**Evaluating a conference based approach to interprofessional education (IPE) for pre-registration students.**

**Abstract**

Child and Adolescent mental health have been on the forefront of the health and political agenda for several years. There has been an increasing demand from child and mental health undergraduate students to deliver more specifically focused education around child and young people’s mental health. In direct response to this an interprofessional education (IPE) conference was devised.

A small planning group, which included child and mental health academic lecturers, organised the interprofessional education conference and invited key speakers and services users to present. The planning group were keen to evaluate the benefits of a shared event via IPE and therefore a questionnaire was designed and distributed to the attendees.

An action research methodology approach was adopted, which allows for reflection on the process and seeks to identify improvements for practice. The questionnaires were analysed using a constant comparative method and a thematic analysis approach was utilised. A number of key themes were identified, and these are discussed within the paper. The planning group met following the conference to reflect on the outcomes and feedback and consider future implications for IPE.

Feedback was overwhelmingly positive from all fields of students, and unanimously agreed that IPE should be a strong component within undergraduate nurse training.

**Introduction**

Child and Adolescent Mental Health has been on the health and political agenda in recent years, with numerous reports of shortfalls in services to children and their families in need of mental health services. According to Parkin, Long and Bate`s (2018) briefing paper, there have been many pledges by governments to invest in children and young people`s mental health services, including publications “No Health without Mental Health” (Department of Health, 2011) strategy, “Closing the Gap: priorities for essential change in mental health” (Department of Health, 2014), and “Future in Mind” (Department of Health, 2016) there has been little evidence of investment in service development. Recently, the Department of Health and Social Care (2018) published a green paper highlighting the need to support children and young people with mild mental health problems and to reduce waiting times for those who require more specialist NHS services. Furthermore, the government has announced a financial commitment for the development of services for children and younger people mental health services.

At Staffordshire University we felt it was important for our students in the mental and child pre-registration nursing fields (groups)\* to have an opportunity to understand the issues around child and adolescent mental health, in a shared learning environment, to demonstrate interprofessional learning and collaborative working. The benefits of interprofessional education (IPE) can reduce students identifying solely with their own health field and engender an atmosphere of shared purpose and understanding between groups of other multi-disciplinary team members (Lim and Noble-Jones, 2018).

\*Within the United Kingdom, nursing is divided into specialities called ‘nursing fields’ - students are therefore described as a mental health nursing student, a children’s nursing student, or an adult nursing student.

The primary aim was to develop a conference where specialist speakers would disseminate their knowledge and provide their expert insight into child and adolescent mental health nursing care. It also provided a clear opportunity for our students from different groups of nursing to come together to experience joint learning. The World Health Organisation (2010) states that IPE is where two or more professions benefit learning with, and from, each other to promote collaborative working practices to provide better quality care. This premise formed the base for the overall aim of the conference.

The primary objectives were to ascertain as to whether the students from the different fields of nursing gained a greater insight into one another’s’ roles through collaboration and indeed, sharing of learning and experiences.

**Conference**

A small planning team comprising of child and mental health lecturers was formed to organise the conference and focused on specific student cohorts to target, number of students in targeted group and factors such as logistics - where to hold the conference in terms of venue accessibility and accommodating numbers invited.

Identification of subject areas which would benefit students were explored using questions and themes previously raised by students, to ensure we were targeting the conference content appropriately. It was agreed that the conference would be for a full day, it would be free of charge, and that the topics around child and adolescent mental health would assist their overall understanding of the issues around child development, clinical assessment, interventions and outcomes.

The Nursing and Midwifery Council (2018) require student nurses to look beyond their own chosen field and consider health needs of the wider population, enabling students to become aware and sensitive to the needs of other groups. These reflect the European Directives (EU) (NMC 2018) which require students to demonstrate learning around care specific areas, the conference would meet two of these targets which were mental health and psychiatry; child and paediatric care. Therefore, the planning team provided an invitation letter and materials to assist the students in achieving this requirement which was posted on the University student pre-registration webpage.

