# STORYAID.EU
# IPE SCOPING REVIEW

**ERASMUS+ PROGRAMME**
2014-2020
KEY ACTION 2: STRATEGIC PARTNERSHIP

**HUMANIZING HEALTHCARE EDUCATION THROUGH THE USE OF STORYTELLING**
AGREEMENT N°2019-1-ES01-KA203-065728

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STORYAID - HUMANIZING HEALTHCARE EDUCATION THROUGH THE USE OF STORYTELLING

**Literature Scoping Review: Interprofessional Education**

October 2020

**Contents**

*This scoping review is a summary of published research literature relevant to the topic of Interprofessional education and teaching and learning methods. Our aim is to create familiarity with current research, assess emerging evidence and address future research development in the Erasmus+ StoryAidEU project.*

**Introduction**

Interprofessional education (IPE) has been defined by the Centre for the Advancement of Interprofessional Education (CAIPE) as relating to a situation when 'two or more professions learn with, from and about each other to improve collaboration and the quality of care' (CAIPE, 2002). This is the most widely used definition.

Globally, IPE in healthcare has gained momentum in the last twenty years. However, the growth of IPE has been more pronounced in countries such as Canada, United States, Australia and the United Kingdom. In an IPE environment, students are provided with a structured opportunity that enables them to interact with other healthcare professionals where they acquire the knowledge, skills and professional attitudes as part of their undergraduate learning experience (Horsburgh et al, 2001). Once they graduate, it is anticipated that they can translate these acquired skills and experiences into collaborative practice. However, the practice environment can be complex and intense, and requires a high level of interpersonal skills for the health care professionals to be able to work in an adaptable, flexible and collaborative environment and further to appreciate the roles of the different health care professionals (Hammick et al, 2007). Health professionals learning together and understanding each other better is the way forward as identified in international research evidence (Hammick et al, 2007; Remington et al, 2006; Reeves et al, 2008; WHO, 2010).

Issues such as the complexity of healthcare with patients having multiple pathologies and the demand for collaborative work between healthcare professionals from different backgrounds, increases the demand for trained interprofessional staff. Therefore, healthcare professionals need to develop the knowledge and skills required to work together effectively to positively impact patient care. With this in mind, the World Health Organization (WHO) published a seminal document titled, 'Framework for Action on Interprofessional Education and Collaborative Practice' in 2010 (WHO, 2010). In this framework, the WHO strongly advocated for the development and integration of IPE into healthcare curricula. It emphasized the importance of adapting team-based collaborative models in all areas of healthcare to enhance the delivery of services. Collaborative practice occurs 'when multiple health workers from different professional backgrounds work together with patients, families, carers, and communities to deliver the highest quality of care' (WHO, 2010). Therefore, collaboration involves solving challenging problems together, interacting, negotiating, and jointly working with health workers from any background. This is the clinical setting where two or more healthcare professionals work cohesively to address patient needs. The benefits of collaborative practice include strengthening health care systems, and improving patient care in terms of quality and safety provided, reducing the cost of care, shortening the duration of patients' hospital stays, and improving health outcomes (WHO, 2010: Buring et al, 2009).

This 2010 document by the WHO is being reviewed at present by IPE leaders globally and the next iteration of the Framework was scheduled to be published later in 2020. However, it has since been delayed due to the global COVID-19 pandemic and is instead likely to be published during 2021-2022.

**Scoping the review**

The aim of this paper is to describe Intellectual Output two, Interprofessional Education (IPE), in healthcare and professionals' training, by using both concept analysis Methods (see StoryAidEU Concept Analysis IPE document) and a scoping review of the literature. IPE has been defined as an andragogical, interactive, reciprocal, knowledge sharing, and experiential learning and socialization process. The purpose of Interprofessional Education (IPE) is to prepare health professions' students for Interprofessional Practice (IPP) by teaching collaborative practice competences within the context of Interprofessional Teams.

A scoping review method was used to explore literature sources in relation to Humanism in healthcare as an appropriate method for this research. This method has become an increasingly popular approach for identifying and collating research evidence in a specific field of interest (Pham et al, 2014; Sucharew and Macaluso, 2019). It is suited to examining both the breadth and depth of literature available in terms of volume, nature and characteristics in order to present a narrative or descriptive overview. It is particularly appropriate to hypothesis generation, and has become an increasingly common approach for mapping broad topics (Arksey and O'Malley, 2005).

The scoping review differs from a systematic review in that it incorporates all study methods and designs, all types of literature sources and all types of interventions, including published, unpublished and 'grey' literature (Tyndall 2010). It does not seek to evaluate the quality of studies or research findings. It does however, follow the principles of systematic reviews in that reviews should be robust, and documented in sufficient detail to be replicable, reliable and valid, particularly as there is potential for bias due to selective inclusion criteria (Arksey and O'Malley, 2005; Grant, 2009; Munn et al, 2018).

