

Title: NEW THEORETICAL UNDERSTANDINGS OF INTER-PROFESSIONAL SUPERVISION IN CLINICAL EDUCATION: EXTENDED ABSTRACT

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Introduction

In 2013 Health Education England (HEE) was established as the national organisation responsible for the education, training and professional development of every member of staff in the NHS. For the first time in the history of the NHS responsibility for the planning and management of the education of all healthcare workers has been brought under the umbrella of one organisation with a clear multidisciplinary remit. The mandate to promote multidisciplinary education relates to drivers including the need for effective team working to respond to the complex needs of patients with long term conditions, and the emergence of new, diverse roles with varying degrees of professional status, all within the context of diminishing financial resources and the UK government's mandate to HEE (DoH 2013:1) to provide education that demonstrates value for money. Consequently educators are increasingly required to consider flexible, collaborative approaches to supervising learners in clinical practice. In this paper research informing the moves towards developing collaborative approaches to supervision in London will be presented.

Health Education North West London (HENWL), Health Education North Central and East London (HENCEL), Health Education South London (HESL) commissioned two desk reviews, through their shared Faculty Development initiative, to firstly examine how clinical educators are trained and secondly, explore approaches to teaching and learning used within and across the healthcare professions. The main purpose of the research was to inform the development of resources that will help promote collaboration across the healthcare professions in relation to supporting teaching and learning in clinical workplaces in London.

Theoretical perspectives: 'professional projects' and 'hybridicity'

In order to interpret the finding of the reviews a theoretical framework was developed to enable the approaches used in clinical education to be understood in relation to the socially constructed nature of

the professions and tensions that can arise if traditional models of professionalism do not adapt to the highly complex rapidly changing nature of professional practice. The framework draws upon Larson's (1977) work examining 'professional projects' whereby occupational groups are seen to work towards utilising social stratification for their own advancement. Macdonald (1995) examines how this concept has been used to study the rise of professionalism in an extensive review of research on the sociology of the professions. Macdonald argues that traditional professions, such as law and medicine, are awarded higher social status and rewards by virtue of their specialist knowledge, control of their practice and highly competitive entry to the profession. In this model the professions are seen to be autonomous in terms of determining who enters the profession, how they are educated and trained and ultimately gaining power for autonomous practice. Aligned occupational groups in healthcare, such as nursing or the allied healthcare professions in this model are deemed to have 'semi-professional' status as their ability to practice autonomously is constrained by the more dominate professional group, in this case medicine. Occupations with semi-professional status may aim to emulate established professions by introducing higher entry requirements and more academically demanding training programmes as well as attempting to produce a distinct body of knowledge to support their practice (Macdonald 1995).

Professional projects are active phenomena (Larson 1977). Professions constantly react and adapt to changing circumstances in order to maintain, and improve, their own social and economic capital. Their strategic (re-)positioning reveals either professional advancement or regression. Furthermore, the struggle over the control of 'boundaried' specialist knowledge, and consequently areas of professional practice, can also be the source of inter-professional tension and conflict.

In recent years emerging models of professionalism have been identified that value more collaborative and democratic approaches (Whitty 2008), recognising the socially constructed nature of disciplinarity and the need to challenge established boundaries between professions in both practice and the education of those beginning their professional career. A key driver for challenging the established models of traditional professionalism is their reliance on what are seen to be unique bodies of knowledge that inform specialist professional practice, practice that aims to address specific issues or problems. Such specialist approaches are however unable to address the issues and challenges that arise as a result of the 'complexity' and 'super complexity' associated with current professional life (Barnett 2008). The so called 'wicked problems' that professions are required to attempt to solve cannot by their very nature be addressed by one discipline. Rather strategies are required that enable professionals to recognise the many different factors that influence the problems professional practice aims to address. In healthcare such complexity is evident on many levels, from the range of drugs and treatments that individual patients may require to the social factors that influence the support available to aid recovery.

