

A Reflection On: Interprofessional Working in Practice – Avoiding the Theory-Practice Gap

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Reflection

It is not often that one is offered the opportunity to look back at one's earlier work and younger self. This reflection is a golden opportunity for me to take stock and consider the thoughts of myself and co-authors in 2013, as well as considering their validity in 2023. In 2013 our article aimed to encourage colleagues, who were engaged in facilitating interprofessional teaching and learning, to consider the notion of the theory-practice gap in pre-registration health and social care. The article considered the importance of creating health and social care professionals that were fit for purpose at the point of registration. It also questioned whether internal organisational efficiencies in the health and social care sector contributed to an interprofessional theory-practice gap.

Our article observed that successful interprofessional collaboration by registered professionals was only possible when opportunities to practice interprofessional working had been provided as a student. In essence the development of successful teams in practice relies on interprofessional education (IPE) being embedded into health and social care curricula. The article also posed a series of questions, asking readers to consider their own and their students' experience of collaborative working. In addition, was IPE problematic in terms of the translation of the theory into the reality of working in practice? The final question asked if organisations such as the Centre for the Advancement of Interprofessional Education (CAIPE) should be pivotal in offering advice and guidance to Higher Education Institutes (HEI).

In 2013 CAIPE was an important part of our world, offering support and sage guidance on curriculum development. Over the last 10 years CAIPE has continued to lead the field within the UK and has produced a series of guidelines and recommendations for curriculum development. These continue to help colleagues to consider the implications of the theory-practice gap (CAIPE, 2014, 2016, 2017). Whilst these earlier publications have supported and guided curriculum development, CAIPE has connected with colleagues across HEIs and practice to move this earlier work on, recently launching a new 5-year strategy (CAIPE, 2022). The aim of the strategy is to advance and support the growth of IPE and

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collaborative practice focusing on four priority areas: research; standard setting; faculty development; and translation of evidence into practice. The priorities acknowledge the importance of addressing the theory-practice gap and articulate plans to advance IPE and collaborative working.

The article argues that without addressing the theory-practice gap, interprofessional working will be compromised in practice with a resulting reduction in the quality of patient care. In 2023 there has been significant improvement in IPE, with more emphasis placed on simulation and opportunities for students to practice collaborative working in safe settings, before working in practice with patients. Looking ahead CAIPE will continue to add to the evidence base and support HEIs to sustain and grow their IPE provision in both quality and scale (CAIPE, 2022, p. 8). The period surrounding COVID-19 gave us a glimpse of collaborative working at its best due to the unique opportunities for team working in crisis with both face-to-face and digital implications (Bluteau & Bluteau, 2020). Whilst the crisis has faded and simulated experiences have increased, it is important not be complacent, and to strive to learn from our experience and create a world where collaborative working is the norm.

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Original Article

Interprofessional Working in Practice – Avoiding a Theory-Practice Gap

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Abstract

This paper aims to encourage and promote further discussion around the theme of the theory and practice gap in the teaching and practice of interprofessional education (IPE) in pre-registration health and social care. Following a brief history of IPE, we consider the importance of providing students with supported opportunities to observe, learn and put into practice IPE. We also highlight the necessity of involving practitioners in creating health professionals who are ‘fit for purpose’ at qualification.

Keywords: interprofessional, theory–practice gap, collaboration, pre-registration

Introduction

This short reflective paper builds on personal and professional experiences and observations of the authors over a seven-year period of leading and teaching interprofessional education (IPE). We are all experienced practitioners (although no longer working in practice), and passionate about the importance and relevance of IPE.

Interprofessional education appeared on the educational curriculum in the early 1990s, although initiatives in IPE first emerged in the 1960s. However, in 1987 Dr John Horder and Prof. Hugh Barr founded the Centre for Advancement in Interprofessional Education (CAIPE), which drew together these initiatives and provided a focal point for advice and information. Importantly CAIPE provided a definition for IPE as “occurring when two or more professions learn with, from and about each other to improve collaboration and the quality of care” ([Centre Advancement Interprofessional Education 2002](#)). IPE learning outcomes now feature in accreditation body documents (see, for example, the [UK Nursing and Midwifery Council \(2010\) Standards for Education](#)).