The planning group approached colleagues within the clinical field, specialising in the area of child and adolescent mental health, to ask if they would be prepared to be keynote speakers, share their knowledge, and discuss the impact their role has upon this specific care group. The conference keynote speakers delivered sessions on the following:

* Neurodevelopmental Challenge: Supporting People with Autism and ADHD
* Paediatric Psychology
* Working with groups of young people in forensic inpatient settings including children of service users in mental health care delivery
* A Monster Calls: a lens shone on adolescence, bullying and grief

Details of the conference including programme of the day`s events and additional worksheets for students to use to achieve their EU Directives (NMC 2018) were posted on the relevant University webpage in advance of the event.

One of the unintended benefits of the conference was the inclusion of service users and their experiences. The service users were invited by the guest speakers and could attend as guests or participate in the presentations should they wish. Tremayne et al (2014), discussed the requirement for the nursing curriculum to include service user involvement, and the value in using their voice to discuss their experiences of services and interventions they have benefitted from creating more credence to the topic areas explored in the eyes of the student audience. Delivery of knowledge and evidence-based approaches can be, on occasion, viewed as rhetoric when delivered from lecturers and specialists. However, the inclusion of the service user perspective can significantly increase acceptance, empathy and positive attitudes towards the care group (Tremayne et al 2014). Service users showed courage in sharing their experiences and were prepared to engage and answer questions from the audience, which further enhanced learning and understanding of such approaches as Behavioural Family Therapy for example.

**Methodology**

As the aim of the research was to evaluate the usefulness of a conference as an approach to IPE, it was felt that Action Research (AR) would be an appropriate methodology as it allows the practitioner to evaluate their work, challenging and supporting them to identify new ways of doing things (McNiff 2002). AR originated in the 1940s and has become commonly used in education research (Cohen et al 2017, McNiff 2002, Holloway and Galvin 2017). AR is also referred to as ‘practitioner-based research’ (McNiff 2002) and at its simplest level can be “a practical way of looking at your own work to check that it is as you would like it to be” (McNiff 2002, pg. 6). The results of action research are not generalisable, being bound to the context in which the research was carried out, however it can contribute to the development of practical solutions and enhance theory, leading to improvement in the specific situation in which it is implemented (Holloway and Galvin 2017, McDonnell and McNiff 2016).

Cohen at al (2017) propose an eight-step process of action research, which has been adopted to guide this study. Step one involves formulation of the problem. In this instance the authors identified a gap in the teaching provided to child and mental health nursing students in relation to child and adolescent mental health issues. It was felt that this was a good opportunity to utilise an IPE approach, bringing together all our current students from child and mental health fields, enabling an opportunity to evaluate whether this approach had benefits for the student. It was agreed that a one-day conference would be planned with various speakers talking about different aspects of child and mental health issues, with a view to allowing opportunity for interaction during the sessions in which students from different fields of nursing could share knowledge and exchange ideas.

Step 2 involves developing a draft proposal, which can include a list of questions to be explored, in negotiation with other interested parties (Cohen et al 2017). Step 3 can involve a review of the relevant literature to identify existing knowledge and findings in relation to the study, leading to refinement of the questions to be considered in the study (Step 4) (Cohen et al 2017), resulting in the following list of questions to be explored:

* Does IPE enhance students understanding of other people’s roles?
* Do students feel that IPE is beneficial?
* Did students learn anything from the event
* Did students take anything away to enhance their own practice
* Did students feel that this style of IPE event would be useful to future students or other student groups

These questions therefore formed the objectives of the study.

