

# Through the PIPE

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### Introduction

In this final chapter, the learning and evidence from the PIPE project presented in the previous chapters will be drawn together to address the question:

What needs to be in place to develop, sustain and embed the preparation of facilitators of IPL for health and social care, both in the formal education setting and in practice?

Many aspects concerning the development of facilitators for IPL, the curriculum, the theories, the practice and the inter-institutional collaboration have already been discussed and some frameworks and action points presented to take forward. But how to develop, sustain and embed quality facilitation for IPL is more challenging. We have not found a panacea on which to base all facilitator preparation, and proposing only one way would be restrictive, but we have devised a set of principles for it. In understanding the facilitator role for IPL, we realised that nothing should be implemented in practice without acknowledging the impact of the wider political, organisational and professional context in which it takes place. In order to set our work in context we will set out a strategy for IPL facilitator preparation.

The chapter covers four areas, with the first two providing a brief reminder of why IPL facilitation needs improving and where it takes place. The third area will examine the lessons learnt from the PIPE project using the emerging evidence and present a set of principles for IPL facilitation. The fourth area will propose an IPL facilitation preparation strategy.

### The need to improve IPL facilitation

During the PIPE project it became clear that despite over a decade of work by the UK government on improving interprofessional education within health and social care, much still remains to be done. Interprofessional education is now being incorporated into the mainstream of professional education for health and social care professionals throughout the UK. 'Mainstreaming interprofessional education'

as it is referred to, aims to integrate IPE into organisational, financial and theoretical terms for professional education.<sup>1</sup> An example of the UK government's commitment to mainstreaming interprofessional education can be found in the Department of Health funded project; 'Creating an Interprofessional Workforce Programme (CIPW)'<sup>2</sup> which aims to produce an education and training framework for health and social care in England.

However, in order to sustain interprofessional working, there needs to be an effective balance between the provision of IPL in higher education and the opportunities in practice. Effective IPL needs support at many levels, as professionals working in practice are likely to become disillusioned if their efforts to work collaboratively are not effective. This is particularly so for those students emerging from ambitious pre-qualifying programmes, incorporating interprofessional working, into a workforce where the reality of collaborative working is very different. Ross and Barr<sup>3</sup> refer to the thrust in identifying how interprofessional learning can continue in the workplace and the need to focus attention on ways in which learning occurs, or fails to occur.

The importance of staff development to improve facilitation on interprofessional education programmes is now well documented.<sup>4,5</sup> Throughout the PIPE project, the assumption was that by improving IPL facilitation the experience of IPL will improve, which in turn will improve patient/client care. Evidence has already been discussed in earlier chapters that poor facilitation can have a negative effect on the outcomes of any IPL session. However, in the workplace, there is a paradox. IPL sessions are set up as multiprofessional, to address a shared area of work (for example: the introduction of the Single Assessment Process (SAP) as part of the National Service Frameworks for older people).<sup>6</sup> But the emphasis is often on giving information with the process of learning to work collaboratively frequently ignored. The assumption, that by putting professionals together to learn, they will then work together, is a flawed assumption. The lack of preparation given to the group facilitator and the expectation that, because someone is an experienced practitioner, they will effectively manage interprofessional and inter-agency group learning, is misguided. We would argue from the evidence that we found in PIPE, that health and social care organisations are wasting valuable resources by organising interprofessional sessions in the workplace run by inadequately prepared facilitators.

The need, therefore, to improve the quality of IPL facilitation is compelling, both in the workplace and in higher education.

## **Places where IPL facilitation takes place**

Throughout this book we have demonstrated that facilitation of IPL takes place in many different settings. Some in formal education settings, many work-based educational sessions and a very large number of opportunistic activities where an interprofessional learning situation occurs which, with skilled handling, could be turned into an effective learning opportunity in the practice setting. During the final stages

of the project transferability period, as part of the dissemination strategy, we ran workshops both in higher education institutions and in practice. One of the main unanticipated outcomes was the tremendous response from practice to the workshops. We ran six workshops which were all attended by professionals from a range of diverse backgrounds. We were surprised at how many very senior staff attended, including a number of doctors. The sessions provided some important learning for us as a team and identified some particular examples of learning opportunities. The following real scenario (Box 8.1) sets out this potential IPL opportunity.