Generally, a scoping review uses a framework for the sourcing and selection of literature. The methodological framework for scoping reviews was developed by Arksey and O'Malley (2005), and has been further refined by Levac et al (2010), the Joanna Briggs Institute (Peters et al, 2020), and Tricco et al (2016, 2018) through the development of the PRISMA-ScR guidelines to facilitate consistent reporting of findings. Arksey and O'Malley's (2005) framework for scoping reviews consists of a five-stage process, with an optional sixth stage, as a model for scoping an area of interest, and has frequently been used for scoping reviews in the healthcare setting.

· Step 1: Identify the research question
· Step 2: Identify relevant studies
· Step 3: Study selection
· Step 4: Chart the data
· Step 5: Collate, summarize, and report the results
· Optional Step 6: Consultation exercise

At the end of this stage in our research when the three scoping reviews on IPE, Humanism and Storytelling were near draft completion a Delphi study was used as the consultation exercise to elicit the views of stakeholders, to advance a consensus approach to the development of resources for our research project.

**Step 1: Identify the research question**

This review targets IPE issues involving health profession students and highlights various approaches in different countries. As a consequence of the increasing use of interprofessional education in training healthcare professionals, there have been a myriad of different methods and resources developed for IPE. The aim of this review is to provide examples of the effectiveness of IPE in the learning and training of caregivers. The research question identified for this scoping review was: 'What were the training and learning methods used by health care educators and trainers of IPE?'

**Step 2: Identify relevant studies**

The databases used for the search were: The Cumulative Index of Nursing and Allied Health Literature (CINAHL), ProQuest Nursing and Allied Health Source, Science Direct, Medline, PubMed, PsycINFO and PsycARTICLES, Google Scholar, Mendeley and Cochrane library. Google Scholar and Mendeley were used to broaden the search. The scope of the review was limited to the period 2010-2020 in order for the review to reflect the most recent developments in the field. One article from 2009 was included due its particular relevance for the definition of interprofessional education (IPE), as it highlights that it involves 'mutual understanding of, and respect for, the contributions of various disciplines' that are 'requisite competencies for collaborative practice' (Luke et al, 2009, p 161).

The review focused on the definitions of IPE in medical and healthcare fields, using the search terms 'interprofessional education' AND 'in healthcare' AND 'medical'. A second search also included the terms 'storytelling' and 'humanism,' which are the other two themes and concepts for the StoryAidEU project. Sources were limited to full-text journal articles in the English language through Medline, Scopus, Google Scholar and Mendeley. Medline is the most used database to identify studies related to health care interventions with Medline featuring the largest number of healthcare articles. However, not all medicine related literature can be captured in these databases and hence Scopus was also included to broaden the coverage of this review as well as the more popular Google Scholar and Mendeley. The articles selected for this scoping review were the most appropriate to inform the research and could be considered useful for training caregivers with relevance to the development of future learning and teaching resources.

As with many scoping reviews the research was limited by time and numbers of personnel able to be involved. A decision was made at the outset of the research to devote two project members (VB and LP) to undertake the literature search and for two further members (LD and MF) to validate the results for rigour.

**Step 3: Study selection**

Any quantitative or qualitative studies, systematic reviews of IPE interventions published in English, between 2010 and 2020, and capturing explicitly IPE and healthcare education were included. Studies outside these dates, language, and context were excluded. Data extraction was conducted by the authors of this report (VB and LP) and reviewed by members of project research team (LD and MF).

**Step 4: Charting the data**

The research team developed a data-charting form that allowed the teams working on the three scoping reviews to deliver a consistency of data extraction. A descriptive analytical method was used to extract contextual or process-oriented information from each article (Levac et al, 2010). Below are listed the papers used in the review with author and publication information highlighted followed by a summarised account of each in three sections: Premise, Methods, Conclusion.

***4.1 Luke R., Solomon P., Baptiste S., Hall P., Orchard C., Rukholm E., Carter L. (2009). Online interprofessional health sciences education: from theory to practice. Journal of Continuing Education in the Health Professions***

**Premise**: Definition of IPE as per Health Canada's definition: 'learning together to promote collaboration' in health services, including 'socializing health care providers in working together, in shared problem solving and decision making, towards enhancing the benefit for patients, and other recipients of services; developing mutual understanding of, and respect for, the contributions of various disciplines; and instilling the requisite competencies for collaborative practice.' Health Canada echoes the Centre for the Advancement of Interprofessional Education (CAIPE), which has defined IPE as 'occasions when two or more professions learn from and about each other to improve collaboration and the quality of care.'

**Methods**: The Institute's approach to designing online IPE: its focus on e-learning is designed to support the socialization of prelicensure students for a future of interprofessional collaborative patient-centered health care. That is, Health Canada, by way of its Interprofessional Education for Collaborative Patient-Centred Practice initiative (IECPCP), is seeking to encourage interprofessional health care practice. The Institute was created to model and provide education delivery to support IPE at the pre- and post-licensure levels to support new interprofessional health care practices. The Institute chose an e-learning framework to overcome collaboration constraints such as time, scheduling, and geography.

