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WEB PAPER

Interprofessional educator ambassadors: An empirical study of motivation and added value

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Abstract

Background: Interprofessional education (IPE) is being led by a driving force of teaches who advocate for the importance of this learning within health and social care professional curriculum. Many of these leaders have additional uni professional teaching responsibilities.

Aims: This study aimed to explore the impact of leading an IPE curriculum on teachers, who were at the forefront of establishing a new IPE curriculum in the east midlands, UK.

Methods: The prospective study used the principles of grounded theory to analyse the educator's experiences. The study included teachers who work from academic university posts and those who teach from within practice. These IPE leaders were identified through their involvement in the design and delivery of the local IPE initiatives. They were invited to share their experiences at either a mixed-discipline focus group, a one-to-one interview or by completing a postal/e questionnaire. During analysis the views from each data set were triangulated.

Results: A total of 58 educators shared their experiences. All benefitted from being part of the planning and teaching teams. They were driven by a strong belief that IPE had the potential to improve patient care and that future healthcare practice would remain team based. Engagement had brought additional benefits to their teaching and career development in particular through forming new relationships with colleagues from other caring professions. They were concerned about educators teaching interprofessional student groups with little prior experience of IPE.

Conclusion: The data suggest educators who take on a leading developmental role in designing and delivering an interprofessional curriculum benefit personally and professionally through working relationships with colleagues in other professions and through teaching wider networks of students. These new insights strengthen personal practice and research and in turn have the potential to influence and improve the quality of faculty teaching.

Introduction

Those who teach[1] health and social care students pass on their unique scope of expertise, be that anatomy, physiology, psycho-social aspects of health and well being, acute medicine, community care, clinical skills etc, within a discipline specific curriculum. In the past decade team working and collaborative practice have been integrated to a greater or lesser extent within modern health and social care education in the UK as interprofessional education (IPE: DOH, 2001; Barr & Ross 2006).

Historically, IPE was not explicit in the curriculum, except in social work training, and was expected to be learnt through observing and participating in practice (Barr, 2002). On the whole, the contemporary view is that learning together to work together is a good thing, and evidence indicates that students appear to be benefiting from interacting with other students (Pollard et al. 2006; Anderson & Thorpe 2008; Anderson & Lennox 2009) and are better prepared for working in a modern team-based health and social care culture (Hammick et al. 2007; Pollard & Miers 2008). A national strategic framework for IPE in the UK has recommended that IPE should be commissioned as part of health and social care professional education at pre- and post-registration level (CIPW 2007). Recently, the World Health Organization has endorsed the importance of IPE in preparing health and social care workers to be competent for practice (WHO 2010).

Practice points

- Involvement in IPE benefits educators through widening their appreciation of other disciplines
- Interprofessional teaching widens teaching skills and teaching repertoires
- Teaching mixed students groups is challenging and rewarding
- IPE can benefit the wider faculty through working associations with other health and social care schools
- Educators who lead and become involved in IPE can influence teaching quality.

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IPE now spans a range of curriculum themes including common generic skills, e.g. communication and patient safety (Freeth et al. 2005; Barr & Ross 2006; Coster et al. 2007; Carpenter & Dickinson 2008). Emerging are a range of teachers who have pioneered new interprofessional teaching models (D'Avray et al. 2004; Gordon et al. 2004; Humphries & Hean 2004; Lindqvist et al. 2005; Pearson et al. 2006; Lennox & Anderson 2007).

As more details emerge about the complexity of design, delivery, facilitation and evaluation of IPE (Barr et al. 2005; Freeth et al. 2005; Hammick et al. 2007; Howkins & Bray 2008; Anderson et al. 2009), accounts are required as to how it benefits university health and social care departments (faculties). Little is known about the sustained impact of this often additional teaching on staff in Higher Education Institutions (HEIs) and less on its impact on practice. There is a growing body of evidence to suggest that IPE is a challenge to faculties who are required to assist in its implementation (Barrett et al. 2003; Gilbert 2005; Oandasan & Reeves 2005; Steinert 2005). Curran has shown a polarisation of views, mainly in the medical faculty (Curran et al. 2005). Many of the leading advocates who have set up and maintained IPE within the UK curriculum for entire cohorts of a wide range of different disciplines are now reflecting on 10 years or more of these experiences (Barr 2007; Anderson & Lennox 2009) and at faculty level these IPE champions remain a key factor (Glasby & Dickinson 2008).

