



**European Interprofessional Education Network in
health and social care**

Progress/Final Report

Public Part

Project information

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Executive Summary

EIPEN Accompanying Measures actions have led to the consolidation and development of a European network first established in 2004 and which received two years transnational network funding from the Leonardo da Vinci Community Action Programme 2005-7. The focus of the network is interprofessional education in health and social care, defined as 'opportunities for more than two professions to learn with, from and about each other to improve the quality of service'. Tragic failures in health and social care have often been found to be caused by failures in communication and teamwork between professions. The purpose of interprofessional education is to prepare students, practitioners and clinicians for effective collaborative practice with other professions. Traditional professional education takes place in single profession groups; introducing interprofessional learning may be difficult and complex requiring changes in systems and structures but it is now regarded as an effective strategy.

The experience of EIPEN partners in the first two years was that transferring courses and modules effectively across national boundaries was difficult because of the different contexts and resources within which professional and vocational training operates. Therefore in the second phase of EIPEN, as well as focussing on Higher Education and extending the partnership to include universities in Belgium, Ireland and Slovenia, as well as Finland, Hungary, Poland, Sweden and the UK, work has been directed to the conditions for quality assuring interprofessional learning.

The approach of the Project is to promote information sharing, debate and partner collaboration through a range of activities, both through a planned programme of activities and also through seeking other opportunities to work together. The project Steering group of representatives from all partners is responsible for strategic management. The coordination, financial and operational management was undertaken by a project team at the Health Sciences and Practice Subject Centre of the UK Higher Education Academy based at King's College London.

Actions have included

- Two sets of two-day workshops,
 - three x 2 day workshops were hosted by the three new partners. These focussed on disseminating previous EIPEN outcomes through presentations and discussion of examples of current interprofessional courses.
 - the second set was hosted by previous partners focussing on quality assurance.
- A research project 'exploring quality assurance for interprofessional education in health and social care' was completed and an accompanying book published
- A bid for a European thematic network: EIPEN-Q *building a quality culture in European Interprofessional Education*, was submitted to the Lifelong Learning Programme (ERASMUS) in February 2009. This included 45 partners in 26 European countries.
- Presentations of EIPEN partner work at national and international conferences
- Preparation for a future EIPEN international conference in Finland
- Collection of case studies of interprofessional education from EIPEN partners published at www.eipen.org

Many of these activities will continue through 2009-2011, building strong relationships with other established and emergent networks with congruent aims. Opportunities for collaborations for development and research are arising from the EIPEN partnership.

Interprofessional Education is now a global movement with many networks and an increasing number of publications and research. EIPEN has enabled a strong European presence among leaders in the field and provides an opportunity for contributing to European policy in this significant field.

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1. Project Objectives

EIPEN was set up with two years of funding from Leonardo da Vinci Community Action Programme 2005 to 2007 with two purposes: to establish a network in the six partner countries and to promote good practices in interprofessional learning and teaching¹ in health and social care. Partners included representatives from countries where IPE is relatively well-established and those new to IPE and pioneering IPE in their countries. Networks were established and this initial project concluded with a very successful international conference in Krakow in September 2007. Because of the wide range of disciplines, interests, languages, cultures, educational and professional structures and systems represented in the partnership there were challenges in fully developing relevant educational methodologies and innovations within the two year funded period. To promote transferability in the second phase of EIPEN the partnership focussed on the Higher Education sector and Accompanying Measures Actions for the provision of the initial conditions for building a quality culture in interprofessional education in health and social care.

The objectives of the Accompanying Measures Actions were:

- To extend the EIPEN network of 12 partners in six European countries to include partners in three new countries (Ireland, Belgium and Slovenia), as well as continuing to existing to work with existing partners in Finland, Hungary, Poland, Sweden and the UK.
- To test the results of EIPEN through workshops in the three new partner countries
- To further develop the website to include content useful to partner countries
- To target further EU countries for inclusion in the network
- To extend and evaluate IPE development in Poland and Hungary above and beyond their achievements so far as EIPEN partners
- To commission and publish a research project on quality assuring interprofessional learning and teaching in Alignment with European Quality Assurance Standards, Bologna Process Actions, Copenhagen process and the Helsinki communiqué (December 2006) as well as ENQUA-VET work programmes

Each partner also worked to specific objectives related to the stage of their development of interprofessional learning and specific national and organisation issues. These included:

- For the new partners to host a 2 day national workshop to disseminate the established work of EIPEN partners in developing interprofessional education, in collaboration with partners from two or three other partner countries
- For previous partners in EIPEN, to hold (or enable) workshops with other universities focussing on quality assurance in interprofessional learning to take the debate forward concerning principles and practice
- For the university partner in Finland an additional objective was to build on the collaboration established between the two universities in Oulu to develop sustainable interprofessional programme the following adaptatimes across the universities, providing a significant exemplar for interprofessional programmes including medical students from one university and nursing, allied health and social work students from another.
- For the university partners in Poland and in Hungary an additional objective was to build on the collaboration between medical schools in Poland and between social work and health care departments in Hungary for promoting interdisciplinary and interprofessional education.