**Conclusion:**

· Online interprofessional education (IPE) can be an effective way to socialize prelicensure students into effective interprofessional care.
· Online interprofessional education (IPE) can be an effective way to engage post-licensure health care workers in learning how to enact effective interprofessional care.
· Online interprofessional education (IPE) must be designed with interprofessional teams, accounting for content expertise in core subject matters, media design and development, and interprofessionalism.
· Translating skills learned online into effective practice requires good pedagogical design as well as champions inside the work practice area.

*4.2 Rabinowitz M., Johnson L.E., Mazzapica D., O'Leary, J. (2010). Storytelling effectively translates TeamSTEPPS skills into practice. Journal of Continuing Education in Nursing*

**Premise**: Storytelling, as a phenomenological approach to teaching, bridges the gap between knowledge acquisition and translation into practice. Each of us has our own perspective and interpretation of how we experience the world. Individuals attach meaning to situations through the process of interpretation. Sharing our lived experiences through stories connects us to each other. Stories create power and permit the portability of knowledge from situation to situation.

**Methods**: TeamSTEPPS is an evidence based program that focuses on skills and behaviours that improve teamwork and communication, which are key to preventing medical errors. The common experiences and meaning of patient safety are best conveyed via a story. TeamSTEPPS Master Trainers "break the ice" with the powerful story of Sue Sheridan, a woman who suffered two family tragedies due to medical errors. Simmons (2001) as cited describes six types of stories that inspire listeners and have guided our teaching process: (1) who I am stories; (2) why I am here stories; (3) vision stories; (4) teaching stories; (5) values-in-action stories, and (6) I know what you are thinking stories.

**Conclusion**: Storytelling as a methodology provides the opportunity to affect team knowledge, skills, and attitudes through fostering a shared mental model, reinforcing desired team behaviours, and most importantly, creating a culture of patient safety: a centre of excellence where people want to work and be cared for. Stories create power and permit the portability of knowledge from situation to situation.

*4.3 Brandt B., Lutfiyya N.M., King J.A., Chioreso C. (2014). A scoping review of interprofessional collaborative practice and education using the lens of the Triple Aim. Journal of Interprofessional Care*

**Premise**: There is now a pressing need to foster high quality research examining the impact of collaborative practice and interprofessional education (IPE) around the world. This is one defining role of the United States (US) National Center for Interprofessional Practice and Education at the University of Minnesota, a public–private partnership created from a competitive process to provide leadership, scholarship, evidence, coordination and national visibility advancing IPE and collaborative practice as a viable and efficient healthcare delivery model. In this role, the National Center is developing a series of articles to stimulate meaningful inquiry to ascertain the impact of interprofessional collaborative practice and IPE (ICP/IPE) on health and healthcare delivery outcomes (hereafter, the acronym ICP/IPE is used, while recognizing that alternative acronyms may be used).

**Methods**: This scoping review employed the preferred reporting items for systematic reviews and meta-analyses (PRISMA) approach, which is organized by five distinct elements or steps: beginning with a clearly formulated question; using the question to develop clear inclusion criteria to identify relevant studies; an approach to appraise the studies or a subset of the studies; a summary of the evidence using an explicit methods, and interpreting the findings of the review.

**Conclusion**: Even though research into ICP/IPE efforts has been an area of inquiry for almost four decades, it has not as yet demonstrated the impact of these on improving population health, reducing healthcare costs, improving the quality of delivered care and/or patients' experiences of care received. It is to say that when the studies are designed, analysis plans developed and data generated and collected, these impacts have not to date been identified.

*4.4 Balogun S.A., Rose K., Thomas S., Owen J., Brashers V. (2015). Innovative interprofessional geriatric education for medical and nursing students: focus on transitions in care. QJM: Monthly Journal of the Association of Physicians*

**Premise**: Interprofessional education (IPE) is increasingly essential for all healthcare professions and is crucial in fostering effective team-based patient care, which in turn improves the quality of care and patient outcomes.

**Methods**: A total of 254 students (144 third-year medical students, 107 fourth-year Bachelors of Science in Nursing (BSN) students and three unknown) participated in a 90-minute interactive, case-based workshop. The workshop was developed using the Macy Foundation-funded UVA (University of Virginia) approach based on Collaborative Care Best Practice Models (CCBPM). Through collaboration with members of the IPE team involving educators from the Schools of Nursing and Medicine and focus groups made up of community physicians, social workers, medical and nursing students, the workshop was developed to reflect best practices for the care of cognitively impaired elderly and their families as they face increasing care needs. The workshops were conducted monthly with groups of an average of 12 medical and nine nursing students over one year.

**Conclusion**: Students improved and demonstrated their knowledge of interprofessional communication and teamwork skills required in transitions of geriatric care. Introducing these concepts in medical and nursing training may help in fostering effective interprofessional communication and collaboration.

