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CONFERENCE REPORT

All Together Better Health 3 – Challenges in Education and Practice

Organized by Informa Events at Imperial College, London
10–12 April 2006

Some reflections

An assemblage or bringing together rivers into rain, islands into a continent...

Four hundred participants from Australia, Belgium, the Cameroon, Canada, Denmark, Finland, Greece, Japan, Kenya, the Netherlands, New Zealand, Norway, South Africa, Sweden, the United Kingdom and the United States gathered in London for the third "All Together Better Health" conference. They included carers, policy makers, practitioners, researchers, students, teachers, service managers and service users united in their commitment to promote closer collaboration to improve the quality of care.

Opening up

Interviews with invited participants from around the world set the international tone during the opening session, as each shared his or her interprofessional story, reinforced by renditions evocative of the countries represented by a string quartet during the conference dinner that followed. Dr Gerard Majoor, in a characteristically lively and witty address, compared interprofessional perceptions in some of the many countries that he has visited as Secretary-General and now Chairman of the Network: Towards Unity for Health.

Being at the receiving end

An appreciative inquiry further broke the ice the following morning as Anne Radford and Bryony Lamb encouraged everyone to share their positive experiences as service users and carers and to tease out implications for effective education and practice. Presentations followed by service users and carers, many of whom felt isolated, stressing their right to be recognized as part of the health and social care team, working with the professionals to ensure seamless care.

My heart is aching, says the patient.
No, you're suffering from endomyocarditis and
associated arrhythmias, says the physician...
...Because the experts know best.

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Capturing the keynotes

The conference incorporated the second annual lecture in honour of Dr John Horder CBE, delivered in his presence by Dr Linda Headrick from the School of Medicine at the University of Missouri-Columbia. She invited each person in her overflowing audience, in the spirit of appreciative inquiry, to recall a specific time when interprofessional work improved health or health care. What factors, she asked, had helped to make that happen? And what were the implications that followed for the education of future health professionals? The answers, she suggested, lay in effective integration of theory and practice, its assessment and creating interprofessional learning experiences.

Improving health care depended upon understanding the needs and preferences of those whom we serve in their social and local context and work as an accountable, collaborative process. Students at the University of Missouri-Columbia learned how to identify gaps in the quality of care, case by case, to devise strategies as team members to close those gaps and to demonstrate an appreciation of an interprofessional approach. Making things better included personal and educational as well as service improvement projects. Exemplary learning sites delivered the right care at the right time for each patient, while achieving outstanding results in health professional development. Discussants from Canada, Dr Ross Baker, and the UK, Dr Nick Goodwin, introduced perspectives from experience in their countries.

Professor Lars Owe Dahlgren from Linkoping University and the Karolinska Institute in Sweden, delivering the second keynote address on ''Developing Flexibility through Experiencing Variety'' as he explored conceptions of learning as addition, transformation and transposition.

Echoing the definition of interprofessional education, he distinguished between:

- Learning from others – additional and transformative learning. Making visible.
- Learning about others – transformative learning. De-centering from one's own perspective
- Learning with others – learning as transposition. Integrating cultures. Negotiating meanings, perspectives and priorities

Interprofessional learning, he said, entailed shared experiences of the field, conceptions of learning, conceptions of knowledge, meaning of concepts, ideas of division of labour and conceptions of each other's competence.

Learning from each other's experience

Valued though these set piece presentations were, most of the time was protected for informal exchange to enable participants to learn from each other at close quarters in the way that Lars Owe Dahlgren envisaged. Themes explored in workshops, papers and poster presentations ranged from the role of government in interprofessional education to the student perspective and from community health in rural Kenya to improving patient safety in operating theatres in the UK.

The following digest is based on observations of as many of the presentations as practicable by an interprofessional team of postgraduate students from the University of East Anglia. Recurrent themes included the need for institutional support with a preference for a ''top down'' approach, but also to foster partnership amongst all stakeholders and to break down the ''them'' and ''us'' mentality between countries, services and professions, and between service user and worker. It was vital to provide a pedagogy that was patient centred and

practice related. Initiatives needed to be embedded in the curricula and be compulsory for all students. IPE should strengthen professional identities, not blur professional boundaries.