¹ EIPEN uses an established definition of Interprofessional education (IPE): *'opportunities for different professions to learn with from and about each other in order to improve the quality of care'* (CAIPE 1997). As conceptual and linguistic understanding developed, partners suggested, and agreed the following adaptation ; *'opportunities for more than two professions to learn with, from and about each other to improve the quality of service'*

2. Project Approach

The aim of the approach to the Accompanying Measures Actions project was to draw on learning and evaluation concerning the operation of the project approach of the initial two year LdV-funded EIPEN project. This approach is based on the successful model of the discipline based Subject Centres of the UK Higher Education Academy Subject Centre in supporting good practice in learning and teaching in higher education in the UK through building communities of practice using multiple methods of communication and activities, as well as brokerage between individuals and between departments, universities and disciplines. The initial two year Leonardo da Vinci project was largely developmental, setting up a network, building relationships and introducing interprofessional education. The Accompanying Measures actions were task focussed, taking place in a period of 9 months. Modifications were made to the project approach to allow for this difference and to take into account experiential learning and the external evaluation of the LdV funded project. The key learning points from the external evaluation were: the need for early resolution when partners are unable to fulfil contractual requirements, specific strategies to ensure inter-partner activity without needing coordinator mediation, and distribution of responsibilities, especially for future planning, throughout the partnership. Thus the approach emphasised

- Partner contracts with specific details of actions and time scales and close monitoring
- Robust evaluation framework established and implemented at start of project
- Stronger role for the Steering Group in future planning
- Promotion of transnational relationships across the partnership, most successfully achieved in the multilateral 'new partner' workshops
- 'Snowballing' of contacts and dissemination, most successfully achieved in identification of partners for the thematic network application
- Brokerage between current partners and prospective partners

EIPEN continued to be coordinated by a project team at the Health Sciences and Practice Subject Centre (HSaP) /King's College London (P1) (including project manager, project administrator, director and management accountant meeting monthly) communicating for administrative purposes with the seven other university partners on a hub and spoke model. Each of the other partners had one or two named contacts responsible for reporting on activities, expenditure and ensuring participation in the Steering Group. However, overall management and leadership of the project continued to be held by HSaP, this was reflected in the distribution of project resources and costs.

The project steering group met twice (3rd and 9th month, two-day meetings with business, cultural and social activities, in London and Ljubljana). Participants included at least one representative from each partner university, the external evaluator as observer and two co-opted members ; a representative of the Centre for the Advancement of Interprofessional Education (CAIPE), a UK-based international NGO, and in an expert role Professor Hugh Barr, a leading exponent of IPE with an international reputation. Terms of reference were agreed at the first meeting (see appendix 1). The programme for each Steering Group included a presentation from each partner about their project-related activity supported by a short paper report, formal review by the project team, input from the external evaluator, decisions and actions. Minutes of the meetings can be found at www.eipen.org . A questionnaire concerning potential future options for EIPEN was circulated to partner prior to the final meeting. This included identification of additional resources that could be provided by partners.

As well as formal communications concerning monitoring, reporting and decision-making, partners used electronic communication for information, discussion, consultation and workshop planning

The Project approach is also characterised by flexibility and opportunism to take advantage of the potential to increase networking and collaboration and to use resources to maximise efficiency and effectiveness. For example the first Steering Group in London included a half day 'think tank' between Steering Group participants and invited UK IPE educators to share views, experiences, and resources for quality assuring interprofessional learning. The questions generated in the 'think tank' were then explored further during an international workshop in Stockholm at the All Together Better Health IV conference. The key points identified in this discussion then informed an IPE quality assurance workshop in the UK which will lead to a publication in 2009, the EIPEN research project conducted by Dr Andre Vyt, and the framework and key activities for the prospective thematic network EIPEN-Q: *building a quality culture in European interprofessional education*. The timing and location of the second Steering Group meeting in Ljubljana prior to a 'new partner' workshop in Slovenia enabled partners from five countries to participate in that workshop, enhancing transnational working and transfer of good practice. Funding also allowed a party of 5 academics from two Hungarian Universities to visit three very different UK interprofessional education courses and a key regulatory body in January 2009.