*4.5 Herge E.E., Hsieh C., Waddell-Terry T., Keats P. (2015). A simulated Clinical Skills Scenario to teach interprofessional teamwork to health profession students. Journal of Medical Education and Curricular Development*

**Premise**: Patients benefit from well-coordinated care delivered by well-functioning teams of health professionals. To function in an effective team in the clinical setting, students need to develop efficient team skills and competencies in prelicensure programs. Interprofessional education (IPE), where students from two or more professions learn about, from, and with each other, facilitates development of collaboration and cooperation skills consistent with effective team-based care.

**Methods**:

· Educational design and development: The process of creating the activity began with defining the learning objectives and developing a clinical case scenario. In the clinical scenario, the chart presented the case of a 76-year-old patient who is hospitalized for an acute stroke with left-sided hemiparesis. The interprofessional video lasting 30 minutes depicted a physician, nurse, occupational therapist, physical therapist, pharmacist, and social worker, each conducting an assessment of the patient in the acute care setting.
· Participant recruitment: The Clinical Skills Scenario (CSS) began as a pilot program in 2010 and in 2011 was integrated into an existing occupational therapy course that occurs each spring semester. It was mandatory for the occupational therapy students in the course to participate in the CSS but not for other health profession students. Other students were invited by Faculty from various Schools (health professions, pharmacy, nursing, and medicine) throughout the University to participate in the CSS.
· Educational implementation: Students who participated in the CSS received an information letter outlining the learning activity, the specific time to report for the exercise, and their team assignment. Each team comprised up to 10 students from medicine, nursing, occupational therapy, physical therapy, and pharmacy.

**Conclusion**: An important educational component was teaching students the value of each profession in the care of patients and families, and to consider the patient and family as part of the healthcare team when making critical decisions, such as discharge planning. This simulated Clinical Skills Scenario is a practical, interactive exercise that allows teams of interprofessional students to practice teamwork skills and patient-centered care with standardized patients and caregivers.

***4.6 Khan N. S., Shahnaz S. I., Gomathi K. G. (2016). Currently available tools and teaching strategies for the interprofessional education of students in health professions. Sultan Qaboos University Medical Journal***

**Premise**: In most parts of the world, healthcare professionals are trained predominantly in intra-professional settings, in which educational activities occur only among students within the same profession without interaction with students from other fields; each profession thus organises its own teaching and is unaware of what is taught or learnt in other professions.

**Methods**: This was a systematic narrative literature review which identified 29 innovative teaching methods for Interprofessional education amongst undergraduate student groups.

**Conclusion**: The provision of IPE activities during training is crucial to the development of an efficient and effective workforce. Within a healthcare setting, IPE is recognised as a means of challenging the usual intra-professional training in order to find new responses to healthcare issues, which include the increasing complexity of care needs and the fragmentation of care provided by different specialties. In this literature review, nine main strategies were identified for executing IPE activities. These diverse educational approaches, when implemented in combination, have the potential to provide a strong base for the interprofessional training of undergraduate healthcare professionals. Levels of interaction IPE activities provide an opportunity to train healthcare students in a safe environment through observation, hands-on training, team interaction and critical feedback. It is also apparent that IPE modifies the attitudes of prospective healthcare professionals by exposing them to three levels of interaction - communication, mutual respect/trust and teamwork, thus facilitating the adoption of interprofessional collaboration in healthcare settings.

*4.7 West C., Graham L., Palmer R.T., Fuqua Miller M., Thayer E.K., Stuber M.L., Awdishu L., Umoren R.A., Wamsley M.A., Nelson E.A., Joo P.A., Tysinger J.W., George, P.A. (2016). Implementation of interprofessional education (IPE) in 16 U.S. medical schools: common practices, barriers and facilitators. Journal of Interprofessional Education & Practice*

**Premise**: The Triple Aim Framework for population health strives to: 1) enhance the health of the population; 2) to improve patient outcomes, and 3) to reduce the cost of health care. While a multi-focal approach is needed to accomplish this aim, better training for physicians is essential if they are to successfully address the social and behavioural factors that lead to premature morbidity and mortality. In 2004, the Institute of Medicine (IOM) released a report that found that undergraduate medical education curricula lacked specific behavioural and social science domains, like physician role and behaviour, and physician and patient interaction.

**Methods**: The IOM report indicated that U.S. Medical Schools were not providing adequate physician training in the social and behavioural sciences, which stimulated the National Institutes of Health (NIH) to create an initiative through the Office of Behavioural and Social Science Research (OBSSR) to study improved integration of social and behavioural science education, including IPE into health professions training.

All the Schools tested different approaches for integrating nine aspects of social and behavioural science education into their respective curricula, including: 1) Mind and Body Interactions in Health and Disease; 2) Patient Behaviour; 3) Physician Role and Behaviour; 4) Physician and Patient Interactions; 5) Social and Cultural Issues in Health Care, and 6) Health Policy and Economics. As part of this work, an IPE working group was formed, which undertook this specific study.

