Report

Current Practices of Inter-professional Education at University of East Anglia, UK
—Its implication to the A University—

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Key words : Application of the UK’s IPE program, Service users, Universal cases

Abstract
In the United Kingdom, Inter-professional Education (IPE) is widely practiced in higher educational institutions led by the Centre for the Advancement of Inter-professional Education (CAIPE). Among universities that practice IPE in UK, the University of East Anglia (UEA) offers the program through the Centre for Inter-professional Practice (CIPP), also a member of CAIPE, established within the Faculty of Health. The author recently had an internship opportunity at UEA, where Inter-professional Learning (IPL) is offered through CIPP. As A University is currently developing and implementing an IPE curriculum based on the Ministry of Education, Culture, Sports, Science and Technology’s “Strategic University Liaison and Support Program for Enriching University Education,” this paper discusses points to be learnt in order to promote IPE and the possibility of IPE utilization based on UEA’s unique IPL practices. As a result, the study found that IPL deepens understanding among professions and fosters collaboration by focusing on communication and teamwork through repeating discussions on shared cases. As for the application of the program, the author reports various implications such as shared acknowledgement among professions obtained by using a small number of universal cases, and the effectiveness of collaborators including the service users that mean practitioners and patients.

Objectives of the Study
This study aims to examine the implementation and characteristics of IPL at the UEA in the United Kingdom, as well as searching for the feasible methods for IPE that suit the current status of A University.

Methodology
Research Method
Based on the observations during authors internship in the UEA, the study clarifies the characteristics of the “goal,” “implementation methods,” “cases,” and “evaluation” of IPL.

Ethical Consideration
It was verbally explained to the faculties and students of the UEA that the materials in the classes might be used for academic reports and presentations. Also, the author explained that any photograph, tape and/or video would be used only for academic reports and presentations, and that photographing, taping or videotaping would be canceled if any of the study subjects had expressed intention not to be photographed, recorded or videotaped. The author obtained approvals from both considerations.
Results
Outline of UEA

UEA is located in Norwich, a historic town approximately one and a half hours by train from London. Its large and spacious campus is blessed with a rich natural environment. The University was originally established in 1961 as an institution for English and biology education. Education at UEA has gained worldwide recognition through its internationally-renowned faculties of humanities, health, science and social science. The University currently hosts foreign students from more than 100 countries. Between 9,000 to 15,000 students study in the undergraduate courses, while the graduate courses have between 2,000 to 3,000 students. There are a number of students from outside UK, as well as outside Europe. The University consists of four faculties, including Social Science, Science, Humanities, and Health, where students can pursue a wide range of academic fields such as: Biology and Sciences, International Development, Economics, Education, American Studies, Environmental Sciences, History, Computing Sciences, Law, Literature and Creative Writing, Business Management, Medicine, and Mathematics. The Faculty of Health has the Center for Inter-professional Practice (CIPP), also is a CAIPE member, where diverse activities for IPE were reformed and those were linked to Inter-professional Work (IPW). The activities were based on the integrated method of face-to-face learning and online discussion using an electronic bulletin board called Blackboard. (Study Abroad Guide to United Kingdom and Ireland, 2009)

IPL Content of UEA

i) The goal of IPL

The goal of IPL program is to learn the following five topics: “effective teamwork”; “quality improvement of IP practitioners for patient care”; “role description of each practitioner in a multi-professional team”; and “benefits and constraints of IP team working.”

ii) Deployment Method

IPL program has four levels from IPL1 to IPL4 as indicated in Figure 1. IPL1 is compulsory for first-year students in the following eight professional areas: Medicine, pharmacy, nursing (mental health, adult, child, and learning disability branches), midwifery, occupational therapy, physiotherapy, speech and language therapy, and operating department practice. IPL2 is offered to second-year students in the above disciplines except speech and language therapy. IPL3 and IPL4 offer workshops and forums a few times each year, and these events are open to student volunteers, practitioners and patients. The University, general practitioners (GP) and National Health Service (NHS) collaborate with each other and participate in IPE activities in an integrated manner (Watanabe, 2005, pp.1-17, 97-119).