Step 5 involves selecting relevant research procedures and design (Cohen et al 2017). AR is not bound to a specific paradigm (Ellis 2016) therefore a mixed methods approach was chosen which allows for both quantitative and qualitative data to be obtained (Cohen et al 2017). This allows the flexibility to quantify how many of the students felt IPE was useful as well as collecting qualitative data to analyse and identify key themes. The sample consisted of child, mental health and adult nursing students. All cohorts of child and mental students were invited and a first-year cohort of adult nursing students (this group were invited at the request of a few of the students who had been taught by one of the conference organisers and as such were not our target group), totalling 152 potential attendees. A total of 120 students attended, this number is broken down in table 1.

|  |  |  |  |
| --- | --- | --- | --- |
| Table 1 | Mental Health Nursing Students | Child Nursing Students | Adult Nursing Students |
| Year 1 | 23 | 15 | 20 |
| Year 2 | 24 | 13 | - |
| Year 3 | 25 | 0 | - |

Step 6 involves choosing how the intervention will be evaluated (Cohen et al 2017). A questionnaire has been chosen as the preferred data collection method due to the advantages of being quick, easy to complete, convenient for the respondent, and confidentiality/anonymity can be maintained easily (Ellis 2016, Cohen et al 2017). A brief questionnaire was developed by the team of lecturers organising the conference, and was sent to the ethics committee within the University for validation/ethical approval (see box 1 for a list of questions). The questionnaire was distributed and completed at the end of the conference. Students were made aware that the questionnaire would be used to inform this paper and to evaluate the usefulness of the conference to their learning. Students were invited to complete the questionnaire but were aware that this was voluntary and that they did not need to provide their name on the questionnaire.

Box 1

1, Has the day been useful in developing your understanding of other people’s roles? If so, how?

2, What are your thoughts about IPE?

3, Do you feel that IPE is beneficial? If so, why?

4, Please give one example of something new that you have learnt from today.

5, Is there anything from today that you feel will enhance your practice?

6, Do you feel that this style of IPE event should be available to other student disciplines?

Stage 7 of Cohen et al’s (2017) process involves the intervention itself, which in this instance was a one -day conference covering child and mental health issues. Stage 8 pertains to the analysis of the findings which will be discussed in the next section.

**Ethics**

Ethical Considerations.

The British Educational Research Association (BERA) guidelines for the completion of educational research (BERA 2011) have been utilised to consider ethical implications. These identify that informed consent needs to be obtained, there needs to be the option not to complete some or all the questionnaire, respondents cannot be coerced into completing the questionnaire and confidentiality/anonymity needs to be guaranteed. Additionally, there needs to be methodological rigour and the reaction evoked in the respondent needs to be considered e.g. avoiding causing offence or harm (Cohen et al 2017). Ethical approval was sought and gained via the University ethics process. Students were advised at the start of the conference that they would be asked to complete a questionnaire at the end of the conference and that this questionnaire would form the basis of a piece of research. Students were made aware that this was voluntary and that direct quotes from the questionnaires may be used in the final research. The questionnaires were anonymous, this is hope to encourage students to feel able to comment openly about their thoughts on the conference, however it must be recognised that the students have an existing relationship with the lecturers completing the research and therefore may not feel able to be completely open in their responses.

**Data Analysis**

Constant Comparative Method

The search for core elements begins by taking the raw data and searching for themes that recur within the data. This was initially commenced by coding and categorising the data (the answers received within the questionnaires). As the researcher progressed through the data, initial open codes began to be identified. Scrutiny of the answers allowed the researcher to ascertain that certain areas of the data did have common themes. Statements were highlighted in different colours according to which theme the researcher felt that they fitted into. The areas of data that did have a common theme were coded (tagged) as belonging to a broader category (Denscombe 2014).

The constant comparative method was used as a means of analysing the data (Denscombe 2014). The researcher consistently read and re-read text data, compared new codes and categories as they emerged and repeatedly compared them against existing versions. This process enabled the researcher to refine and improve the explanatory power of the concepts and theories generated from the data. Similarities and differences were highlighted, and categories and codes were collated under common headings. As developing theories emerged the researcher could explore and clarify them at any stage of the study.