**BOX 8.1** The PIPE workshop for facilitation of IPL in the workplace

The workshops had been advertised widely through the Health Trust training calendar and the response was very pleasing with a diverse range of professionals attending. This included general practitioners, public health nurses, consultants, as well as workers from other areas such as Teenage Pregnancy and Sure Start projects.

In setting up the programme we intended to model the teaching methods and styles we would be recommending for those facilitating groups in practice to ensure that interactive learning took place. We also included work on group dynamics and adult learning, as well as ways of sustaining and developing IPL.

In the evaluation of the first session there was some feedback that the information on IPL was not relevant to those attending and, although the day had been successful, we were aware that some parts of the session were not well received and the group had 'switched off'!

After rigorously going through the evaluations, we sat down and looked again at the programme before the next session and revised it. We made the decision to take out the overt references to IPL but to make the interprofessional learning elements of the day more implicit. The next session was again well attended and, at an appropriate point, we asked who, in the group of 20, was involved in IPL. Only one person replied that they were. We then found out which of them worked in teams, who ran sessions for other professionals and who taught other professionals as part of their work, etc. This led to a discussion on IPL. Although they were all involved in IPL, they had not realised it. This was a revelation to us and would be an interesting subject to research further. If professionals do not think they are facilitating IPL groups, they will not be interested in the research, advice and support that is available on IPE.

We continued with this format and the sessions were very lively, interesting and very well evaluated.

We took a valuable lesson from this sobering experience which highlighted that teaching on facilitation of IPL must be accessible at many different levels. This includes professionals with some formal preparation of teaching, practice educators and expert practitioners with facilitation experience. However, for us it identified the

biggest challenge as the need to reach practitioners who may not realise that they have a significant role to play in promoting IPL. Preparation for becoming a facilitator should be available to any practitioner and acknowledged as part of their continuing professional development (CPD) if they are facilitating interprofessional groups.

In the next section we used the lessons from PIPE to set out a framework to guide the development of facilitator preparation.

## **Lessons learnt from the PIPE project**

The problem that the PIPE team grappled with was whether there really was something extra about teaching/facilitating interprofessional learning and, if so, what was it? At the start of the project we probably anticipated that we would develop a set of skills, some teaching tools, some knowledge and, we hoped, some theory to guide the process of facilitator preparation for IPL. We did, in fact, learn some very useful approaches to teaching; we identified some characteristics essential to facilitation and we proposed a theoretical framework that should help programme planners and curriculum developers for IPL. But overall, what we found was that effective IPL facilitation requires more than skills and knowledge; it requires a set of values which have to become a way of life for the facilitator and their organisation. We have incorporated these into a set of principles for the IPL facilitator based on our research and evaluation which has been fully discussed throughout the book.

### **Principles for an IPL facilitator**

- A commitment to collaborative learning.
- A commitment to the learner as the most important learning resource for IPL.
- Acknowledging and using other's professional experience.
- Using and working with professional power.
- Respecting and welcoming difference in all people and professions.
- Expecting, engaging with, and learning from tension and conflict.
- Using and developing reflection.
- Making professional jargon explicit in the group.
- Investing time in the pre-planning with all stakeholders.
- Investing time in group development.
- Knowing and understanding self in role.
- Awareness of own behaviour in modelling IPL.

The above set of principles present a rather daunting list and it is important to establish how this relates to the provision of IPL teaching in the workplace and higher education. It also raises the question of how preparation for this facilitator role really can be made accessible to more practitioners? The CIPW strategy<sup>2</sup> is based on evidence that being interprofessional enhances profession specific identity and, certainly with the changing landscape facing the provision of health and social care in the UK today and in the future, the need to be interprofes-

sional becomes a necessary attribute for all professionals. Throughout the project, we collected a lot of information and evidence about the types of IPL taking place, and to start this discussion it is helpful to outline the characteristics that are recognised in shaping IPL in the workplace.