Background

From within a regional model of IPE, sustained and enhanced over 10 years we have listened to the views of students and a range of stakeholders from health and social care disciplines, across three UK universities (Anderson & Knight 2004; Smith & Anderson 2007). The regional Three Strand Model has analysed the impact of early classroom teaching (Anderson & Thorpe 2008) and later practice-based interprofessional learning (IPL: Anderson & Lennox 2009; Anderson & Thorpe 2010). We have recognised the support needs for teachers with little prior engagement in the delivery of IPE and have explored their views (Anderson et al. 2009, 2010). This study reports on the analysis of the experiences of those at the forefront of this learning, who for the purposes of this study will be referred to as experienced interprofessional educators. Understanding the impact on these champions of IPE was seen to be important as the regional group anticipated a long-term process of delivering an IPE curriculum.

Aim

This study aimed to explore the impact of leading an IPE curriculum on educators at the forefront of this work.

The study design

The phenomenology study used qualitative methods to explore the experiences of educators at the forefront of the design and delivery of a regional IPE curriculum. Ethical approval was granted via the regional ethics committee (Leicestershire, Northamptonshire and Rutland Ethics Committee, 2005).

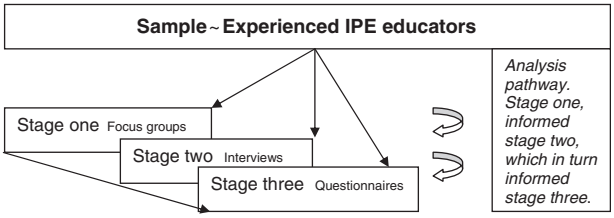

Figure 1. Research design.

The study used three qualitative data collection cycles, data from audio-taped focus groups, followed by one-to-one interviews, and then by questionnaires using open questions (Figure 1, research design). The first stage (focus groups) generated themes which were explored in the individual interviews, stage two. The findings from the exploratory interviews led to the design of a postal/e questionnaire, stage three, which would 'tap reality' (Figure 2, data collection instruments). Through combining the different data collection instruments (triangulation) the material would offer a richer understanding of the educators' perceptions (Moran-Elis et al. 2006).

Analysis

Data were analysed first as separate data sets and then combined (triangulated). Tapes were transcribed and all qualitative data typed into Microsoft word and analysed separately by two researchers for repeated themes (Lucy Nicola Thorpe and Elizabeth Susan Anderson). Themes for each data set were coded and sorted using the principles from stages one and two of grounded theory (Strauss & Corbin 1998). The stage one (Figure 3, open coding) involved the identification of broad themes in which the data were taken apart and examined for differences and similarities. These first level categories were then broken down into further sub-categories (Figure 3, stage two – axial coding). Comparisons were made across the data sets as the data were merged. The broad groups of similar concepts were used to build a theory from the educators' experiences.

Sample

Through the regional IPE steering group a list of local educators, leading the development of the local strategy from the three universities was identified. The list consisted of *academics* (University lecturers from health and social care programmes) and *practice educators* (experienced health and social care practitioners with teaching responsibility). For the purposes of this study, the views of e*xperienced* IPE educators – having had a role in leading developing and delivering the curriculum – were selected.

Participants for the focus group (stage one) were purposefully selected drawn from attendees at the regional steering group meeting held in two different universities. These consisted of the most experienced IPE leaders with many

Stage one: focus group question

Tell me about your experiences in helping shape the local IPE Strategy?
What has been the impact on you? Are there other effects?

Stage two: interview schedule

What are your views about IPE?
What benefits have you gained from being associated with the local strategy for (IPE)?
Do you have any concerns about IPE?
Do you feel prepared and fully able to facilitate IPE?
How important do you see IPE to be in your future teaching and personal role?
What impact has taking part in IPE had on your teaching?
Are there impacts on others? Any other views?

