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EDITORIAL

Ideas for the development of the interprofessional education and practice field: An update

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Introduction

Around five years ago I published an editorial which outlined some possible directions to improve the quality of scholarship in the interprofessional field (Reeves, 2010). Based on a series of systematic, scoping, and narrative reviews of interprofessional education (IPE) and interprofessional practice (IPP) that had been published at that time, I argued that there were a number of key empirical and theoretical gaps which needed to be filled in order to advance the interprofessional field. Having recently been involved in updating some of these interprofessional reviews (Reeves, Fletcher et al., 2016; Reeves, Palaganas, & Zierler, 2015; Reeves, Pelone, Harrison, Goldman, & Zwarenstein, 2016), it was apparent that the interprofessional literature was expanding at an impressive rate, and that the quality of this published work was improving. As a result of this experience, I thought it would be timely to revisit the 2010 editorial to provide an update on how the interprofessional literature has developed (or not) in the intervening years.

Then…

Back in 2010, I argued that IPE and IPP research tended to be undertaken in the form of small-scale studies which focused on individuals' perceptions of one another, usually generated by the collection of survey data. As a result, I argued that we only have a limited grasp of the complex nature of the collaborative interactions that may occur between professionals in educational and practice settings as well as a poor understanding of how factors such as culture and language can affect these interactions. In addition, due to a focus on reporting short-term perceptions of collaboration, the interprofessional literature had tended to neglect the longer-term impacts IPE and IPP have on behavioural change, organisational change, and also changes to the delivery of patient care. I noted that while there was a steady growth in the use of social psychology theories, organisational theories, systems approaches, and psychodynamic perspectives, most published IPE and IPP work remained largely under-theorised. At that time, I also pointed out that the absence of sociological perspectives was particularly noteworthy as it limited important analyses of how political, social, and economic factors can affect interprofessional interactions.

In attempting to fill these gaps, I argued that there were five routes forward. First, there was a need to employ more observational work to actually see the interactive processes which occur during an IPE or IPP activity rather than relying on individuals' perceptions of them. Second, there was a need to gather longer-term outcomes from IPE and IPP activities to provide a better understanding of their effects on collaborative behaviour and practice as well as the delivery of care. Third, there was a need to undertake economic analyses of IPE and IPP interventions to generate insights into their respective costs and benefits. Fourth, there was a need to undertake multi-institutional studies that could provide better inferences to develop a more compelling evidence base for IPE and IPP. Finally, there was a need to employ social science theories, particularly sociological perspectives, to develop a more informed understanding of the nature of IPE and IPP.

Now…

So how has the empirical and theoretical interprofessional literature evolved since 2010? Based on the findings from a number of recently updated interprofessional reviews (Reeves, Palaganas, & Zierler, 2015; Reeves, Fletcher et al. 2016; Reeves, Pelone et al. 2016), it is possible to see that within the empirical literature there has been a continued propensity for colleagues to undertake single institutional studies that gather perceptions-based data in the form of surveys reporting a series of short-term outcomes from IPE and IPP activities. This sustained focus on self-reported data is not surprising given that such data is relatively inexpensive and inclusive (usually providing feedback from all participants of an interprofessional activity). It was encouraging, however, to see that interprofessional studies are increasingly combining survey and interview data to provide breadth as well as depth of empirical insights (e.g., Murray-Davis et al., 2016). Nevertheless, such work is limited in providing individuals' impressions about their involvement in IPE/IPP activities that do not necessarily relate to actual collaborative actions/interactions that have occurred. To help overcome this gap, a growing number of studies have started to gather

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observational data to more accurately explore the nature of interprofessional interactions. For example, in relation to IPP, Gillespie, Gwinnerb, Chaboyerc, and Fairweatherd (2013) used ethnographic methods to observe processes of collaborative practice in the operating rooms to explore how a safety culture was created through open and ongoing discussion of team relations and the management of team expectations. In relation to IPE, van Soeren et al. (2011) gathered observations from video-recorded role-plays and debrief sessions to provide an insight into the nature of interprofessional teaching and learning processes in a simulated environment. From their analysis, it was reported that five issues (enthusiasm/motivation, professional role assignment, scenario realism, facilitator style/background, and team facilitation) were key to consider when delivering this form of education.