By using the constant comparative method, the researcher can never lose sight of the data accumulated, or ‘shift’ the analysis too far away from what is happening on the ‘ground’. Denscombe (2014) explains that this ensures that any theory developed by the study remains closely in touch with its origins in data – it remains grounded in empirical reality.

Sixty questionnaires were completed and returned. This is a good response rate of 50% of all students attending and, as the questions purposely allowed space for free text, there were a number of very detailed and informative answers provided. Coding was commenced until data saturation was reached and thematic coding was utilised to identify the key themes. Five **key** themes were identified and, indeed, the themes do occasionally overlap with one another significantly but, we felt that in order to really represent the feedback that the students gave, the themes selected were appropriate following the analysis of the comments given.

The themes, and quotes from students, are identified and discussed below. The quotes have been coded as follows – MH (Mental Health Student) CN (Child Nursing Student)

1. **Working together.**

*MH - ‘Interprofessional education (IPE) should be part of day to day teaching/learning/working.’*

*MH - ‘IPE brings together professionals who may not normally work together – but really need to!’*

*CN - ‘IPE is a collaboration of healthcare professionals (in this instance) and should be recognised as a very integral part of our training.’*

*CN - ‘Why do we not do this more often? It obviously works and students gain a lot from it.’*

Almost all of the questionnaires completed identified the requirement for more IPE within both the theoretical and, where feasible, the clinical setting. All participants felt that there were huge gaps within both their clinical practice, and their academic work, that could be enhanced by interprofessional education and collaboration. Many asked why IPE was not an integral part of their training.

1. **Benefits for all.**

*CN - ‘IPE and interprofessional working benefits both clinician and, most importantly their patients/clients.’*

*MH - ‘Sometimes, in practice, you are left floundering as you are not sure where you can possibly refer or send your patient or client to next. If IPE was more prevalent within our training we would have a better understanding of others’ roles and skills and therefore a better knowledge of how to treat our patients effectively.’*

*CN - ‘IPE doesn’t just benefit learners, it benefits those in our day to day care and, after all, that’s what we should all be striving to achieve.’*

This was a very strong message that appeared to be conveyed within the feedback. IPE is not just about educating one another about different roles and perspectives. The cycle of IPE then means that our patients and clients benefit too as there is a greater understanding of how other services work and other options of care that may be available.

1. **Joined up service.**

*MH - ‘It seems to me that we train and graduate in our own little bubble of, say, mental health nursing, and then that’s it, never cross paths with others! I have learnt so much from today simply by listening to what other services are out there and what I can bring to my patients. Everything just needs joining up, simple really.’*

*CN - ‘If we all work together and understand each other’s roles and skill base then we can improve the service that we offer to those in our care.’*

Again, a number of the students discussed ‘joining everything up’, one student described this as ‘dot to dot’ and concluded simply by writing that if we joined all of the dots up then our patients/clients would have a more efficient service and better care.

1. **Holistic care.**

*CN - ‘If IPE was standard practice – both when training and when practicing, the patient would be treated much more holistically. The clinician would know where to refer and signposting would be more efficient and appropriate. We would have an understanding of one another’s roles and be able to think, ok, I know where I can refer you to for that particular issue – rather than simply thinking, oh no, I have no idea!’*

*CN - ‘We would have an understanding of different roles and how they can link with other services – a more holistic approach would be adopted.’*

A number of the students discussed the holistic approach of care that IPE facilitates and several used the term ‘enhanced care’. The students felt that, if they were more aware of other services available, they would not only be able to practice more ‘holistically’ but, as a result, their care would also be ‘enhanced’.