Stage three: extracts from the questionnaire

Section A – Personal details
Section B – Familiarity with IPE
(iii) How/Why did you become involved?
Section C – Attitudes and beliefs towards IPE
(i) Do you think IPE is a good thing?
Section D – Preparation and training for IPE
(i) Details of background and teaching experiences?
(ii) Did you feel prepared and fully able to facilitate IPE? etc
Section E – Impact
(i) Benefits from being involved?
(ii) Are there benefits for students?
(iii) Reflections on teaching models used and their effect

Any further comments concerning your involvement in the IPE strategy

Figure 2. Data Collection Instruments used in each Stage. Stage one: Focus group Question. Stage two: Interview schedule. Stage three: extracts from the Questionnaire.

years of involvement in IPE. No participants attended more than one focus group.

The sample for stage two (individual interview) and stage three (questionnaire) were randomly selected, and included all those educators at the forefront of this work who were leading from within their own profession.

Results

A total of 58 educators completed one of the three aspects of the study. Twenty educators took part in focus groups (100% attendance), nine completed a one-to-one interview (92% completed) and 29 questionnaires were returned (73% response rate). A second cycle was not distributed as the analysis of the data had reached saturation. All participants had been involved in IPE from 2 to 10 years (Tables 1 and 2).

Stage one – Open coding

There were mainly positive associations as all participants reported they had enjoyed being involved with IPE; '. . . from a personal point of view I found it quite stimulating and enjoyable' (consultant paediatrician interview). The educators had taken a leadership role for several reasons (Figure 2). Some perceived it to be a valuable aspect of professional education with a rightful place within health and social care curriculum as team working was paramount in today's care services; '. . . IPE for collaborative work is really important . . . you only have to read investigations on fatalities to see the lack of communication or misunderstanding in terms of roles' (social work lecturer interview). Many had become involved to help them develop a wider range of teaching skills, '. . . I suppose the highlight has been the opportunity to develop my teaching skills . . .' (midwifery lecturer/practitioner interview). Others wanted the experience of working with professional academic colleagues/teachers from different professions; 'It is interesting and it brings strong personalities around the table . . . the negotiation to individual curriculum is an interesting exercise' (midwifery academic lecturer interview). Others highlighted in addition close teaching relationships with students as they perceived that in some instances they were learning with and from the students; 'I valued

<table>
<tr><th>Analysis</th><th>Focus groups</th><th>One-to-one interviews</th><th>Questionnaires</th></tr>
<tr><td>STAGE ONE