**Conclusion**: It was found that the majority of participating Schools reported providing IPE within a Medical School curriculum. The format of IPE varied, and included simulation, team-based learning and/or some type of didactic instruction related to IPE. It was indicated that shared didactic instruction may provide the common foundational knowledge necessary to engage in patient care, but does not create interactive learning and allows each discipline to stay within their silo.

*4.8 Wong A.W., Gang M., Szyld D., Mahoney H. (2016). Making an ''Attitude Adjustment'': using a simulated-enhanced interprofessional education strategy to improve attitudes toward teamwork and communication. Journal of the Society for Simulation in Healthcare*

**Premise**: Health care providers must effectively function in highly skilled teams in a collaborative manner, but there are few interprofessional training strategies in place. Interprofessional education (IPE) using simulation technology has gained popularity to address this need because of its inherent ability to impact learners' cognitive frames and promote peer-to-peer dialog. Provider attitudes toward teamwork have been directly linked to the quality of patient care. Investigators implemented a simulation-enhanced IPE intervention to improve staff attitudes toward teamwork and interprofessional communication in the emergency department setting.

**Methods**: The three-hour course consisted of a didactic session highlighting teamwork and communication strategies, two simulation scenarios on septic shock and cardiac arrest, and structured debriefing directed at impacting participant attitudes to teamwork and communication. This was a survey-based observational study. The TeamSTEPPS Teamwork Attitudes Questionnaire (T-TAQ) was administered immediately before and after the session as a measurement of attitude change as well as the Hospital Survey on Patient Safety Culture (HSOPSC) before the session and one year after the intervention for program impact at the behaviour level.

**Conclusion**: A simulation-enhanced IPE curriculum was successful in improving participant attitudes toward teamwork and components of patient safety culture related to teamwork and communication.

### 4.9 Guraya S.Y., Barr H. (2018). The effectiveness of interprofessional education in healthcare: a systematic review and meta-analysis. The Kaohsiung Journal of Medical Sciences

**Premise**: Interprofessional education (IPE) refers to 'occasions when two or more professionals learn with, from and about each other to improve collaboration and the quality of care'. This contrasts with multi-professional education where health professionals learn alongside one another in a parallel manner. Several studies have shown that IPE promotes interdisciplinary collaboration and teamwork, reduces the barriers and preconceptions prevailing among various healthcare groups and promotes professional competencies. This approach of engaging multiple health workers from different professional backgrounds working together with patients, families and communities has been shown to provide the highest quality of patient care.

**Methods**: This was a systematic review of the relevant literature. During the data synthesis, 7133 studies were excluded due to duplication and publication prior to 2010. Another 1253 studies were excluded after reviewing the titles and abstracts as these studies did not meet the inclusion criteria. While only 55 studies were found to be relevant as they empirically explored the effectiveness of IPE on healthcare system. During the full text analysis of these 55 relevant studies, another 43 articles were excluded due to inappropriate data for meta-analysis. This meta-analysis and systematic review finally selected 12 relevant studies that matched the inclusion criteria of this study. The 12 studies were finally selected for the meta-analysis.

**Conclusion**: IPE in healthcare is being considered as a key factor in providing patient-centred, responsive and high-quality care. IPE has been shown to increase job satisfaction among emergency department nurses and physicians, has helped the primary health care practitioners in their approach to resolve complex issues with clients and their ability to utilize other resources, and has been instrumental in dispelling stereotypes.

*4.10 Schapmire J., Head B., Nash W., Yankelov P., Furman C., Wright B., Gopalraj R., Gordon B., Black K., Hall-Faul M., Faul C. (2018). Overcoming barriers to interprofessional education in gerontology: the interprofessional curriculum for the care of older adults. Advances in Medical Education and Practice*

**Premise**: Interprofessional education (IPE) is essential for preparing practitioners for the effective teamwork required for holistic, person-centered care of the older adults. According to the Education Task Force of the American Association of Colleges of Pharmacy (AACP), 'IPE involves educators and learners from two or more health professions and their foundational disciplines who jointly create and foster a collaborative learning environment. The goal of these efforts is to develop knowledge, skills, and attitudes that result in interprofessional team behaviours and competence.'

**Methods**: The aims of the project were to:

1) design an innovative, interprofessional, comprehensive, community-based, gerontology curriculum that would be effective, efficient, accepted, sustainable, and person-centric, and

2) develop an evaluation system to measure the effectiveness of the curriculum on learner outcomes.

The focus was on empowering learners to work in teams to provide holistic, comprehensive care to older adults and their families.

**Conclusion**: This article outlines gerontology IPE efforts in creating and implementing iCCOA (Interprofessional Curriculum for the Care of Older Adults), a curriculum intended to improve the care of older adults and empower learners to work in teams. This process required planning, collaboration, flexibility, and constant refinement.

