Are There Threshold Concepts Associated with Learning to Become 'Interprofessional' and What Are the Implications for Exploring Practice-Based Learning?

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Abstract

Newly graduating health and social care professionals are expected to be able to work in ways that exemplify being interprofessional, that is, learning and working with others with an aim to improve collaboration and the quality of care. The threshold concepts framework (TCF) offers an approach to explore how to support students' learning in relation to those elements of professional working. In particular, the TCF places focus on understanding how students navigate gateways or threshold concepts (TCs), which are viewed as learning experiences resulting in a transformed view of a discipline and of self: a transformation that is essential to development as a professional. This discussion piece draws upon a growing body of literature (grey literature, empirical, and theoretical work) to propose that there are TCs associated with learning to become interprofessional; for example, respect for interprofessional partnerships and person centred care. Building on the analysis of that work and the literature associated with interprofessional education, the discussion moves to consider how practice-based placements may be particularly rich sites for further exploration of becoming 'interprofessional' using the TCF.

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Introduction

In this discussion paper, I propose that there are significant gateways or 'threshold concepts' (TCs) through which health and social care students must pass, to enable new ways of thinking and practising that are associated with becoming 'interprofessional'. My thinking was triggered by an article by Royeen *et al.* (2010) who theorised that moving from a more insular, profession-specific way of thinking and practising, to one that gives up hierarchical methods of acting, could be a transformative experience and one that is irreversible. This would mean that interprofessional practice and education could not be viewed as a uni-professional pursuit again, and they aligned that notion of transformation with passing through a 'gateway' (according to Meyer and Land's (2005) threshold concepts framework (TCF).

The threshold concept framework (TCF)

The TCF can be understood as an analytical framework for viewing teaching in any discipline or profession that is concerned with how to support students with elements of learning that are viewed as challenging (troublesome) and yet significant to their development (Schwartzman 2010). The premise is that as learners navigate certain TCs, they experience an epistemological and ontological transformation; i.e. when a learning threshold has been grasped, they 'see' the world differently and related ways of being in the world change (Land, cited in Quinlan *et al.* 2013: 586). Threshold Concepts are also characterised as being troublesome as the student encounters 'troublesome knowledge' which may be due to the tacit nature of that knowledge, its ritualised or inert form of acquisition, its alien nature, or its conceptual complexity (Land 2011). As students experience a TC, this is described as moving into a liminal conceptual space or transition where new understandings are related to existing conceptions and the former conceptions may be given up; a process described as potentially uncomfortable or unsettling (Land 2011).

Interprofessionalism and (potential) related threshold concepts

Interprofessionalism, or being interprofessional, can be defined as a way of thinking and practising for health and social care professionals, which is characterised by learning and working with others with the aim to improve collaboration and the quality of care in a way that values that learning process and related practice improvements (Hammick *et al.* 2009). A range of frameworks capture the knowledge, skills, attitudes, and values that encapsulate 'interprofessional' ways of thinking and practising (Thistlethwaite 2014). Common domains in these frameworks include: patient centred care practices; mutual respect (for other professions); and interprofessional communication.

Examination of health and education related databases and grey literature reveals a growing number of theoretical and empirical works which aim to identify TCs associated with learning for pre-registration health and social care students. Using a range of approaches (e.g. exploring students' critical incident reports and written reflections, interviews with educators and/or students), a range of 'troublesome' concepts and practices have been identified. It is notable, that when these proposed TCs are juxtaposed with interprofessional practice competency domains, it would appear that a range of ways of thinking and practicing 'interprofessionally' are associated with TCs (see Table 1).

Table 1. Juxtaposing interprofessional practice competency domains and proposed 'threshold concepts' (the latter being derived from empirical and theoretical studies of students' learning on pre-registration health and social care programmes).