Open coding

Themes and sub-themes</td><td>
Enjoyed IPE
'I think its just enjoying it..I really do enjoy doing it..'.
Valuing Why IPE is important
o Empower disciplines less well known
'To find out what a podiatrist was and an occupational therapist as they came out with some weird ideas'
o Holistic person-centred learning
'we do it for the sake of patients and collaborative working'
o Getting rid of stereotypes
'I have worked in some dysfunctional teams and I think it is really important to knock those stereotypes on the head..in IPE they can start building new relationships'; 'is it all the doctors fault you know..doctors get a raw deal when nobody understand their responsibilities.. it is about not accepting that kind of behaviour'
Enhancement of Teaching skills
o Learning new methods of teaching e.g. PBL
o Greater understanding of managing groups
'one day you can walk into a challenging situation… and the team teaching approach saying you feel a bit unhappy and I can ask a colleague if they spotted x and how they feel it is going ..I do think that is lovely'
Opportunities to return to practice
o Opportunities to engage in IPE teaching based in practice
Working with and learning from teachers from other disciplines
o Broadening their knowledge through interaction with teachers from other disciplines
It challenges the way in which we work.. I have done things for so long in one curriculum..it is quite innovative'
o Learning the skill of co-teaching or IPE facilitation in pairs
'To have two people it works well because you have a balance'
o Deconstructing stereotypes of other professional teaching leads
Increased interactions with students in the learning process
o Teaching and learning with students
o Interacting with students outside your own discipline
o Using students to guide and inform IPE teaching
o Giving students the opportunity to challenge professional teams and change practice
</td><td>
Enjoyed IPE
'Once I began to explore what it meant I was very excited by it (IPE)…I realised it was great fun to do' Midwifery Lecturer
Value why IPE is important
o Learn more about other professionals and their training
"Appreciating how different the training and regulatory bodies' expectations are for this model of learning, enables me to be far better in realising why others don't use the same sort of learning styles as medical students, (GP).
o Empower disciplines less well known
"It has made me much more aware of the broad range of professional groups…" (Midwife practice teacher).
o Break down stereotyping
"I found it stimulating and enjoyable and amazing that some of the stereotypes and perceptions of other professions start so early (Paediatrician).
Enhancement of teaching skills
o Learn about other professional curriculum
o Dealing with the demands of different students
"I think the main challenge for me was that students would either wittingly or unwittingly scupper the experience for other students", (Social Work).
o Management of small group dynamics
…some behavior was mildly antagonistic but manageable" (Pediatrician).
Improve cross disciplinary working
o Recognising stereotyping within teachers
"I found it really difficult in the first few meetings. There were a few occasions when the people more at the social end of the spectrum went off in little huddles and talked about how medical the terminology was and we were very aware of how very different we were, but over the years we have become much more of a team" (S&LT).
Benefits for students future practice
o Seeing students linking IPE to their curriculum
"I have noticed a small number of students have started to mention interprofessional working regularly now within their uni-professional assignments and presentations, whereas two years ago they weren't" (ODP).
o Seeing students appreciate who they are through IPE
"I think it enhances their university professional learning as well as their interprofessional learning" (Health Visitor)
'There are lots of benefits for students and those who understand IPE and have seen it in practice I think will go out and become better practitioners… that's got to be a good thing' Social work lecturer.
</td><td>
Enjoyed IPE and valued it
'I do enjoy it…interesting to see students interactions and hopefully help facilitate their understanding of the need to work together' Podiatry lecturer.
Enhancement of Teaching skills
o Learning how to change style as students think differently
"It has broadened my understanding of how other professionals think. I have broadened my teaching and have used PT and nursing articles in my teaching leading me to read wider", (Speech and Language Therapy Lecturer, S&LT).
It encourages the sharing of educational experiences'
Improve cross disciplinary working
o Meeting new colleagues
'met some wonderful people who are committed to the ideals within IPE and it has provided me with a challenge and new teaching field' Social work lecturer.
'Updating knowledge of other disciplines... networking', Midwife.
'Great development opportunities and a great team of people and clients' Midwife.
o Joined up working helps design better teaching resources
"It has provided a regular format to work with other colleagues from others schools, through developing joint learning resources it has opened up opportunities for joint working" (Occupational Therapy Lecturer).
"I am still learning about the scope of practice for other professions and I have picked up many techniques and tips from working closely with physiotherapists", Podiatry Lecturer.
It has opened up regular formats to work with other colleagues from other courses within the school of health' OT, Lecturer
Benefits for students
o Students breaking down traditional barriers
"Yes, it encourages individuals to understand others roles within the healthcare team. It helps them [students] break down barriers surrounding professional groups," (Nurse teacher in clinical ward post).
'It is beneficial for students to collaborate with students from other disciplines' ..feedback from last years nurses and medics indicated they had learnt from each other' Nurse.
</td></tr>
<tr><td>Stage one
Themes on concerns</td><td colspan="3">Concerns
• Poor facilitation; adequate resources including teachers; lack of engagement of professionals; getting it (IP learning) right; curriculum issues.
"Extract Focus group "For me there are challenges to IPE more than concerns…lack of money is an issue .. and sustainability when people feel pressure they go back to their uni professional work'.
"The amount of work it took to set up and to sort out the practical problems'</td></tr>
<tr><td>STAGE TWO
Axial coding
Linking Categories</td><td colspan="3">Why they became IPE ambassadors: Believed in it and enjoyed it for one of or several of the following reasons:
1. Strong belief in the aims and objectives for interprofessional education
2. Personal agenda's: The process of educators working together across different professional boundaries e.g. for the design of educational materials and research; challenged stereotypes.
3. Social agenda's: Sense of comrades working to help each other across disciplines forming new friendships
4. Professional issues: Developed teaching repertoires; new working relationships with students and learning which benefits students future practice
5. Belief in IPE and a combination of the listed benefits appeared to help them overcome barriers in setting up and running IPE such as time, limited resource, poof facilitation</td></tr>
</table>

Figure 3. Coding the perceptions of educators on the impacts of their involvement in Interprofessional Education.

Table 1. Experienced IPE teachers: retrospective interviews and focus groups.