3. Project Outcomes & Results

There are three types of project outcomes and results. Firstly there are immediate outcomes associated with the work packages which include events and publications within the project funded period. Secondly there are those associated with the sustainability of the network in the longer term beyond the reporting period. Lastly there are less tangible but as meaningful results in terms of affirmation of the validity of the aims of the network, the consolidation of the partnership and the common understanding of the significance and implications of interprofessional education in health and social care.

The immediate outcomes of the work packages within the reporting period include:

- A set of eight workshops, including presentations and debates
- A set of case studies of interprofessional courses with examples from each of the eight participating countries published on the EIPEN website (www.eipen.org)
- Research report *Exploring quality assurance in interprofessional education in health and social care* by Dr Andre Vyt published in book form and publicly available, which identifies and analyses European policies, models for quality assurance and examples of related practice, and outline guidance for implementation
- Website of information and resources, electronic newsletters and updates
- Initial application (in February 2008) for thematic network funding with a limited number of partners – the groundwork for a much stronger application in 2009

Outcomes and results for sustainability and future development, for which the groundwork took place during the reporting period include:

- Application for thematic network funding for EIPEN-Q *building a quality culture in European Interprofessional Education*. The programme of work packages in this application are the result of the national workshops on quality assuring IPE and the commissioned research project, as well as consultation with partners and other organisations concerning parameters and needs.
- EIPEN 2nd international conference to be held in Oulu Finland September 17-18 2009
- Special European Issue of the Journal of Interprofessional Care (to be published in Summer 2009)

More information is provided in the section on Future Plans

Linked to these network outcomes there are outcomes for individual partners including, for example:

- New interprofessional education courses in some partner organisations
- Set of case studies of interprofessional learning from Wales (UK)
- Outline for UK-based publication on the quality assurance of interprofessional education in the UK
- Conference on interdisciplinary and interprofessional research and learning in Grodno, Poland 9 June 2009

The third type of outcomes are less tangible but nevertheless essential for the sustainability and further development of the network and evidence of its utility and potential for European educators and practitioners in health and social care as well as for mobility of labour and service quality. Firstly, during the first phase of EIPEN there was limited opportunity for partners to demonstrate to each other their interprofessional education activities. Problematic issues concerning fine distinctions in language and the definition in use of interprofessional education were only gradually surfaced and resolved. Languages with non-Latin roots do not distinguish 'inter' and 'multi' and many European languages do not distinguish 'profession' and 'discipline' – both important distinctions in the literature and conceptualisation of interprofessional education. The partner presentations at Steering Groups and particularly

the presentations and discussion during the 'new partner workshops' confirmed that partners were now all working within a common understanding of interprofessional education and the underlying principles of interactive, student-led, practice-related learning and teaching. Secondly, the process of identifying and selecting higher education partners from other European countries was also an opportunity to test interest in and appreciation of the potential of interprofessional education for improving practice and services across Europe. Not only were almost all universities approached interested in, and engaged in some interprofessional cross-disciplinary learning and appreciated the need for quality assurance of this learning, but also there was interest in the network outside medicine and health and social care. So the new thematic network funding application includes partners from engineering and theology perspectives.

4. Partnerships

The core transnational partnership includes a university partner in eight European countries. However the nature of health and social care education means that each are also working closely with health and social care employers and service providers, and in many cases with other universities. Several of the partner representatives have joint education and clinical roles. The coordinating organisation, the Health Sciences and Practice Subject Centre of the UK Higher Education Academy is not a direct teaching institution but provides resources, events, small project research funding and publications for the enhancement of learning and teaching across the health professions in the four countries of the UK. It also has international links and strong links with Subject Centres supporting other disciplines. So the partner organisations each have a network of other organisations which have been included in project activities.

Through previous activities the core partners have close links with other interprofessional education organisations and initiatives, including membership of the board of the Centre for the Advancement of Interprofessional Education (CAIPE), the board of InterEd (an organisation to promote scholarship in interprofessional education and collaborative practice), the Nordic Interprofessional Education Network (NIPNET), the World Health Organisation Interprofessional Education Study Group (EIPEN partners were consulted concerning an imminent seminal global publication by the WHO – a framework for interprofessional education and collaborative practice), and close links with other interprofessional education networks in North America, Japan and Australia. Partners are also participants in other European networks (for example, EUROPET, COHEHRE, the University of the Arctic, Public Health Network) or multi-lateral research projects.

Through the preparation of the thematic network application EIPEN now has potential partners in a minimum of a further 18 European countries, with opportunity for collaborations in publications and research projects related to interprofessional education.