### **Characteristics that shape IPL in the workplace**

- Workforce learning is based on real life and should reflect organisational need.
- Professionals come to IPL sessions strongly influenced by their own professional beliefs and values.
- Opportunities which offer potential for IPL should be used wherever possible.
- Organisations need to prepare and support facilitators to promote IPL in the workplace.
- Within organisations there needs to be shared understanding of the meaning of IPL.

These are all characteristics that many organisations may feel they already accept and are working towards, based on excellent teamwork, good communication and an understanding of professional roles. However, these are difficult and demanding areas of human relationships which should be part of every organisation's continuing professional development programme. The health and social care organisations are; education providers, in-service training, health and social care employers, practitioners, voluntary services, professional bodies and education policy makers. It is therefore fundamental to work with these organisations to set out a shared framework which takes in to account the wider political and organisational context in which IPL facilitation takes place. Ultimately to take forward the work of the PIPE project and embed quality IPL facilitation across both higher education and in the workplace requires a sound realistic strategy.

### **IPL facilitation preparation strategy**

Drawing on the evidence from the PIPE project, three areas that make up a proposed IPL preparation facilitation strategy will be discussed and explored. These are:

- 1 the importance of staff development and facilitator preparation for IPL
- 2 curriculum development for IPL facilitation
- 3 educational funding and policy to support for IPL.

#### **The importance of staff development and facilitator preparation for IPL**

The results of our research about the development of IPL facilitator skills and knowledge showed that the facilitator role was demanding and required a high level of expertise to facilitate IPL groups, which are, by their nature diverse and complex. We identified five main categories to guide a facilitator in their preparation and in the process of the group facilitation. They are:

- 1 awareness and use of self as a facilitator
- 2 dealing with difference and conflict
- 3 group process and relationships
- 4 power dimensions for facilitator and group
- 5 context and planning.

The above have been discussed at length in Chapter 3 and other chapters in the book so will not be repeated here. Our challenge now is to accept that training in facilitation should be available to all practitioners in the following ways:

- formal facilitator preparation courses run in higher education
- facilitator preparation supporting multiprofessional qualifying courses in HEI
- in-service day courses
- study days in the work base
- action learning sets in practice
- buddy scheme set up to receive feedback on facilitation
- personal development plan supported by experienced facilitator.

Many of these approaches have been raised in previous chapters of this book with the formal education courses detailed in Chapter 4 and the work based initiatives in Chapter 5. None of the approaches set out should be seen as the best, or only way to learn facilitation of IPL. The complexity of the role and the length of time needed to gain experience means practitioners undertaking any level of IPL facilitation role should have some form of preparation. The lack of awareness that inter-professional work and learning is part of the role of all practitioners requires a culture shift that must take place. Thus, by incorporating the facilitation role into staff development to make it part of the professional development programme could help change attitudes as people learn new skills and become more aware of their role in opportunistic IPL facilitation. Supporting practitioners in their new roles as facilitators must be ongoing with time given to reflect on facilitation experiences and opportunities to co-facilitate with an experienced facilitator. In this way, facilitator preparation would slowly become embedded in interprofessional practice.

### **Curriculum development for IPL facilitation**

The curriculum is central to the planning of interprofessional learning sessions.

The learners in any interprofessional group are a diverse complex collection of people who require learning opportunities tailored to their needs, so that they are enabled to learn 'with, from and about' each other. These demands are the same even if it is for one study day, several study days or a whole teacher preparation programme. In addition any courses for IPL, whether long, short or single days should demonstrate that they are based on an integrated IPL curriculum. The interprofessional aspect for any programme must not just appear as, 'an add on', to the main content but be part of a well thought out plan.

It was the results of the research undertaken by scheme two in the PIPE project that further illuminated the approach for IPL preparation. The group started by

addressing the issue of the increasing focus on interprofessional learning for teacher preparation programmes at masters level. The challenge to the group was how to incorporate IPL into teacher preparation programmes and the broad research question was:

How can IPL most effectively be incorporated into postgraduate teaching programmes?

The results of the study provided three themes for how essential characteristics for IPL facilitation might be developed among healthcare professionals involved as students or as programme team members on education programmes for health and social care professionals. These themes are:

- 1 experiencing IPL as an approach to professional practice
- 2 experiencing modelling of IPL in a variety of contexts, both educational and practice based
- 3 opportunities to reflect on the challenges of IPL.