IPL encourages understanding among health professions by focusing on communication and teamwork, as well as repeating discussions on shared cases. The program provides many implications such as use of universal cases and participation by service users (including patients and professional practitioners).

iii) Cases

As shown in Table 1, a single shared case is used in IPL1, while IPL2 uses news topics for discussion. IPL3 uses four actual cases selected from The Patient Voice.com. (URL: http://www.patientvoices.org.uk/index.htm) In IPL4, students learn cases in social issues such as alcohol/drug dependency or abuse.

iv) Evaluation of outcome

There are two assignments in IPL1: one is prepared and submitted by the entire group, and the other is submitted by each student and
evaluated by facilitators. Facilitators will check them with teachers and then the CIPP members will recheck. After that some students with low self-esteem need the after care from the CIPP members. Group presentations are held in the seventh week, which are evaluated by students of other groups.

The final report is needed from individual student in IPL2: The reports have to be written in no more than 1,000 words.

In the IPL3 and IPL4, they use the 'Attitudes to Health Professionals Questionnaire' (AHPQ): This inquiry shows the each professional's attitudes to care and teamwork in the IPL practice.

Facilitator
Teachers from schools where each profession is taught receive 12-hour training and participate in the program. Each facilitator is in charge of two groups. During the facilitator training, teachers are trained so that they can give consistent instructions, and experience the same contents that students would learn.

Discussion
Characteristics of IPE and IPW at UEA
UEA's program objectives represent elements necessary for the students to achieve effective teamwork ability defined by CAIPE (Barr, et al., 2005, pp.1-9). Especially, the program focuses on “being able to describe their own role” and “understanding roles of other professions,” and constantly emphasizes “placing care-receivers (service users and patients) in the center.” Therefore, to learn “communication capacity and attitudes toward IPE,” is crucial for students of UEA. IPL1 and IPL2 provide training which focuses on the group work. In order to strengthen the communication ability, the students discuss on one shared case from the perspectives of all professions. As the students have common topics, they can discuss beyond their own majoring area.
Table 1. Case Contents of IPL1 ~ 4

<table>
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<tr>
<th>IPL1</th>
<th>IPL2</th>
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| Rosy is a 14-year-old girl with a slight learning disability and epilepsy. As her mother has drug and alcohol dependency, she has been raised by her grandparents, Mr. and Mrs. Johnson. The 60-year-old grandfather has retired and diagnosed with hypertension; the 58-year-old grandmother has anxiety symptoms and depression. One morning, Rosy had an acute stomach ache, was ambulanced to a hospital, and had an emergency Caesarean operation due to contraction in the 32nd week of pregnancy. The operation was successful and the baby was taken to NICU. The father of the baby was a boy, also with a slight learning disability. Mr. Johnson, who was busy taking care of Rosy, the baby and his wife, had a stroke one morning, leaving him with late effects such as paralysis on one side of the body and speech disability. Although Mr. Johnson eventually recovered, he was worried if he could take care of the baby who was temporarily with a foster family. Assignment: The care team is to discuss support necessary for this family to live together, while each family member's needs are met. | Case 1: Alex's Case  
Alex works for a special unit that provides diverse healthcare through professional teams. One day, Eddy was hospitalized as his chronic illness worsened. Alex has discussed Eddy's care management with other professionals, but he feels that they do not pay attention to him. Alex is worried about the team coordination. Case 2: Case of Danny, a victim of the terrorist attack on London subway - from “Miracle workers who rebuilt Danny’s life: London Bombings in July 2005,” January 29, 2006. Accident and Emergency (A&E): Arrival of paramedics, cardiac arrest Surgery: Amputation of both legs, internal cardiac compression, removal of a spleen, removal of fragments Intensive Care Unit (ICU): systemic inflammatory response syndrome, infection control Ward: Mental care for depression and nightmares |