The responsibility of every university is to produce ‘fit for purpose’ practitioners able to work effectively, competently and safely within the service setting at qualification. The teaching and learning of health and social care professionals occurs in two contexts – within universities and within health and social care organisations. However, the demands and expectations within each organisation are different; within the university the focus is student centred, within health and social care settings it is service-user focused. Universities rely on student numbers to finance professional courses. The quality of student experience influences student choice and professional body validation and good student results ensure that the training meets the professional requirements and those students are ‘fit for purpose’ at qualification. Health and social care organisations depend on the employment of professional, safe and knowledgeable practitioners within a setting in which health and social care is required to meet Public Service Agreements (PSA) ([The](#)

Kings Fund 2010) within a defined budget. At the same time they are providing placements for a diverse and varied range of health and social care students. The increasing drive for health and social care organisations to be cost effective and the continual change that seems to accompany this, along with the differing expectations within university and service settings, perhaps contribute to the ‘theory–practice gap’.

The Theory–Practice Gap

In 1995, the Department of Health (Department of Health 1995) directed that health professionals should base their practice on evidence, gained from research findings. In so doing it was thought that practice based on tradition and belief would end, closing the theory–practice gap. However, despite the introduction of evidence-based practice, recent papers, especially within nursing, suggest that the theory–practice gap may still exist (Weller 2004, Maben *et al.* 2006, Wilson 2008, Mortell 2012).

Could there be an interprofessional theory–practice gap? Interprofessional education ensures that students learn about the roles, responsibilities and skills of health and social care professionals working within NHS organisations. With the change in population demographics, health and social care is becoming more complex, meaning service users are often treated by a variety of professionals. Caring for service users now requires the skills and knowledge provided by a team of health and social care professionals. Health and social care students, if they wish to deliver evidence-based, quality, person-centred care need to learn how to work in collaborative teams, the importance of communication, and to understand the different roles, responsibilities, and skills of their colleagues.

The gap between the ‘theory’ of what we want students to do, and the reality of working in real-life practice settings as an interprofessional collaborative team, raises several questions:

- How do we as academics (from all professions) support our students to learn with, from and about other health and social care professionals?
- How do we ensure that students observe teams of health and social care professionals working collaboratively, and how can we support students to engage in collaborative practice with students from other professions?
- Does IPE have a problem of translation?
- Can organisations such as CAIPE provide support and advice?

IPE literature provides many examples of IPE learning activities developed within the educational programmes to support IPE. Most are positively evaluated by students, academics and practitioners but many appear to lack sustainability, which in turn reduces opportunities for students to ‘practice’ and also will hinder the collection of evidence to support IPE. The IPE literature discusses the reliance on ‘champions’ to develop and promote IPE. But if sustainability is an important aspect of collecting evidence of achieving collaborative practice, then we cannot rely on champions alone. Instead we need the support of all health and social care professionals both in practice and academia.

Learning to work collaboratively requires practice, both as a student, and also as a qualified practitioner. Such a major challenge has to be shared by colleagues in university and in practice. Only if universities and health and social care organisations work together can theory and practice be united, enabling students to be supported and provided with the opportunity to observe and learn how to work collaboratively. If students do not observe interprofessional collaboration in practice they will not consider it to be a norm within the daily practice of every health and social care professional. Indeed if they are unable to practice this as students they may not be competent to work within interprofessional teams after qualification. The World Health Organization (World Health Organisation 2010) stated that if health professionals learned together, and learned to collaborate as students, they would be more likely to work together effectively in clinical or work-based teams. This can only be achieved if colleagues, from all professions and from the different organisations commit to developing sustainable learning opportunities and to supporting students as they learn to work collaboratively with other student members of the health and social care team.

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