***4.11 Tran C., Kaila P., Salminen H. (2018). Conditions for interprofessional education for students in primary healthcare: a qualitative study. BMC Medical Education***

**Premise**: Interprofessional education (IPE) in the context of primary healthcare is less studied than IPE at hospitals and most of the studies in primary healthcare have focused on collaboration between general practitioners and nurses. The aim of this study was to describe how healthcare students perceived conditions for IPE in primary healthcare.

**Methods**: Qualitative group interviews were used and a total of 26 students, recruited on a voluntary basis participated in four group interviews with students mixed from study programmes in nursing, physiotherapy, occupational therapy and medicine. Students from the study programme in medicine were in their second to eleventh semesters of 11 semesters in total, whilst students from the occupational therapist, physiotherapist and nursing programmes were in their fourth to sixth of six semesters in total.

**Conclusion**: Students in this study considered it essential for different study programmes and clinical placements to be more aware of the opportunities for and importance of IPE. The study identified conditions that were required for IPE in primary healthcare that may be helpful for healthcare teachers and clinical supervisors to better understand how students perceive IPE in primary healthcare, thus facilitating the planning of IPE.

*4.12 Tortez L., Quinlan P., Makaryus A., George C., Caruso V., Gilman S., Ricardo A., Fornari A. (2019). The long-term impact of an interprofessional humanistic faculty development programme: A qualitative investigation*

**Premise**: To evaluate clinicians' humanistic mentoring skills, this paper qualitatively explored the long-term impact of the Mentoring and Professionalism in Training (MAP-IT) programme, a longitudinal, interprofessional faculty development curriculum designed to enhance clinicians' humanistic mentoring skills, specifically nurses and physicians. The study involved 21 former high-potential mentors and facilitator leaders who had graduated from the MAP-IT programme from 2014 to 2016.

**Methods**: Qualitative study using content analysis. Semi-structured focus groups and interviews were conducted between August and September of 2017 to collect participant experiences of the impact of MAP-IT skills on their professional roles (with colleagues and patients) in their clinical environments. Qualitative data were analysed using content analysis methodology.

Using multiple questions, participants were asked how MAP-IT programme's core principles related to: (a) professional impact, (b) colleague impact, and (c) patient impact.

Probes were asked as necessary and each session was tape recorded and transcribed. Responses from each focus group/interview were organized into separate spreadsheets for coding. In this approach to analysing qualitative data, meaningful segments of text are found that stand on their own and are related to the purpose of the study.

**Conclusion**: Personal and professional development remained important over time and were sustained. Qualitative analyses of focus group and interview responses resulted in the following nine major themes:

1. Incorporation into clinical practice: application of skills learned in MAP-IT into practice, participants felt that the skills developed in the programme were relevant and useful to incorporate into their day-today work
2. Self-care: participants often talked about the importance of the programme to their own wellness. MAP-IT acknowledged the prevalence and seriousness of burnout, encouraging participants to adopt self-care behaviours to build resilience and cope with stress.
3. Team building and conflict resolution: improved interactions with others, especially skills related to team building and conflict resolution.
4. Mindfulness: the value of incorporating a mindfulness practice into one's wellness routine, while encouraging mindfulness in others.
5. Mentorship: improve mentoring practices, particularly with regard to providing feedback and role modelling.
6. Professionalism: on ethical leadership, reporting errors, and discussing challenges with peers
7. Interprofessional collaboration: open communication and meaningful interactions provide a new sense of appreciation for the work of one's colleagues.
8. Humanism: humanistic mentoring skills associated with providing patient-centred care.
9. Appreciative inquiry: the use of appreciative inquiry to stimulate positive organizational culture change, including fostering a supportive, safe environment that promoted learning, even when faced with issues such as medical errors.

The aim of the study was to explore the long-term effects of the MAP-IT programme, an IPE curriculum designed to enhance the humanistic professional development of clinicians, by sampled former participants who had been out of the programme for one to two years. Findings suggest the importance of developing self-care related skills as a way to prevent burnout.

*4.13 Rider E., Navedo D., Branch W., (2020). Shifting organizational cultures: developing leaders in humanistic interprofessional education. International Journal of Whole Person Care*

**Premise**: To implement the teaching of humanism to faculty leaders

The ability of interprofessional healthcare teams to work collaboratively is important for safe, high quality, relationship-centered care. A multi-site project, Faculty Development for the Interprofessional Teaching of Humanism, was initiated to create a national curriculum in humanism and professionalism designed to train interprofessional education (IPE). The objectives were: develop a national curriculum in humanism and professionalism for IPE faculty leaders; adapt the curriculum for pediatrics, and create and sustain a faculty fellowship for IPE leaders.

**Methods**: Large project, and this paper is one of the latest publications

A curriculum was created for a unique Faculty Fellowship for Leaders in Humanistic Interprofessional Education. They participated in 1½-hour, twice-monthly small-group sessions for eight months and design and implement a group project applied for twenty-one faculty. The first cohort included 11 faculty representing medicine, social work, nursing, and psychology.