5. Plans for the Future

Five of the eight core partners in EIPEN have now been working together for 5 years, with an increasing range of options for working together, three for one year, and many others have expressed an interest in joining EIPEN

Plans for 2009 include

- A special European issue of a leading publication, the international Journal of Interprofessional Care which will include papers and reports from almost all EIPEN partner countries. Preparation of the issue is almost complete.
- The second International EIPEN Conference in Oulu, Finland 17-18 September. All EIPEN partners are represented on the Scientific Board which has monthly skype conferences. The speakers include key members of the Ministry for Health and Social Welfare in Finland, the Chair of InterEd and a specialist in European Higher Education. The programme includes visits to health and social care service organisations to observe and discuss interprofessional collaboration in practice. (Call for abstracts ends 15 June 2009)
- Presentations on EIPEN activities will be made at international conferences in Canada (May), Norway (October) and Malta (November), as well as national and internal conferences
- Should the application for thematic network funding be accepted then a three year programme of work will start in October 2009 and include a series of meetings, conferences and bilateral workshops (in new partner countries), a Handbook for Building a Quality Culture in Interprofessional Learning in Europe, a much improved website, mentoring for new IPE programmes, small project research funding and a European IP student network.

Whatever the outcome of the application, updates of interprofessional activities from an extended partnership will continue to be shared through websites and newsletters. The Project Steering Group agreed to continue to share information and seek opportunities to work together to promote good practice in interprofessional education. Partners will continue to be accessible to each and to other organisations for information and consultation. Closer relationships will be sought with other networks and organisations with congruent aims.

6. Contribution to EU policies

The impact of the Accompanying Measures actions identified in the new funding application are:

- Health and Social care professionals use the network for resources and inspiration with regard to the Principles and Practice of IPE. This is evidenced through increasingly targeted website use and requests for information and consultation
- EIPEN is known and respected across more European Member States. This is evidenced by the number of European Member States (26) represented in the 2009 funding application and interest in EIPEN activities
- Learning organisations become stronger in Health and Social care through improved team working, devolved responsibilities and flattening hierarchies. This is not possible to evidence within the short project period or to attribute to EIPEN activities because of the variables involved. Nevertheless, the body of research concerning the impact of interprofessional education indicates evidence of improved attitudes and team working as do the EIPEN case studies, where these have been rigorously evaluated.

The main contributions to EU policies within the reporting period include:

- The maintenance and development of a European perspective in interprofessional education within a global movement and growing evidence base.
- Opportunity provided to teachers and department heads in European universities to promote and discuss their activities in a learning context for improvement in professional education.
- A research publication which investigates the relevant EU policies for quality assurance in Higher and vocational education and quality assurance models, current examples of interprofessional curricula. Guidance was established for implementation and to inform education policy. All partners have been requested to send copies to the national policy makers in education and health and social care services.
- The identification of partners for a much larger trans-European network with the potential for many more cross disciplinary collaborations in policy, practice, research, learning and teaching.
- UK professional bodies plan to cite the UK quality assurance document in relation to the current curricula reviews.

7. Continuing rationale

Effective collaborative working across professions is key to the delivery of a variety of human and animal services. Hitherto, the focus has tended to be on acute treatment services although central to community health are the community services and public health initiatives. Such collaborative working across the health systems of health enhancement, disease prevention, treatment, and rehabilitation rarely happens naturally and requires interprofessional learning to ensure that it is appropriately and effectively implemented. Furthermore, effective interprofessional learning requires special preparation of tutors and other facilitators of learning since skills are required over and above those used by mono-professional educators. This chain of interprofessional working is pivotal to enhancing health and cannot be left to chance. The success of EIPEN and the commitment to continue networking provides a firm foundation for future interprofessional development in Europe.

May 2009

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Appendix 1

EIPEN Steering Group

Terms of Reference

It is recognised that the proposed group has a dual role, both steering and doing; strategic and operational. The terms of reference reflect this.

Strategic

1. Advise on EIPEN strategy
2. Ensure that EIPEN activities are appropriate for their organisation(s) and Country
3. Report discussions and decisions back to their organisation(s)
4. Identify and provide transnational network opportunities
5. Guide the strategy of evaluating the processes and products of EIPEN
6. Advise on the need for independent contributions to the steering group as necessary
7. Receive and respond to information from the work package sub-groups
8. Suggest / agree possible steering group members for cooption where necessary

Operational

9. Contribute to discussions about IPE development
10. Maintain open channels of two way communication between partners
11. Encourage contribution of case studies as web resources
12. Ensure that required documentation is produced on or before the due date