

An epistemology for interprofessional practice: *Exploring thinking and reasoning in health and social care*

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Aim of postgraduate interprofessional education

Developing capability – beyond competence

Workforce requirements for postgraduate education

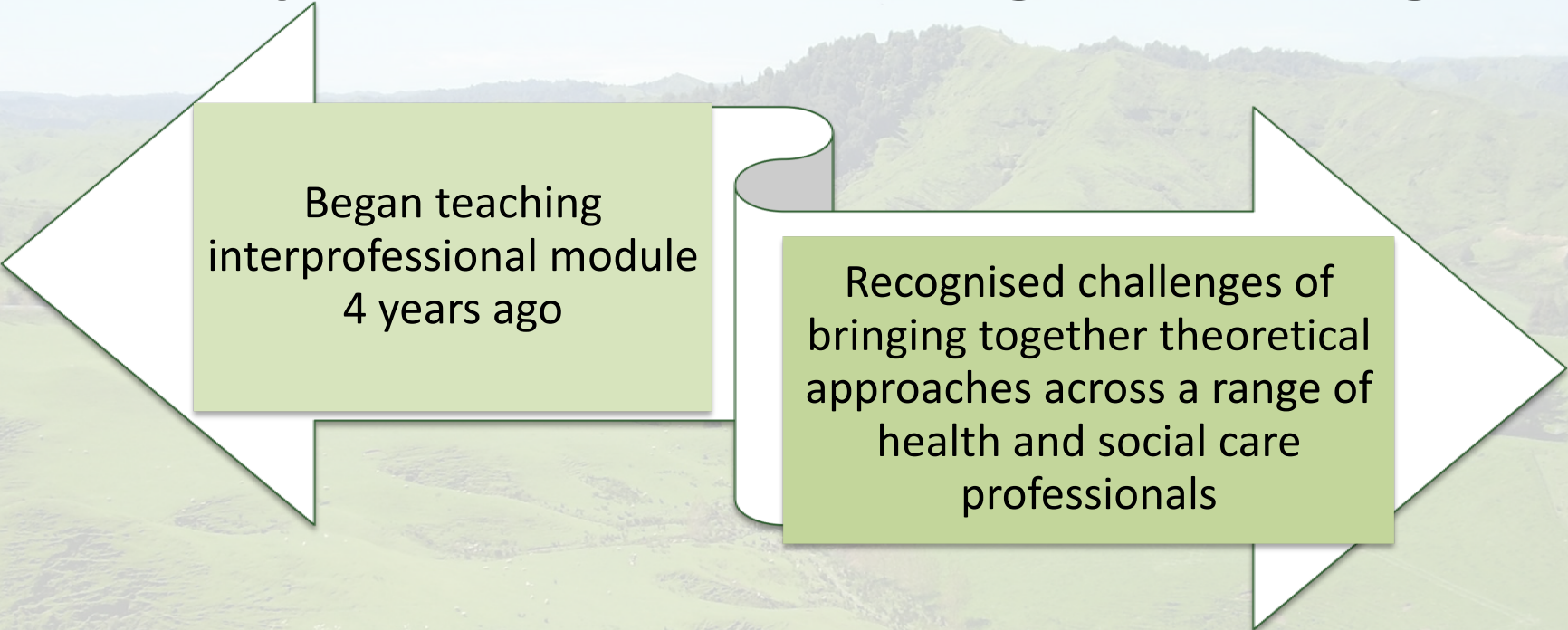
- Getting more value from experienced practitioners to increase the capacity of the health workforce
- Advanced practice; practising to the top of a regulated scope

Capability development

- Developing capacity to respond capably to the unexpected
- Expertise, resilience, endurance & creativity

(Holloway, 2012)

Background: The journey to interprofessional teaching & learning



Began teaching
interprofessional module
4 years ago

Recognised challenges of
bringing together theoretical
approaches across a range of
health and social care
professionals

“You diagnose we don’t” – so where is the common ground?

Students come to this learning having been taught in professional ‘silos’, but then so have their lecturers.

