

Small-scale study describing novel ways to implement interprofessional education (IPE) using formal and informal methods

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Commentary on: Lines. L.E., Bell. A., Hunter. S., Matwiejczyk. L., Williams. J., Kakyo. T. A., Baldwin. C. (2024) Interprofessional education within a nurse practitioner led paediatric service: A multi-methods study¹

Implications for practice and research

- ▶ Using formal and informal interprofessional education (IPE) offers novel approaches to IPE.
- ▶ More high-quality research is required.

Context

Interprofessional education (IPE) is defined as 'occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care' (Barr, p6)² and is recognised as important to help achieve a 'collaborative practice-ready health workforce' (World health organization, p24).³ This mixed-methods study describes how a nurse practitioner (NP) facilitated IPE in the context of a mobile, paediatric screening service, using both formal and informal opportunities for learning.

Methods

This initiative involved pre-registration nursing and allied-health students, (n=12), alongside an NP, on a mobile paediatric assessment unit placement. The initiative involved the NP driving students to the unit, with journey times, averaging 50 min, used for interprofessional discussions on the outward journey and debriefing and reflection on the return; followed by collaborative writing of reports. At the unit, students undertook interprofessional assessments of children, under 5, with developmental or behavioural concerns.

Findings

Evaluation occurred using a validated pre and post placement survey by King *et al*⁴ and, semistructured interviews, analysed using thematic analysis.⁵ All students completed the pre-placement survey and interview and eight the post-placement. Of these eight, none were nursing students. Findings showed some increase in confidence in interprofessional collaboration (survey), and an understanding of the concept of collaboration, its benefits and the roles of different professions (interview).

Commentary

This initiative mixed formal and informal learning, offering a novel approach to IPE within the practice setting, combining quantitative and qualitative methods to evaluate its effectiveness. Students from different, pre-registration programmes came together to deliver care that was relevant to their own professions, as well as across professions, with students they were likely to work with post qualifying; thus enabling the interprofessional learning to be meaningful and received positively.⁶

The study undertook an evaluation of learning through survey and interview, to elicit students' perceptions of what was learnt. However, there was no mention of any formal assessment to ascertain how, or what, learning may have occurred. External assessment of learning would have enabled this to be judged to confirm learning of collaborative practice skills had taken place.⁶

In addition, the authors argue that the skills of NPs are aligned to those skills necessary for IPE facilitation, but without clear evidence to support this. Facilitating learning in interprofessional groups can be more challenging than doing so in uniprofessional ones, yet there is no discussion regarding any facilitation of the IPE, nor of what skills were used to ensure the facilitation was effective. Guidance from Centre for the Advancement of Interprofessional Education (CAIPE) suggests that all facilitators of IPE need specific training. While those with more advanced skills, such as an NP, may need less than someone less experienced, it is important that they are trained in the nuances of facilitating interprofessionally.⁶

In addition, in this study, the reader is told that car journeys were used for much of the interprofessional discussions,¹ meaning the ability to facilitate was diluted by the necessity of focusing on driving. Furthermore, although the average journey time was 50 min, for some students, the journey was only 15 min, which would impact further on opportunities for guided IPE.

Furthermore, small sample numbers (12), alongside the limited return of post (8) surveys which excluded nursing students, limit the contribution this study could make to the evidence of IPE overall. Nevertheless, it could offer some contribution as an IPE initiative with further high-quality research required to ensure it can be, effectively, added to the evidence base for IPE.

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Competing interests None declared.

Provenance and peer review Commissioned; internally peer reviewed.



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