A contemporary framework therefore needs to acknowledge the need for flexible interpretations of roles and professional identity. Our framework draws on Greenwood and Maanaki Wilson's (2006)

theory of 'hybridicity'. Hybridicity refers to the work a practitioner does when they broker different sorts of disciplinary knowledges. Hybrid practitioners act as an inbetweeners, actively engaging with these different knowledges, re-contextualising and co-constructing knowledge which can be integrating and applied to practice. This co-construction of knowledge permits new opportunities for identity and role but also exposes new conflicts and threats. However, a key feature of the hybridisation of knowledge is to blur traditional professional boundaries. Making the demarcation of professional knowledge less certain, more changeable allows for emergent, expansive professional projects. Professional narratives under these circumstances can become less bounded and encourage a 'border discourse' (Perloff 1998), promoting a reflective and expansive notion of professionalism.

Method

The research used qualitative approaches to firstly undertake a mapping exercise comparing approaches used to train clinical teachers across 17 healthcare professions (Austerberry and Newman 2013). Secondly, a review of over 120 curriculum documents accessible on-line for pre and post registration programmes for healthcare professions, was completed (Bentall 2014). The findings of both reviews were then analysed using a new theoretical framework based on theories of models of professionalism (Griffin and O'Keeffe 2013).

Findings

Clinical educators roles and qualifications review

The review observed that the formal articulation of the role of clinical educators varies between the healthcare professions. The degree to which the role is formalised appears to be linked to how far professional organisations or accrediting bodies have developed overarching frameworks of good practice for educators. The degree to which clinical educator roles are segmented and stratified also varies between professions. In some professions there is a generic educator role, and in others a series of support roles, ranging from a one-on-one role overseeing the trainee or student in placement as one aspect of a clinical post, to more senior educators with additional leadership responsibilities.

In terms of qualifications to teach, there is an inconsistent picture across the healthcare professions regarding the training required of clinical teachers. In some professions specific qualifications are required to gain accreditation as a clinical teacher. In others professions accreditation is not mandatory.

Formal qualifications are based on either a national frameworks e.g Academy of Medical Educators and the Nursing and Midwifery Council (NMC) national standards framework for clinical teachers or broader more flexible guidelines and experience. The domains that underpin the frameworks and guidelines are however similar, with all referring in different ways to, for example, understand and apply effective strategies to facilitate learning using appropriate learning theories, creating a safe and supporting learning environment, assessing and evaluating learning.

There appears to be variation in the degree to which the control of how standards are met or what training is provided is devolved to local providers. In medicine and dentistry, for example, the standards are set nationally but how the training is provided and assessed to meet these standards is left to local accrediting bodies to decide and individual practitioners to choose. In comparison, educator roles for healthcare scientists are highly specified and assessed to centralised rigid precise national specifications. These appear to be the two opposite ends of the continuum and most other professions seem to be somewhere in between.

Review of curriculum documents

Type and level of programmes

The type and level of programmes learners are required to follow for registration varies between healthcare professions. Within Medicine and Dentistry, for example, for full qualification under-graduate study to Bachelor level, followed by 2 years Foundation and at least 3 years specialist training is required in order to reach consultant level or equivalent. Healthcare Science also has 3 clear stages of qualification with Bachelor sufficient for Practitioner Training Programme (PTP), but Master's necessary for the Scientist Training Programme (STP), and Doctoral programmes are available also for higher levels. Within Nursing and Midwifery there are both Bachelor and Master's level programmes on offer, with many initial training programmes at Master's level.

Aims of programmes

The overriding concern is to produce qualified professionals who meet the standards of practice and proficiency required by the relevant governing bodies, and who can work safely and effectively within the contexts in which they will be employed. There is much discussion of patient-centred approaches to the profession and general standards of professionalism, such as ethical, legal, non-discriminatory behaviour. Other commonly occurring themes include the importance of lifelong learning, continued professional development and reflective practice.