1. **Changes perspectives**

*CN - ‘I have changed my perspective after attending this day. Before coming I wasn’t too sure how I felt about IPE, I (wrongly) believed that I knew my role and if I needed to signpost on then I would just sort that out at the time but after hearing a variety of speakers today and talking to students in different fields of nursing I realise how naïve I was. There are so many services out there that I do not have a clue about – and probably never would. IPE is the way forward and should be an integral part of training and post qualifying too.’*

*MH - ‘I really valued today as it was so interesting to hear different opinions and approaches to care. What I may prioritise for my patient may be very different from what a different healthcare professional may prioritise. What we ideally need to do is join it all up and work together with everyone’s different skill base and experiences.’*

There were two ways of looking at this theme and there are, specifically, two examples included. One student discussed the changing of their own perspective, and another discussed other healthcare provider’s perspectives. Both are equally important and relevant towards the feedback sought.

**Reflections**

In summarising the action research approach, Cohen et al (2017) note a recurring theme of reflection and an emphasis on approaching practice. Following the conference, we met to discuss the feedback and reflect on the outcomes of the conference. Based on the positive feedback outlined above we have agreed that we will continue to organise a child and mental health conference on an annual basis, bringing together both mental health nursing and child nursing students. Some of the adult nursing students (first years), fed back that they found the content too specialised for their needs, though indicated that they felt this form of IPE was beneficial. We felt this is a fair reflection and perhaps at this stage in training they may not have the breadth of experience to enable them to apply the information to their practice. We agreed that we want to keep the focus on children and mental health, rather than diluting the conference content to accommodate a broader range of participants at this point, however we recognise that it would potentially be beneficial to run further IPE events to accommodate all fields of nursing and other interested professional groups.

At the next conference we plan to offer smaller workshop activities to provide greater opportunity for collaboration between the two nursing fields, allowing students to learn from each other, developing the IPE approach as outlined by WHO (2010). It has also augmented our ambition to develop a shared module either for pre-registration students or as a post graduate option.

**Implications for Practice and Education.**

There have been several recent studies exploring the effectiveness of interprofessional education (IPE) and recurring themes have emerged (Angelini 2011, Ebert et al 2014, Lawrence et al 2015). These studies demonstrate that IPE can be effective in improving patient outcomes, experiences, promote teamwork, enhance communication and minimise duplication in care. Indeed, feedback from the students confirmed that they found the day ‘useful’, ‘interesting’ and ‘a fantastic opportunity to learn and share with others.’ A recurring factor was that the day increased their confidence in their ‘awareness of children and mental health and where to potentially signpost to.’ Several of the students, in both fields of nursing, expressed their anxieties about caring for a child with a mental health issue – a lack of knowledge, awareness, or where to seek help from, were all questions that arose at the beginning of the day. The students felt, by the end of the day, that many of their anxieties had been addressed and their confidence had improved. Many case studies and experiences were shared, discussed and outcomes deliberated amongst the groups. The implications for practice, if IPE is used effectively, can have a positive impact both in terms of patient care, patient experience, acquirement of shared knowledge, promotion of beneficial information, knowledge exchange, and therefore practitioner confidence, and team work. However, there are various challenges for sustainable implementation of IPE which include time constraints, financial resources, unwillingness to participate in IPE and unawareness of both IPE and its associated benefits. Further research is required within this area.

**Conclusion**

IPE occurs when students from two or more professions learn about, from and alongside each other to enable and facilitate effective collaboration and to improve our patients/client's health outcomes (Shorten 2017). The World Health Organisation (WHO) have devised a framework for IPE and emphasises the need to reduce the fragmentation within our systems of care to improve both patient experiences and outcomes.

Our conference participants provided some excellent feedback, and many asked the question as to why IPE is not more prevalent within nurse training. Surely it is a relatively simple concept?

IPE is certainly not a new initiative, but it does appear to be rather challenging to implement in both the theoretical and clinical setting. Active engagement is required and commitment from all healthcare professions. We need to put our patients in the very centre, and to explore innovative ways of learning, teaching and promoting a collaborative interprofessional healthcare team.

As the team who organised this IPE conference we will listen to our student’s feedback and ensure that we act upon their requests and ideas – after all, they are the future of our NHS.

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