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<tr>
<th>IPL3</th>
<th>IPL4</th>
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| Case 1  
Experience of a 68-year-old man who was hospitalized in ICU (Intensive Care Unit) for two weeks and HCU (High Care Unit) for two weeks | Group 1  
Sanita, who came to UK due to a forced marriage HBV (Horner Based Violence)  
*HBV : e.g. the marriage under coercion |
| Case 2  
Case of Mike and Jill; Jill's husband, a firefighter, was diagnosed with motor neuron disease (MND). | Group 2  
Tash, who lives with her mother (physical abuse) |
| Case 3  
Case of a teenager who received 18-week chemotherapy for her non-Hodgkin lymphoma | Group 3  
Gill, who has dissociative identity disorder (DV against his wife and children) |
| Case 4  
Case of Ian, who has HIV and bipolar disorder | Group 4  
Zack (16 years old) and Chris (32 years old) (DV between male friends) |
The program also provides opportunities where professionals in the fields of students’ interests visit UEA, answer questions from the students, and give practical advice (Picture 1).

Cases handled in IPL1, as shown in Table 1, cover care-receivers of all ages from newborns to the elderly, involving diverse elements of health issues such as developmental, mental, and chronic disorders, as well as low teen pregnancy. Issues found in those cases include economic problems, giving indications to health care and welfare. The case in IPL2 is related to the terrorist attack on UK subway, and students follow response timelines of professionals and discuss possible collaboration under an emergency situation. As the real case gives realistic senses to the students, it is a very important and effective case in terms of discussing future emergency collaboration.

Although IPL3 is not a compulsory course, more than 150 students attended at a one-day conference with service users.

The conference provided group work and presentations for participating students, patients, professionals and facilitators, and an IPE-themed skit was performed by theatre students at the end of the conference (Picture 2). In terms of cases, they discussed the most effective care for patients of four Patient Voice cases. The first part of the group work was consisted of the students as well as actual patients and professionals, and the second part was performed only by the students in order to summarize and give final presentations. Such a group work improves understanding of patients’ perspectives and collaboration with other professions.

The author had an opportunity to hear an explanation about IPL4, although she could not observe actual classes. This course provides half-day workshops with topics related to health and social care issues, alcohol dependency, and abuse. Voluntary student participants and related professionals such as police officers, midwives, and social workers attend the workshops. In such settings, participants can share medical experiences from different perspectives. This is an advanced course as it collects themes that require the highest level of coordination and participants discuss advanced IPW practices. The image of this course would be an occasion in which students could imagine actual meetings on the site.

In this way, IPE at UEA is a multistep system ensuring that all students learn IPE basics based on shared cases at levels 1 and 2, while offering students practical courses to students at levels 3 and 4; the levels 3 and 4 handle more specific, actual cases that require coordination, and patients and professionals participate in discussion. As most students take two to three-year-long courses, it can be said that the
program’s characteristics include the continuity from the university curriculum to IPW after students graduate and become professionals.

The University, practitioners, and local communities have always worked together closely, establishing a cooperative structure. Even in the basic courses of IPL1 and IPL2, professional practitioners often participate in classes or receive training as facilitators and take charge of discussion. This comes from the history in which the UK’s IPE development was led by the government as well as medical systems such as NHS and GP (Ito, 2006, pp.4-109; Mori, 2008, pp.25-87; Takeuchi & Takenoshita, 2009, pp.27-50). Another major reason for vigorous IPE activities is that the University has a structure that the IPE specialist called CIPP is established.