All your ideas packed snazzy as new shirts . . .

Interprofessional learning had to be relevant to students' professional learning and practice, building on their prior experience as active learners. It needed to begin at the beginning, including patients' stories from the outset to make it real. It was only effective in improving collaboration when it was tied into practice, which could be time consuming and costly. Projects presented demonstrated imaginative and flexible ways in which this could be done in both the workplace and the classroom. Practice-based observations could be used not only to help students to engage with the nitty-gritty, but also to think about the long-term objectives of their learning.

Students needed to develop skills that were specific to their own profession, but also relevant to interprofessional working. Such skills needed to be subject to both formative and summative assessment. Presentations demonstrated how this could be done, but they also posed questions about what skills were needed, which methods of assessment were the most reliable and how staff could be trained to conduct assessments. Skills in communication and decision making were suggested as examples of those that were essential to work effectively as part of an interprofessional team. These could be assessed by observing how students worked together, although there were also discussions about including the patients in this process. Involving service users in the development, implementation, delivery, assessment and evaluation of IPE called for a cultural change.

All your many sailings into this one bottle . . .

The importance of rigorous evaluation and research was discussed in many sessions. Key messages included the need for the evaluation design to be appropriate to the research question. Mixed method approaches – qualitative and quantitative – were generally favoured. Instruments employed had to be validated and frameworks for evaluations carefully planned and grounded in theory. Challenges included low response rates, something that the observers suggested might be overcome by involving students in the development of programmes, encouraging them to describe what they wanted to learn, and discussing with them the process and purpose of evaluation.

Much discussion revolved around how best to measure the effectiveness of IPE. Assessing attitudinal change was one example, but also ways in which factors affecting it could be explored in depth. The dilemma remained how best to evaluate whether IPE led to sustained interprofessional working of benefit to both professionals and service users. Investigating the longitudinal impact of IPE was challenging, given that interprofessional collaboration had complex parameters.

It was impossible to create a successful learning environment if teachers and practitioners were less than convinced about the benefits of IPE. Furthermore, commissioners needed to be persuaded that investment in IPE would pay dividends. Evidence of its effectiveness was therefore essential. A wide range of positive outcomes had been associated with IPE, but mixed, neutral and negative ones could provide salutary lessons.

Unresolved questions included the best timing of IPE, although there seemed to be considerable agreement amongst participants about the benefits of its early introduction as the first stage in a sustainable continuum of opportunities throughout undergraduate, postgraduate education in college and the workplace.

The conference, said the observers, had provided them with "pearls of inspiration" to transfer from one setting to another, such as drama to help students relate to the patient as person, not condition or disease. Each setting was nevertheless different. One size did not fit all. Individual freedom and expression was important, but it was crucial too for all involved in IPE to have a shared vision. This reinforced the case for interprofessional preparation for teachers and facilitators.

> *. . . opportunity knocks; guide for the blind, finding a solution to shifting sands, thinking outside the medicine cabinet; pride without prejudice, no pain no gain, a rainbow of desires. . .*

Launching InterEd

The climax of the conference for many was the launch of InterEd – the International Association for Interprofessional Education and Collaborative Practice – which will provide a collective voice for interprofessional exponents worldwide and a forum to exchange experience. An Executive Board was elected with worldwide representation and much enthusiasm generated for an international student forum under the umbrella of InterEd. News that All Together Better Health IV will be held in Sweden is 2008 was greeted with enthusiasm.

> *And where there was nothingness suddenly there are terraces of citations. . .*

Concluding thoughts

The conference energized and inspired, and sometimes overwhelmed. It reinforced, at risk perhaps of being pedantic, the significance of language in effective learning and working, listening especially to service users and carers. And it paved the way for ever-wider and ever-closer collaboration between individuals and between organizations from different countries within an international framework.

> *Tittle-tattle tête-à-tête making a song and dance of it. . .*
> *. . . rivers into rain, islands into a continent an assembly, a bringing together.*

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Susanne Lindqvist
Hugh Barr

With extracts from poems by
Lesley Saunders, Poet in Conference