These three themes provide a secure framework within which those developing their skills as educators can develop their understanding of IPL and begin the process of making informed choices.

A strategic aim for all IPL facilitator preparation should be to have quality courses, both in formal education and in the workplace. To achieve these aims curricula should embrace the approaches and values outlined in the three themes framework and ensure that interprofessional learning outcomes are always fully integrated within any IPL facilitation programme.

### **Educational funding for and policy to support IPL**

The opportunity offered through the PIPE project for a collaborative project was quite special and unusual. The partners to the project consisted of five HEIs with two other partners, the Oxford Deanery and Social Work training development agency (the latter left the project after the first year). The steering group was made up of senior members from all these organisations, which for them offered a unique opportunity to explore a subject that would no doubt have been very low on their agenda. In addition, it is interesting to note that all the HEIs are in competition with each other for their student cohorts, so they would not normally have risked sharing initiatives about individual programmes. However the interest and depth of discussion at the steering group meetings and the progress made was considerable and consistent. An example of the depth of support for the project from the steering group was shown in their willingness to individually fund the transferability period of six months. At the end of this period efforts were made to get some ongoing work in place and a limited agreement was made, but it was clear that once the funding ceased the input into collaborative work on IPL would eventually end.

The lessons learnt from the collaborative aspect of the project can no doubt be reflected in many other funded projects. The level of collaboration, the scale

of work, and the activities of the champions drive the project during its life, but do not continue without educational policy and ring fenced money.

The activities of 'mainstreaming interprofessional education'<sup>3</sup> and hopefully the outcomes of the Department of Health project 'Creating an interprofessional workforce programme'<sup>2</sup> should have some impact on ways to make interprofessional education and the preparation of facilitators for IPL become educational policy with money to support the policy.

We do recommend the findings of our PIPE project as strong evidence that money spent on quality IPL facilitation preparation at all levels of professional development makes sound economic sense and should be part of any staff development budget.

## Conclusion

The PIPE project aim was to find ways to improve teacher/facilitator preparation for IPL, in both academic settings and in the workplace to ensure high quality teaching of IPL. In the book we have set out our learning in the form of research-based evidence, some frameworks, possible theories and ideas, practical suggestions and a set of principles for the role of IPL facilitator. This final chapter offered an overview of the project findings and a number of proposals on how to develop, sustain and embed the preparation of facilitators of IPL for health and social care.

The development of facilitators can be guided by the set of principles for IPL facilitation, either as an approach to facilitation and/or to underpin any preparation course. In addition the three themes framework will help educators to understand the IPL process and make informed choices within any programme development.

Sustaining IPL facilitation preparation is demanding and it needs a shift in attitude by all potential partners to accept that it is not just for an elite group, but for a large number of practitioners. PIPE should not be seen as only for academics, it is about linking the workplace and academia to improve the quality of facilitation for IPL. The greatest promise for promoting interprofessional learning is a synergy between the workplace and academic domains.

Embedding facilitation for IPL could be achieved through a government funded strategy that involves all the potential partner organisations to put in place a workable and quality framework which promotes the preparation of facilitators for IPL in health and social care.

As a project team we are now at the end of our journey, we have come 'through the PIPE', learnt that it is a complex and difficult journey, full of new pipes, dead end pipes, pipes that join us to others, reservoir pipes, and final pipes leading to some solution. Our PIPE metaphor has been useful in realising that complexity and uncertainty are an integral part of a large research evaluation study. The process of trying to make sense of the data, producing some wise words and having a practical application have been huge challenges. But we have been able to draw conclusions from our material to produce a set of principles for the

IPL facilitator and an IPL facilitation preparation strategy. We held a conference at the end of the project and the theme was 'More than just a PIPE dream' as IPL is not just a dream and not just a project but a reality in today's world. The conference was seen as an excellent opportunity to not only celebrate and share the work of the PIPE project but to openly celebrate the diversity, innovation and excellence widely evident in the field of interprofessional education both nationally and internationally. Finally, our PIPE journey can be summed up in words spoken by Sir Winston Churchill:

Out of intense complexities, intense simplicities emerge.