**From the Perspective of Application of UEA System to the A University**

Table 2 compares UEA and the A University. Although there is a large difference between the two universities in the establishment of IPE center and methods of incorporating IPE into their curricula, the A University has also progressed in achieving all-campus efforts by placing inter-professional subjects in its core curriculum. Although the numbers of facilitators in the A University is still in a shortage, training courses have been offered a few times a year and the number of participants are increasing their knowledge and skills on IPE. There are two major differences: “Method of using cases” and “coordination with hospitals and local communities” between the two universities.

Currently, the A University is mainly promoting module development as a part of IPE curriculum development under “Strategic University Liaison and Support Program for Enriching University Education.” Modules are case materials with issues to be solved. The A University aims to propose support for improving the QOL of the clients by using various modules in its General Inter-professional Seminar, which is the counterpart of IPL4 in UEA. For that, diverse models such as life/nursing and prevention/early discovery models in addition to a medical model are required. In order to respond to a wide range of cases, the A University is now preparing the program in cooperation with other universities so that students can learn multiple cases. However, the application method for the modules has not been clarified and remains as a future agenda. The introduction of UEA method, in which one of the stock-piled cases is shared, can be considered as an effective measure.

Cooperation with hospitals, which are training facilities, and local communities can provide major benefits for the students to learn practices. Especially, it is important for the students to have opportunities to listen directly from the clients in order to always recognize patients as the center of IPE and to discuss their care. In order to achieve cooperation, it is indispensable to build a close relationship with nearby hospitals and facilities, establishing an environment where persons can exchange their roles. By using the same case, the students can discuss on the same patient and it becomes easier for the students to prepare the goals and care plans for their clients. The use of cases and obtaining cooperation from patients and practitioners are the challenges for the A University in developing IPE.

**Conclusion**

Based on the internship at the East Anglia University, UK, the following two points seemed to be effective in the possibility of applying UEA program to the A University:

i. A small number of universal cases enable shared knowledge and skills among professions;

ii. Sharing the experiences with practitioners and patients is very effective for the students in IPE and IPW.
Table 2  Comparison of IPE/IPW Characteristics

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<tr>
<th>University</th>
<th>UEA</th>
<th>A University</th>
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<tr>
<td>Curriculum</td>
<td>Faculty of Health</td>
<td>Faculty of Health</td>
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<tr>
<td>IPE(IPL) center</td>
<td>CIPP coordinates curriculum of each professional school</td>
<td>None Coordinated mainly by Inter-professional Education Promotion Committee members and collaborators; Promoted with participation in strategic projects</td>
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| Participation format | First year (all students)  
Second year (almost all students)  
Third year (option / elective) | First year (option / elective)  
Second year (all students)  
Third year (all students)  
Forth year (option / elective) |
| Use of cases | Small number of cases  
Use of PV (DIPEx) and online news | Prepares modules and uses a number of cases; Case-based |
| Facilitator training | Instructors participate depending on the number of students at each health school;  
12-hour training required | Each seminar is responsible (Basic Inter-professional Seminar for the second year);  
Facilitator training courses, 2-3 times each year (option / elective) |
| Coordination with local communities and hospitals | Close coordination | A part of general seminars;  
Visits to facilities through the Inter-university Student Seminar (at associated facilities) |
| Coordination with universities | N/A  
Information exchange with other universities through CAIPE | Close coordination; Abroad (UK, Canada);  
Prefecture (7 universities);  
Strategic projects (5 projects) |

Closing Comments
In UK, 26 universities participate in IPE in diverse forms under CAIPE. The author observed IPE and IPW of the East Anglia University, one of such institutions. Although it was only one month, the author experienced a lot from its unique activities at first hand. The governmental backup is of course one force of promotion of IPE, but having a base, CIPP, with the relation with CAIPE is significant for the Faculty of Health to be able to work together. Although UEA program gave the author a lot of suggestions, some of them cannot be applied directly to the Japanese universities due to the system differences. Therefore, some issues remain unargued. The author would like to try some of those experiences for the development of IPE/IPW in the A university.

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References