Professional background	Teaching role	Age range	Gender
One-to-one interviews			
ODP	Lecturer	50–59	Male
Nurse (ward sister)	Practice teacher	40–49	Female
General practitioner	Senior lecturer	50–59	Female
Health visitor	Practice teacher	60	Female
Midwife	Lecturer/practitioner	40–49	Female
Social work	Lecturer	40–49	Female
S&LT	Principal lecturer	40–49	Female
Midwifery	Academic lecturer	50–59	Female
Consultant paediatrician	Senior lecturer	40–50	Female
Focus group members			
Occupational therapy	Academic lecturer	40–49	Female
Nurse	Academic senior lecturer	40–49	Female
Nurse	Academic coordinator	40–49	Female
Social work	Academic principal	50–59	Female
ODP	Academic coordinator	30–39	Female
Medical/GP	Practitioner/educator	40–49	Male
Midwife	Lecturer	40–49	Female
Nurse	Lecturer	30–39	Female
Nurse	Senior lecturer	40–49	Female
OT	Lecturer	40–49	Female
OT	Senior lecturer	40-49	Female
Nurse	Practitioner/lecturer	60	Female
Nurse	Practitioner/lecturer	30–39	Female
Nurse	Practitioner/lecturer	40–59	Female
Health visitor	Practitioner	50–59	Female
Midwife	Practitioner	40–49	Female
Nurse	Practitioner/lecturer	40–49	Male
Nurse	Practitioner/lecturer	40–49	Female
Health visitor	Practitioner/teacher	60+	Female
Social worker	Practice teacher	60+	Female

Table 2. Details of experienced IPE educators who returned questionnaires.

Professional background	Teaching role	Age range	Gender
Midwife A	Senior lecturer	40–49	Female
Midwife B	Senior lecturer	40–49	Female
Social worker A	Senior lecturer	30–39	Male
Nurse	Academic lecturer	40–49	Female
Pharmacist	Professor	50–59	Male
Nurse	Academic senior lecturer	Missing	Female
Midwife C	Senior lecturer	50–59	Female
Podiatrist	Academic senior lecturer	40–49	Female
Nurse	Practitioner/educator	30–39	Female
Nurse	Academic senior lecturer	50–59	Female
OT	Academic senior lecturer	50–59	Female
OT	Principal lecturer	40–49	Female
Nurse	Ward manager	50–59	Female
Consultant elderly	Senior lecturer	40–49	Male
Nurse	Senior staff nurse/educator	50–59	Female
Nurse	Hospital nurse/educator	30–39	Female
S&LT	Academic lecturer	30–39	Female
Nurse	Academic senior lecturer	50–59	Male
Nurse	Practice educator	30–39	Male
Nurse	Academic senior lecturer	40–49	Female
Midwife	Lead midwife education	50–59	Female
OT	Academic senior lecturer	50–59	Female
Podiatrist	Academic senior lecturer	40–49	Male
Social work B	Senior lecturer	50–59	Female
Nurse	Academic senior lecturer	30–39	Female
Nurse	Senior lecturer	50–59	Female
Nurse	Consultant nurse	30–39	Male
Nurse	Community senior tutor	60+	Female
Social worker C	Senior lecturer	50–59	Female

working with colleagues and students', (nurse practitioner/educator, questionnaire); 'I have learnt more about other courses from the students and other tutors' (occupational therapist, shortly OT, senior lecturer, questionnaire). The majority expressed views that IPE would remain within their curriculum and they anticipated being involved in the future.

There were concerns, which related to the management of the student learning including the skills of teachers, relevance of the learning content, resources, and faculty challenges, such as curriculum space and time (Figure 2).

There were many sub-themes in the data (Figure 2).

1. Strong belief of why IPE is important

Repeatedly educators anticipated that this learning would help students to make a difference and improve the quality of patient care; '... The outcome I aspire to is that patient care will be greatly improved as a result of this understanding and communication' (OT principal lecturer, questionnaire); 'Learning about healthcare professions their roles and view points and building an appreciation of how this might benefit the service users' (podiatry academic senior lecturer [B], questionnaire); 'Helping students learn the need for effective communication between different professionals' (nurse senior lecturer, questionnaire).