**Conclusion**: Vital to implement and then to develop sustainability in humanism

This Faculty Fellowship provides opportunities for IPE faculty leaders to enhance teaching skills, collaboration, relationships, reflective capacities and role modelling in humanism and professionalism, and to work together to foster humanistic values within organizational culture.

**Step 5: Collate, summarize, and report the results**

In this stage of the scoping review a thematic table was constructed based on the data charting forms that were used to provide an overview of the breadth of the literature. Below in Table one a thematic analysis and conclusions are presented.

**Table 1: Scoping literature review - Interprofessional Education (Fuller details of papers can be found in Step 4)**

| # | Article | Country | Premise | Methods | Conclusion | Notes |
|---|---------|---------|---------|---------|------------|-------|
| 4.1 | Luke et al, 2009 | Canada | Learning together to promote collaboration | ELearning framework to overcome constraints of time, scheduling and geography | Online IPE can be effective, need IP teams to develop it and good pedagogical design | |
| 4.2 | Rabinowitz et al, 2010 | USA | Used different types of stories to teach interprofessional groups - a paradigm shift | Evaluated using Kirkpatricks 4 level model – reaction, learning, behaviour and results | Found that storytelling was effective in teaching IPE groups | |
| 4.3 | Brandt et al 2014 | USA | To develop high quality research in IPE | Scoping lit. review using lens of Triple Aim | IPE - a focus for over 40 years but little on impact. | |
| 4.4 | Balogun et al, 2015 | USA | To foster effective team-based patient care | 90 minute interactive case based workshop | Students' knowledge improved of interprofessional teamwork and communication | |
| 4.5 | Herge et al, 2015 | USA | To develop students team skills in a clinical setting | A simulated clinical skills scenario using video | Practical interactive exercise that allowed IP students to practice teamwork skills and patient centred care with standardized patients / caregivers | Not mandatory or assessed for all students |
| 4.6 | Khan et al, 2016 | Global | To scope tools and teaching strategies for IPE | Scoping review of literature | Nine main strategies which train students in safe settings - observation, hands on training, interaction and feedback. | Three levels of interaction - communication, mutual respect, teamwork |
| 4.7 | West et al, 2016 | USA | To explore use of Triple Aim Framework in | Integration of social and behavioural | Majority of medical schools did teach IPE in variety of formats | Shared didactic learning gives |

| | | | physician training | science education in US medical schools to improve IPE | including didactic, simulation and team based learning | knowledge, need to promote interactive learning allows physicians not to stay in their 'silos' |
|---|---|---|---|---|---|---|
| 4.8 | Wong et al, 2016 | USA | To implement a simulation-enhanced intervention to improve attitudes towards teamwork | Three hour course didactic, simulation scenarios and structured debriefing. Used Team STEPPS questionnaire | Successful in improving participant attitudes towards teamwork and patient safety | |
| 4.9 | Guraya and Barr, 2018 | Global | To show effectiveness of IPE in healthcare | Systematic review | IPE increases job satisfaction, has helped resolve complex patient issues and dispels stereotypes | |
| 4.10 | Schapmire et al, 2018 | USA | To prepare practitioners for effective teamwork required for patient-centred care in older adults | Design and evaluation of an interprofessional community based curriculum | Improves care of older adults | Requires constant refinement, planning collaboration and flexibility |
| 4.11 | Tran et al, 2018 | Sweden | To perceive conditions for IPE in primary health care | Focus groups with nursing, physiotherapy, occupational therapy and medical students. | Students thought it essential to include IPE in Primary Health care | Teachers need to be aware of the conditions necessary for IPE in Primary care |
| 4.12 | Tortez et al, 2019 | USA | To evaluate clinicians humanistic mentoring skills | Qualitative study using content analysis | The personal and professional development remained important over time and were sustained | |
| 4.13 | Rider et al, 2020 | USA | To implement the teaching of humanism to faculty leaders | Large project and this paper is one of the latest publications | Vital to implement and then to develop sustainability in humanism | |

**Thematic Analysis and Conclusion**

Since the 1960s, there have been global calls for healthcare professionals to develop better team working skills to optimise patient care. This has become increasingly expected in recent years with the recurring shortages of trained healthcare staff. Traditionally, health professionals themselves have not been good at team working and collaboration (Hammick et al, 2007; Remington et al, 2006; Reeves et al, 2008; WHO, 2010).

Over the intervening decades since the first calls for interprofessional practice there have been a number of short-term initiatives in an attempt to address this lack of team working. Many of the educational interventions were well developed and organised but had short life spans mainly due to changes in the lead staff, the lack of funding or timetabling difficulties. Many of these were reported in conference papers or grey literature and not as peer reviewed articles for inclusion in our scoping review (Diack, 2013).