Interprofessional practice competency domains*	Proposed 'threshold concepts' (notionally themed)
Patient-/client-/family-/community- centred care Collaborative working	Social models of disability (Morgan 2012) Person- (rather than therapist-) centred care (Hill 2012) Client-centred practice (Rodger and Turpin 2011) Care (Clouder 2005) Client-centred practice and use of self (Tanner 2011)
Reflective capability – critical self-awareness in collaborative working Promote professional development	Critical reflection (Foote 2013) Thinking critically, reasoning, and reflecting (Rodger and Turpin 2011) Developing a professional self-identity (Tanner 2011)
Non-judgemental practice Act in respectful ways Respect diversity	Role as non-judgemental (Johansson 2012) Respect for interprofessional partnerships of care (Ryan 2012)
Reflection on opportunities for team improvement Engagement in interdependent relationships with other professions to advance learning	Interprofessional learning (Nambiar-Greenwood 2010)
Interprofessional communication	Multi-layered communication (Ryan 2012) Language as a professional tool (Johansson 2012)

* Derived from: Canadian Interprofessional Health Collaborative (2010), Curtin University (2011), Interprofessional Education Collaborative Expert Panel (2011), Sheffield Hallam University (2010)

The significance of learning in the workplace as a place to encounter thresholds associated with becoming interprofessional

Critique of the varied approaches to identification of these TCs (Table 1) is beyond the scope of this discussion paper. However, it is notable that those approaches which derive TCs from *students'* learning accounts, arguably the most pertinent accounts (Clouder 2005, Hill, 2012), highlight the importance of students' active participation in therapy/care as a means to enabling new ways of thinking and practicing. In particular, reflection on and interaction with patients, practitioners, and peers in the workplace appear to be fundamental in experiencing a liminal state, of being troubled by the disconnections between theory and practice, the uncertainties of practice, and the changing sense of self in relation to practice; it could be said, they are navigating interprofessionalism-associated 'troublesome' thresholds.

How does this relate to the interprofessional education literature?

Interprofessional education (IPE) is purported to support learners in developing skills and knowledge enabling them to tackle challenges best approached via team working and collaborative practice (World Health Organisation 2010). The most commonly accepted definition of IPE is provided by CAIPE (2002) i.e. occasions when two or more professions learn with, from, and about each other to improve collaboration and the quality of care. Similar to the findings from the TCs studies discussed, the IPE literature indicates that the principles for effective interprofessional learning are well served by the affordances of practice-based learning i.e. authentic, highly valued, experiential learning experiences that are in a context which aligns with students' current or future practice (Hammick *et al.* 2007, Thistlethwaite 2013). Unlike teaching in the University setting, where there can be barriers to IPE e.g. having a limited range of professional programmes, scheduling problems, rigid curricula (Lawlis, Anson, and Greenfield 2014), the practice setting demands interprofessional collaboration to support patients, families, and communities.

There are positive evaluations of interprofessional practice-based education (Thomas and Reeves 2015). However, it is not clear *what* dimensions of learning are best supported by organised (at times, resource-intensive) interprofessional practice-based learning versus the more dominant, uniprofessional practice-based experience (Thistlethwaite 2013). An additional critique of some IPE evaluations centres on the emphasis upon examining 'end point' behaviour, knowledge, and skills, rather than understanding *how* the novice practitioner experiences the journey of becoming interprofessional, addressing the complexities of what is working for whom, why, and in what context (Reeves 2015).

Proposing the TCF as a lens to explore students' learning journeys to interprofessionalism

Building on the premise that practice placements are complex but important contexts for learning, some of which could enable (or inhibit) 'becoming interprofessional' it is proposed that use of research approaches, informed by the TCF, may be valuable. Such approaches would seek to identify shifts in learners' understandings of conceptually troubling knowledge and practices (e.g. person-centeredness) and evolving professional identity. By attending to the affective dimensions of learning in the context of students' encounters with inter- *and* uni- professional practice, we may advance understanding of *how* they are learning, and what supports their movement towards or away from navigating significant interprofessional thresholds. This mode of enquiry, which acknowledges the significance of the intersection of context, teaching and learning and the student as an individual, provides the opportunity to deepen understanding of the significance of the formal/planned IPE in practice, as well as the influence of informal learning and teaching and the, at times more 'hidden' yet pervasive, cultural influences.

In summary, I hope to have stimulated thought about the potential of there being TCs related to becoming interprofessional. In addition, I suggest that using a TCF approach to exploring students' learning journeys associated with practice-based learning could be useful in advancing our understanding of how students navigate important interprofessional thresholds, ultimately informing what we can do to support that journey.

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