Health and Social Practice & Reasoning in practice

1. knowledge perspectives for practice and research
2. Reflexive analysis of personal & professional values
3. Interprofessional communities of practice with/in specific populations
4. Regulatory frameworks & organisational contexts shaping practice
5. Shaping the Self-as-Practitioner within interprofessional contexts

- Frameworks for thinking and reasoning
- Reflexive analysis of own practice in context
- Collaborative case review & analysis
- Capability development – aspirational self

Challenges and achievements

'Siloed profession' thinking



Thinking about thinking and reasoning in practice



Understanding more about social determinants of health



Recognising the value of interprofessional learning



Transformative learning

Metacognition

Thinking about thinking

De-centering professional identity

- Understanding & challenging how we have been socialised within specific disciplines
- Negotiating new professional positionings – new capacities

Metacognitive competence

- thinking about own & others' thinking
- Destabilising prior understandings of practice
- Actual learning cannot always be predicted

'Expansive learning' is an outcome of deep engagement in collective learning activities

- experiencing the 'moments of uncertainty' that challenge prior ways of thinking (Hean et al, 2009)

Thinking and reasoning

Challenging identities (Illeris, 2014)

- Shifting perspectives, frames of reference and habits of the mind
- Identity as a “reflexive project”, always balancing & becoming

Complex sites of decision making (Higgs & Jones, 2008)

- Problems ill structured, incomplete & fast moving situations
- Decisions often time pressured, significant personal & professional outcomes
- Multiple professionals acting together in different roles
- Organisational context (priorities, norms, values) impact on decision making

PRACTICE EPISTEMOLOGY

(Higgs & Jones, 2008; Schovholt & Starkey, 2010)

Experiential knowing

Interpretive

- Practice based
- Tacit, 'ready to hand'
- Embedded, embodied & skilful
- Inductive

ORGANISATIONAL

Priorities & resources
Policies & guidelines
Acuity & workload

Propositional knowing

Empirical

- Evidence based & population focused
- Deductive
- Diagnostic
- Predictive

Cumulative integration of knowledge from multiple, challenging care encounters (Soubhi et al, 2009)

Frameworks & evidence that guide best practice

Situated knowing

Contextual

Client, population

- Demography
- Epidemiology
- Social determinants
- Culture & relational context

Self-as-practitioner

- Professional mandate
- Competence & capability
- Effects of actions

TEAMWORK

Collaboration, cooperation, benchmarking best practice

PROFESSIONAL CONTEXT

Regulatory Considerations
Normative frameworks
Professional guidelines

POPULATION HEALTH AND WELLBEING

Assessment activities

Reflexive review:

- Reflexive analysis of practice epistemology using a case review

Bridging the 'know-do gap';

- Written evaluation of knowledge and evidence for practice

Presenting the self-as-practitioner;

- Vision for future capability development within the interprofessional team

References

- Clark, P. (2006). What would a theory of interprofessional education look like? Some suggestions for developing a theoretical framework for teamwork training 1. *Journal of Interprofessional Care*, 20(6), 577-589.
- Hean, S., Craddock, D., & O'Halloran, C. (2009). Learning theories and interprofessional education: a user's guide. *Learning In Health & Social Care*, 8(4), 250-262. doi:10.1111/j.1473-6861.2009.00227.x
- Higgs, J., & Jones, M. (2008). Clinical decision making and multiple problem spaces. In J. Higgs, M. Jones, S. Loftus, & M. Christensen. *Clinical reasoning in the health professions* (3rd ed.; pp. 3-14). Sydney, NSW: Elsevier.
- Holloway, K. (2012). The New Zealand nurse specialist framework: Clarifying the contribution of the nurse specialist. *Policy, Politics, & Nursing Practice*, 13(3) 147 –153.
- Schovholt, M., & Starkey, M. (2010). The three legs of the practitioner's learning stool: Practice, research/theory, and personal life. *Journal of Contemporary Psychotherapy*, 40, 125-130.
- Thistlethwaite, J. (2012). Interprofessional education: A review of context, learning and the research agenda. *Medical Education*, 46, 58-70.
- Wackerhausen, S. (2009). Collaboration, professional identity and reflection across boundaries. *Journal Of Interprofessional Care*, 23(5), 455-473. doi:10.1080/13561820902921720