2. Working with other disciplines

Leading the IPE curriculum had brought these educators together in the design and delivery of the curriculum and this has enabled them to further their knowledge of each other's professions. This was particularly evident for some of the less well understood disciplines, for example, the new profession of Operating Department Practitioners (ODP's); '... so for me personally I learnt a lot about other professions less well understood' (nurse practice teacher interview); 'I have increased my awareness of speech therapists' (midwifery senior lecturer [A], questionnaire). Those from the allied professions saw IPE as a vehicle to ensure a wider appreciation of their work.

This closer working had led to some facing up to and challenging their own stereotypes and reconstructing more positive attitudes towards each other; 'I had a richer understanding of other colleagues ... it brought to the fore prejudices that I didn't realise I had ... and it [IPE] then enabled me to work through them' (social work lecturer interview). While for others simply working together had highlighted the differences between professions, as shown in the following focus group extract.

> You read about the values and cultures that you learn from the different professions, but actually having meetings with people from health and social care and actually realising how very differently we do see the world ... experiencing this as a lecturer informs you a lot, and helps you see things differently as a teacher (extract from the focus group transcript).

Working together led to enhanced understandings of how faculties organised planned and developed curriculum. In addition they had developed new knowledge to inform their uni professional teaching and ultimately broaden their perceptions of patient care. The ability to contact and use each

other outside of IPE was seen as helpful; 'I am far more likely to contact colleagues from other courses re my teaching and research' (OT, principal lecturer, questionnaire).

3. Enhancing teaching practice

There were several aspects of this theme; learning to co-teach; learning new teaching skills and being involved in practice-based teaching. For many educators team-teaching, or paired facilitation, enabled the observation of colleagues while teaching. Many valued learning new approaches and developed new teaching skills as shown by the following extract:

> One of the nice things . . . is that you learn bits from everybody else . . . I have worked with a social worker and an ODP and you pick up bits from them using your own style . . . and how someone else may do it . . . so I think it is quite strong in terms of professional development (extract from the focus group transcript).

Some educators had not used Problem Based Learning (PBL) methods, while others gained a richer appreciation of facilitation skills; 'I think it . . . stretches you professionally because my teaching experience was pretty much focussed around nursing until I came to work here, and I guess you are in a comfort zone with the group you know . . . I am adapting teaching skills to meet the needs of different groups' (health visitor practice teacher interview).

For others they valued the engagement in practice-based learning. Many academics no longer worked in practice and felt out of touch. As many of the local IPE models were in practice many educators were working in the midst of today's health and social care delivery and could as a result perceive how modern teams worked together; 'Coming into education kind of deskills you in many ways. You know I practiced in mental health . . . it's nice to have something where I can focus on how I felt from practice' (social work lecturer, interview).

4. Helping students make the links with practice-based team working

Not only were the practice models important to the educators but so was designing teaching which linked early class-room learning with practise-based IPE. The relationship of IPE to team-based practice was a recurrent sub-theme as educators recognised the importance of preparing students for working in teams, as highlighted by these quotes; 'For the past eleven years I have been a consultant paediatrician. I work clinically with a range of health behavioural and educational needs working closely with social care and education. It [IPE] has to be good looking at the way healthcare is delivered, going beyond knowing what people do to really understanding' (consultant paediatrician interview); 'Ultimately care to an aging population needs to be delivered by professionals from the health and social care spectrum which relies on good team working, with mutual respect which can be encouraged and facilitated at the earliest opportunity in the undergraduate curriculum for all disciplines' (consultant care of the elderly, questionnaire). 'My experience in the orthopaedic triage team highlighted for me the benefits of interprofessional working. I have always worked closely throughout my professional career with the support of other health and social care professionals and was well aware of the benefits' (podiatry lecturer [A], questionnaire).

5. To ensure holistic care.

Educators perceived IPE as a vehicle for ensuring students understood the need for a person-centred reflection and analysis of health and social care problems, as shown by this focus group extract.

> One of my core values is putting the needs of the patient in the centre . . . so from that perspective it feels very nice to not be looking just at one's own individual role but looking at what are the needs of somebody (extract from the focus group transcript).

This was reflected in the need to analyse each professions roles and responsibilities and for students to see whether this was taking place, as illustrated by these extracts; 'It increases understanding and respect for your own role and that of others. It is very patient focused and I would hope nurtures joined up thinking when planning and delivering patient care. It can reduce tribalism and it helps us ALL appreciate the different perspectives of health and social care', (nurse, community tutor, questionnaire). Others felt more challenged to make links with their teaching when students did not understand the concepts; 'Students make me think more holistically and I bring examples of team working into teaching' (Speech and Language Therapist (S&LT), questionnaire).