Research has suggested that the way to effectively increase team working, and thus improve the quality of patient care, is to develop shared learning programmes at undergraduate level. Shared learning is the development of collaborative and interactive learning and teaching across a number of health care curricula (Horsburgh et al, 2001; West et al, 2016). It is learning-in-common with other health and social care students within a multi-professional framework to develop team working and communications skills. Research shows that it is better to develop teamwork and communications skills in health professionals early in their undergraduate education, rather than leave it until they begin their professional careers, yet there has been little written on the impact of these interventions over the last 40 years (Brandt et al, 2014).

In current healthcare systems across the world, patients are increasingly cared for by multidisciplinary teams involving a wide range of healthcare and other professionals. It is therefore vital that effective team-working, collaboration and communication exist across professional boundaries, ensuring high-quality care that benefits patients. IPE between different professions is a means of achieving such team-working.

It has been shown that effective teamwork can improve the quality of patient care. However, until recent years there has been little focus on this area in pre-registration health and social care curricula (Brandt et al, 2014; Khan et al, 2016). As a result of this, many students have entered the workforce poorly prepared for the challenges associated with working in multidisciplinary teams. It is therefore logical to suggest that if people are expected to work in teams they should be educated in teams (Diack, 2013). IPE between health care professions has been shown to develop more positive attitudes, to demonstrate the importance of multi-professional teamwork and communication, and to increase knowledge and understanding of other health care professions. There is also widespread acceptance that undergraduate interprofessional learning is perceived as beneficial by the healthcare professionals and the students involved; removing stereotypes and enhancing communication and teamwork skills between different health professions (Reeves et al, 2008). Research has suggested that the way to effectively improve team working and thus improve the quality of patient care is to develop IPE programmes as early as possible at an undergraduate level (Hammick et al, 2007).

The papers in this study indicated that IPE in healthcare is a key factor in providing patient-centred, responsive and high-quality care (Guraya and Barr, 2018). From the literature it emerged that an important educational component is teaching students the value of each profession in the care of patients and families, and to consider the patient and family as part of the healthcare team when making critical decisions (Herge et al, 2014).

Many of the papers in this study reflected a number of different educational interventions for IPE, different strategies and interactions including online courses, simulation sessions, team based learning and structured debriefs (Khan et al, 2016; West et al, 2016; Wong et al, 2016). Nevertheless no one type of intervention was deemed to be superior but all mentioned that didactic teaching while useful to gain knowledge did little to develop teamwork (Wong et al, 2016). What was apparent from the articles studied was that the students preferred IPE that had a currency and relevance to their practice and appreciated when it could be situated in community or primary care settings (Schapmire et al, 2018; Tran et al, 2018).

IPE has been shown to increase job satisfaction among nurses and physicians, has helped the primary health care practitioners in their approach to resolve complex issues with clients and their ability to utilize other resources, and has been instrumental in dispelling stereotypes (Guraya and Barr, 2018).

West et al in 2016 explored the role of social and behavioural sciences in developing IPE and identified that many of the medical schools in the USA were beginning to introduce these routinely into medical training. However, our research has shown that this has not been taken forward consistently or has not been reported. Nevertheless there were a few articles that introduced the topics of humanism and storytelling in IPE settings and these have been used as a baseline for the development of our Delphi study (Rabinowitz et al, 2010; Rider et al, 2020).

Many of the articles highlighted in this review were from the USA and reflect that there has not been as much interest in the topics of humanism and storytelling as adjuncts to IPE. This means that the StoryAidEU project which aims to use both humanism and storytelling to teach IPE in Europe is very timely.

IPE has to be considered as an integral part of training of caregivers and healthcare personnel. It is a field of education that is evolving and can be seen in the literature to be moving from its origins in didactic learning to team- and problem-based learning to storytelling and humanism, as it constantly improves to give the skills linked to the human and experiential dimension of work with vulnerable people.

**Step 6. Consultation exercise**

The consultation exercise at the end of the scoping literature reviews and the concept analysis was a Delphi consensus study undertaken in July/August 2020. This was conducted online using questionnaires. Project partners were asked to disseminate the questionnaire amongst their networks across a range of professions and disciplines. Participants' details are outlined in the Delphi Study Report: StoryAid Delphi Study Round One.

From the analysis of responses received it emerged that half of those aged under 30 (50%) and over a third of those aged 31-40 (38%) had never heard of interprofessional education. Eighty five percent of those aged over 60 had either used it or felt comfortable using it, and 70% of the 51-60 and 41-50 age groups. Although 62% of those aged 31-40 had either used it or felt comfortable using it, only 24% reported feeling comfortable using it; similarly for those aged 30 and under with 50% and 14% respectively. This was compared to 55% of those aged over 60, and 37% of those aged 41-50 reporting feeling comfortable using it. Across the age groups no significant difference was found in experience ($p > 0.05$).

Fuller details can be found on the full report of the Delphi Study.

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