While, as noted above, the majority of IPE/IPP studies have maintained a focus on reporting short-term outcomes, since 2010 we have witnessed a slow but marked increase of authors using longitudinal designs in their empirical work. For example, Shiyanbola, Randall, Lammers, Hegge, and Anderson (2014) examined the effects of an interprofessional student-led diabetes self-management and health promotion programme over six months, while Black et al. (2013) studied the effects of an interprofessional intervention to improve collaborative practice for primary care professions that tracked outcomes over a 12-month period. Such studies are beginning to provide important evidence into how the use of an interprofessional intervention can affect changes to organisational practice, delivery of care, and patient outcomes.

In addition, while most interprofessional studies have traditionally undertaken data collection within a single research setting, in recent years there has been some growth in the use of studies that include data from a number of different clinical/education sites. For example, Black et al. (2013) gathered data from 60 primary care practices in their study, while Deneckere et al. (2013) examined the effects of introducing interprofessional care pathways on teamwork in 39 different hospitals. It is encouraging to see an expansion of multi-institutional studies as they help generate larger empirical insights into the effects of IPE/IPP activities, which in turn offer more comprehensive evidence for the interprofessional field.

In contrast, there has been less attention placed on examining costs and benefits of IPE and IPP activities. A rare example can be found in a study by Haines, Kent, and Keating (2014) who described a cost-minimisation analysis that compared an interprofessional student clinic with traditional profession-specific clinical education. While these authors reported that the interprofessional clinic was more expensive than the comparator, they did not gather data on the benefits of these different types of educational experience (they did note that other studies of interprofessional clinics have reported a number of positive learner and patient outcomes). Despite providing a helpful indication of the costs of an IPE activity, the interprofessional field is in need of economic analyses that gather both costs and benefits of interventions. In doing so, we can begin to empirically connect financial investments with any associated gains to understand the overall value of IPE/IPP for various stakeholders (learners, practitioners, managers, patients, and policymakers).[1]

One of the successes of the interprofessional field over the past few years has been a sustained growth in the use of theory. This includes a special themed issue in this journal on the topic (Volume 27, Issue 1), which published a range of articles that employed social science theories to help illuminate and explain varying elements related to the use of IPE and IPP. In addition, the use of sociologically informed work is also increasing. A helpful example can be found in a study by Rowland and Kitto (2014), who employed a critical discourse analysis of documents related to patient safety. These authors drew upon Foucault's work on discourse and governmentality to explore how healthcare professionals employ different patient safety discourses to protect and control their respective areas of clinical expertise when engaging in interprofessional work. Other useful sociological examples are provided by Bleakley (2013) and Goldman et al. (2015).

Concluding comments

This editorial aimed to update a previous overview of IPE and IPP scholarship that found a need to focus on five key areas to improve the science (empirically and theoretically) of the interprofessional field. As presented above, since the publication of the 2010 editorial, interprofessional scholarship has made some good progress in relation to addressing some of the previously identified gaps in knowledge. While this work has made some important empirical and theoretical contributions to the interprofessional field, continued attention is needed to build upon these insights to further advance the quality and rigour of this scholarship. Indeed, a useful development that can help support future efforts is the recently published work which offers a series of conceptual and methodological guidance (e.g., Institute of Medicine, 2015; Reeves, Boet, Zierler, & Kitto, 2015; Van Hoof et al., 2015).

Note

1. The issue of cost and value in professional and interprofessional education has recently been brought to attention through the work of the Society for Cost and Value in Health Professions Education based at Monash University, Australia. For more information about this group see: www.med.monash.edu.au/sphpm/scvhpe

Declaration of interest

The author reports no conflicts of interest. The author alone is responsible for the content and writing of this article.

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