the importance of IPE.^{7,8} In the current study, the tenor of comments in the focus groups reflected educators' enthusiasm. Educators with different experiences and motivations may have responded to challenges associated with the programme in different ways. Notwithstanding this, most educators had no prior experience of teaching as part of an interprofessional team.

Anxiety associated with initial interprofessional teaching and subsequent increased confidence as a result of experience is consistent with previous findings.^{8,9} IPE facilitation has been found to be more demanding than other forms of teaching, but also enriching from educational and clinical perspectives.^{7,10} Educators understand they are interprofessional role models for their students and can set a positive example for these learners' future careers by role-modelling interprofessional behaviours and team development.^{8,11}

This study highlights interprofessional teaching as initially challenging, but ultimately enriching. Educators are often not trained in interprofessional teaching but confidence and ability grow with experience; new teachers should be supported through this process. With time, educator focus shifts from representing a discipline to meeting the needs of the whole class.

Exploration of education team development was made possible by the stability of the teaching team. Despite this, findings emerged from only two focus groups and should be tested through future in-depth investigation. This programme integrates a community of interprofessional educators where people living in the community with long-term conditions and health professionals involved in their care are integral members of the education team. The focus groups described in this paper present the views of only the university-based educators. Future research will explore the views of community-based members of the education team.

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ACKNOWLEDGEMENTS

The authors wish to acknowledge the members of the Wellington Interprofessional Teaching Initiative who have been integral to the development of this programme – Sarah Donovan, Ben Gray and Hazel Nesor.

COMPETING INTERESTS

All authors state that no potential conflicts of interest exist.

FUNDING

Aspects of this research were funded by a Committee for the Advancement of Learning and Teaching (CALT) Grant from the University of Otago.