6. Perspectives with students

Leading the IPE work had changed these educators' relationships with students. This was for several reasons. Students were involved in the curriculum shaping its evolution and as the teaching approach is interactive, the educators found themselves engaged in learning together; 'For me IPE is actually learning alongside the other students' (ODP, lecturer interview). Some drew upon the experiences of mature students in the IPE sessions to endorse the value using their real examples of team-based care. Several commented on students from different disciplines in their universities coming to talk to them on matters concerning their profession. For the first time some educators reported receiving emails from students from different professions while others were approached in the university corridor;

> My credibility has increased. A student (from another discipline) cornered me the other day in the corridor *and said* 'Can I discuss a pharmacy problem?' and I just thought wow that makes me feel credible as an educator . . . (extract from the focus group transcript).

Others were concerned to get the teaching content appropriate for the different student disciplines. Sometimes this related to the mixed ages and experiences of the student groups; 'One of our problems is we have students with . . . . experience and we have 18 year olds with no experience . . . so our issues are with how to pitch things . . . ' (social work lecturer interview). Some educators were able to adjust their teaching according to student need showing their teaching skills and leadership abilities; 'I now consider the individual

professions and alter teaching accordingly' (consultant nurse, questionnaire).

7. Facilitation concerns and challenges

Educators reported having worked with colleagues who they felt did not have the relevant skills to manage interactive group learning and reflected that this might have impacted on student learning; 'I have sometimes been very frustrated that tutors have been allowed to tutor in IPE without training and their excuse has been "well I have been busy delivering clinical service and couldn't get to the training" . . . we wouldn't expect a cardiac nurse to perform a clinical procedure without competence, we should be doing the same in IPE because it is equally as damaging if the tutor is not one hundred percent focussed on the task and aware of the complexities . . . it's a higher skill than just teaching in your own uni-professional environment', (General Practitioner, [GP] interview).

Others could see how they now had advanced skills in the management of small group learning and how to deal with dysfunctional groups; 'You get good at managing groups almost unintentionally because if you are following this model . . . you home in on the groups that are not working effectively almost without consciously thinking about it . . . in the corner of your eye you see negative body language . . . and you respond . . . it has developed me significantly' (pharmacy questionnaire).

8. Further concerns

Including facilitation they considered there were constraints and pressures of IPE from the demands of additional teaching to management issues within HEIs; 'My concern is about whether I am going to do more of this . . . it is not part of my timetable. Last year I attended about 8 or 10 sessions . . . the time you spend as a module leader . . . it's quite hard to fit it alongside all the other extras' (social work, senior lecturer [C], questionnaire). Resources to support the learning were a common concern; 'Resources mainly, true of any initiative' (focus group extract). Others saw the practical issues posing coordination challenges; '. . . it is very difficult to coordinate and our coordinator does a sterling job' (focus group extract).

Others were concerned that many teachers did not understand IPE and were intolerant of embracing this new genre; 'I am constantly amazed at the level of sabotage that occurs from other lecturers who believe that their own curriculum is more important than IPE' (podiatry lecturer [A] questionnaire); 'Lack of commitment from some colleagues . . .' (lead midwife education questionnaire).

Some educators worried that there were few positive role models for team working in some clinical areas where the culture of rapid throughput and stretched staffing levels was damaging professional cooperation. This created a potential theory practice gap, so that in reality students would perceive many dysfunctional teams; . . . 'we do our best when they are in school but when they are in the workplace and there is not much evidence of interprofessional working . . . what is the point' (extract focus group).

However, many did not feel these were insurmountable challenges.

Stage two: axial coding

Through constant comparison of participants and triangulation of the data sets, categories emerged. Generally and overwhelmingly these educators believed in IPE, stating they enjoyed the teaching style despite recognising that there were challenges. The data suggest the benefits relate to:

i. The potential of this learning to improve patient care which was a strong driver for involvement in this teaching
ii. Personal and professional development that each had gained through their involvement, and
iii. The opportunity to form new relationships with colleagues and students from other disciplines. In particular the associations with other professionals colleagues had enhanced practice.