Being prepared for multi-disciplinary or multi-professional working is another theme that occurs in one form or another across most of the professions. Interestingly though preparing learners for multi-professional working is mentioned in most of the documents reviewed, only a few areas actually stress the idea of inter-professional or shared learning.

Teaching, learning and assessment

All healthcare professions used common approaches to teaching and learning including problem based learning, reflective practice, experiential learning, and employ similar teaching and learning activities from lectures, self directed study, tutorials, to projects and group work.

Learning theories

The programme and curricula documentation identify a range of approaches to learning. There are few examples of clear statements regarding the underpinning learning theories used to inform the curriculum documents, however the influence of both behaviourist and constructivist understandings of learning are present. In fact, all programmes from all professional areas have a combination of these two main influences at work which suggests attempts within the programmes and curricula to emphasise learning as both changes in behaviour and the development of understanding. This is not without its challenges, as there are potential tensions between the desire for very specific outcomes for all learners and the constructivist emphasis on individuals developing their own understanding by combining new experience and knowledge with old. The latter would suggest the possibility of differentiated outcomes which are not necessarily pre-determined, in contrast to the outcomes based / competency approach which is aiming for a minimum and standard level to be achieved.

Discussion

The analysis of clinical educators' roles and qualifications, and the review of curricula revealed that the professional project appears manifest in the documentation about healthcare training and the education of supervisors. The findings also reveal many examples of commonality and synergy across the professional groups. We suggest that in these shared areas there is the possibility for professionals to work across traditional boundaries, becoming hybrid re-constructed professionals.

Practical implications

While the influence of professional projects is still evident in how approaches to training clinical educators and related curriculum are framed, similarities and common approaches to facilitating learning are evident. The common tension experienced across the professions of the need to balance behaviourist and constructivist approaches to teaching and learning suggest that there may be value in exploring greater collaboration with regard to supporting workplace learning in clinical education. Collaboration could provide opportunities for more adaptive, responsive professional identities to emerge, better preparing learners for the complex, challenging and constantly changing nature of professional life in clinical settings. Pilot initiatives currently being explored in London to promote collaboration will be presented.

References

Austerberry, H. and Newman, M. (2013) *Draft review of qualifications and training for clinical educators in the healthcare professions*. London: Social Science Research Unit, Institute of Education, University of London

Barnett, R (2008) *Critical professionalism in an age of supercomplexity*, in Cunningham, B (Ed) *Exploring Professionalism*. London, Bedford Way Papers: 190-208

Bentall, C (2014) *Study and the views on teaching and learning within health qualifications in England - Draft report*. London. HENWL

DoH (2013:1) *Delivering high quality, effective, compassionate care: Developing the right people, with the right skills and the right values. A mandate from the Government to Health Education England: April 2013 to March 2015*. London. Department of Health

Griffin, A and O’Keeffe, C (2013) *The Rise of the Transprofessional - Education for task shifting or professional development? Workshop*. The Second International Conference on Faculty Development in the Health Professions.

Greenwood, J and Manaaki Wilson, A (2006) *Te Mauri Pakeaka: A journey into third space*. Auckland, Auckland University Press

Larson, M. (1977). *The Rise of Professionalism: A Sociological Analysis*. London, University of California Press.

Macdonald, K. (1995). *The Sociology of the Professions*. London, Sage.

Perloff M. (1998). Cultural liminality/aesthetic closure? The ‘interstitial perspective’ of Homi Bhabha. In *The location of culture* ed HK Bhabha 139 -170. London, Routledge. <http://wings.buffalo.edu/epc/authors/perloff/bhabha.html> [last accessed 14/4/2014]

Whitty, G. (2008). *Changing modes of teacher professionalism: traditional, managerial , collaborative and democratic*, in Cunningham, B (Ed) *Exploring Professionalism*. London, Bedford Way Papers: 28-49.