These findings dominated all data sets and as a result we would argue (formation of theory) that those who had taken on a leadership role to develop IPE within health and social care curriculum, as a result gained at least one of the above benefits.

Discussion

The fifty-eight educators who participated were already ambassadors for IPE at the time of this study. Although they had made a commitment to supporting the new regional IPE curriculum the depth of their attitudes were largely unknown as was how participation would affect them. Each participant identified benefits which are to be expected of a group who self-selected to lead this teaching. They perceived that involvement in the IPE curriculum had enhanced their teaching practice, brought new working collaborations across disciplines and would prepare students for team-based practice and ultimately improve the quality of patient care.

There were strengths and weaknesses in the study. Following the inductive processes of grounded theory the researchers have brought the emergent data to a theory dependent upon their judgement that the data set were saturated. We believe the 58 triangulated responses provide a rich data set and contain the views of a wide range of local educators. Indeed the data set consisted of educators from practice namely, GP's, paediatricians, therapists e.g. podiatrists, and nurses e.g. ward sisters, and educators from academia. The interviews and questionnaires highlighted individual reflections and the focus groups offered a group perspective. The views of the Deans and Heads of departments were not obtained as they were not involved in the design and delivery of the teaching, but had endorsed these developments.

Sustaining a new IPE curriculum depends upon advocates who can work in partnership across professional divides and individually or in groups challenge and influence Heads of Departments/Schools and Deans (Glasby & Dickinson 2008). This process has been found to be difficult and challenging (Gilbert 2005; Oandasan & Reeves 2005). Locally the IPE curriculum had required three universities to unite and

consider how best to align time tables and overcome geographical issues.

Why were these IPE educators motivating and enhancing the new IPE curriculum? Their collective stories suggest they enjoyed this teaching and recognised its importance to ensure high quality patient-centred care within a newly developing team-based culture. Many were engaged in or had insights into every day work which re-affirmed for them the value of being prepared for team working and collaborative practice which was now central to their daily work. They were advocating change that they perceived to be essential for future practitioners, previously not explicit in most healthcare curriculum. Others, particularly educators no longer working in practice, valued keeping up to date with modern team-based working through the IPE curriculum (Anderson & Lennox 2009).

The participants listed a wide range of personal and academic benefits which collectively appeared to have acted as informal *continual professional development* (CPD). They included;

- bringing their teaching up-to date
- involvement with practice
- new insights into teaching methods
- meeting, working and learning from academics or practitioners from other disciplines they knew little about
- developing cross-faculty friendships used to enhance their own uni professional teaching and research
- deeper appreciation of different professions cultures
- accessibility and challenges from a wider range of students
- the experience of teaching in new and different ways to ensure learning for diverse student groups
- enhancement of facilitation skills, and
- working more closely with students in the design of IPE and in joint learning.

Caution was expressed regarding taking on this extra mantle. Many educators were teaching over and above their allotted timetables and a lack of resources and support with operational issues was evident. It was not possible to identify how these pressures over time would affect the positive enthusiasm and sustainability of IPE when conducting this study. We could hypothesise that while the benefits were so positive commitment would continue and possibly drive higher level strategies to ensure sustainability (Meads 2007).

A recurrent concern cited within IPE literature is recognition of the need for preparation and confidence in conducting this type of teaching (Howkins & Bray 2008). Several had been challenged and drew strength from the teaching partnerships. Treating this teaching lightly as something anyone could do was not advocated by these leaders and was seen as a weakness for any IPE curriculum.

Conclusion

The theory generated from this study is that educators who lead IPE developments become involved despite the added workload and challenges for personal and professional development. They believe IPE has the potential to ensure optimal patient care and that future students should be adequately prepared for working collaboratively in modern team based practice arenas. The benefits scope beyond the IPE curriculum with teaching quality enhanced and new thinking cascading into all aspects of teaching and learning. Heads of Departments should therefore embrace this new teaching positively and maintain and encourage this motivational force within any identifiable group of faculty educators. The study advocates for interprofessional teams in medical education and cross discipline alliances to enhance teaching skills and developments.

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Notes

1. Throughout this paper the term educators refers to those who teach health and social care students, from academic positions in Universities or from within practice teaching roles.
2. Permission to use the extracts has been given.

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