

STORYAID.EU

IPE POLICY REVIEW

ERASMUS+ PROGRAMME

2014-2020

KEY ACTION 2: STRATEGIC PARTNERSHIP

**HUMANIZING HEALTHCARE EDUCATION THROUGH THE USE OF
STORYTELLING**

AGREEMENT N°2019-1-ES01-KA203-065728



StoryAidEU
Humanizing Healthcare Education through
the use of Storytelling



International Network for
Health Workforce Education



Co-funded by the
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Interprofessional Education Policy Review Report

October 2020

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Overview

This Policy Review was conducted over the first 12 months of the StoryAidEU project and consists of two parts. Part 1 involves desk-based research using the triple plus method to ensure the documents were collected in a thorough and systematic manner. Part 2 draws on semi-structured interviews with policy makers from across a number of EU states. This document outlines the background to the review, highlights the methodology of the desk-based research and interviews, outlines the results and, lastly, discusses findings and conclusions for the review. In relation to the future of the project, the report will be used by the leaders of all three intellectual outputs (IO1, IO2 and IO3) and the findings will inform synergy discussions and the development of training materials.

The StoryAidEU project aims to humanise healthcare education through the use of storytelling. It identifies how current healthcare training curricula rely on a comprehensive understanding of the bio-medical model of medicine but that it is critical for these to incorporate more rounded perspectives. To explore a new model of healthcare training, the project proposes that storytelling can become a crucial tool for educators to show the hidden and silent stories of patients, healthcare professionals, patients' loved ones, and vulnerable people who are receiving care. This approach is of paramount importance in a context where Europe is facing increased demand for health services due to ageing populations, rising patient mobility, and a diminishing supply of health workers caused by retirement rates that surpass recruitment rates. This is placing unprecedented pressure on the health workforce and storytelling has the potential to increase health professionals' capacity for self-reflection to help them cope with these pressures.

Storytelling can be used to ensure a holistic approach to healthcare professionals' education and this project aims to build a truly interprofessional approach to storytelling. There is strong evidence to support that effective interprofessional education (IPE) is an innovative strategy for enabling effective collaborative practice, making IPE a necessary feature for training a prepared health workforce. Furthermore, collaborative practice strengthens health systems and has been shown to improve health outcomes (WHO, 2010). The StoryAidEU project therefore proposes that storytelling will be highly valuable when used in an interdisciplinary environment, something which this project will support by creating an innovative multi-professional, inter-stakeholder approach to bridge the gap between current educational models and a more holistic model designed for the future.

Background

Interprofessional Education

Ever since the World Health Organization produced its Framework for Action on Interprofessional Education and Collaborative Practice in 2010 much work has been conducted at a policy level to try to implement interprofessional education of healthcare professionals in states and healthcare systems across the globe. The Framework called for policy makers, decision-makers, educators, health workers, community leaders, and global health advocates to take action and move toward embedding interprofessional education and collaborative practice in all of the services they deliver (Gilbert et al, 2010). Since then educators are increasingly experimenting with new IPE models, but best practices for translating IPE into interprofessional practice and team-based care are not well defined (Abu-Rish et al, 2012). This Policy Review aims to identify examples of evidence-based policy interventions that can be used across the EU to implement interprofessional education, and to understand the challenges and opportunities related to the implementation of such policies. These insights will be integrated with those relating to humanism and storytelling at a later stage of the project to inform policy makers on the implementation of the project aims.

Part I: Desk Based Research

Methodology

For the Policy Review search to be successful it was important to explore both academic and grey literature. Grey literature can be found in many forms such as government and non-governmental reports, conference presentations and projects, industry standards, documentation (from private or public sector) and other official documentation (Alberani et al, 1990). In order to search both academic and grey literature effectively Booth's (2013) triple plus strategy was implemented. This strategy provides a systematic method for searching literature and is particularly useful for finding policy related documents. Firstly, journal databases were used for academic sources. Secondly, specialist grey literature databases were searched. Finally, supplementary strategies, such as consulting Google Scholar, were examined.

Three databases were used to search for academic literature on the subject area. These were:

- Elsevier – ScienceDirect
- Springer/ICM
- Web of Knowledge

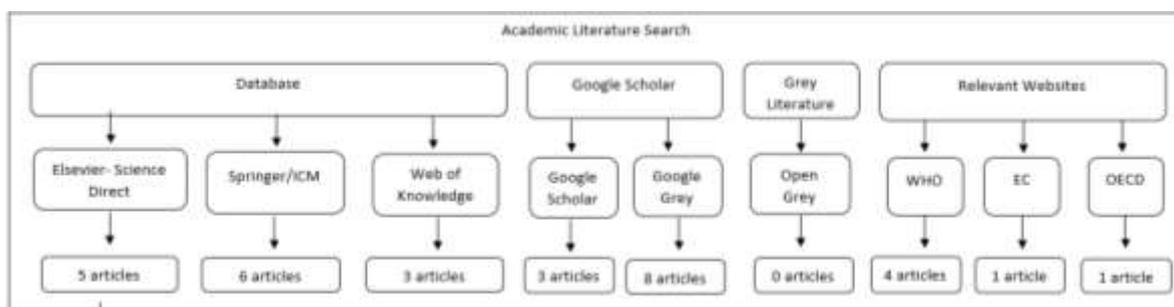
When searching for grey literature only one database was used:

- OpenGrey

Supplementary strategies included using Google Scholar, standard google searching and the websites of large international organisation (WHO, OECD, European Commission).

Search Strategy

The search terms were derived from the concept analysis undertaken as part of the wider StoryAidEU project. The terms were kept simple and we prioritised 'healthcare' and 'policy' to ensure that results were as applicable as possible. Appendix A includes a full description of search terms used, the number of results from each search method and selected articles. In line with Booth's (2013) method databases were searched first, starting with Elsevier – ScienceDirect, which provided five (5) articles that were applicable to the review. This search was partially duplicated for both the Springer/ICM and Web of Knowledge databases providing similar results in selecting a total of nine (9) articles. Grey literature was searched next and was conducted using the Open Grey database. A similar search technique to the academic literature was implemented which produced no articles of relevance.



Maintaining Booth's (2013) strategy, supplementary search formats were attempted. Google Scholar was searched for supplementary sources finding three articles and this was followed up by a standard Google search which provided a further eight sources of grey literature. Search terms followed a similar pattern to those of the preceding database searches. Lastly, the three relevant organisational websites that had been identified as useful by the consortium were investigated in more depth and identified six relevant documents. In total, 31 sources of information were identified that had

relevance to IPE and policymaking and which could be used by policy makers to enable the implementation of healthcare reforms that promote IPE.

Data Mapping

The results of the search primarily came from publications in English-speaking countries with the United Kingdom and United States of America making up a large proportion of the data collected. This is likely due to the language used for project and search terms, and reflects one of the limitations of the search method. The data comes from multiple viewpoints with articles focusing on an international perspective producing 18 results, national documentation was the next highest with 11 results, with local and regional outlooks each producing just one result each. The vast majority (18) of results were categorised as guidance or frameworks, general academic studies produced 10 results, followed by three case studies. Articles were selected that would be of high value to policy makers when implementing IPE within their healthcare decision making. Thus, the vast number of international documents focusing on guidance and frameworks will give detailed explanations on policy implementation.

The documents, including the key aspects of their methods and their core conclusions, are summarised in the table which follows.

Article Selection

Author(s)	Title	Year	Publication	Premise	Methodology	Conclusion	Location	Type
M. Bonello, et al	The role of national culture in shaping health workforce collaboration: Lessons learned from a case study on attitudes to interprofessional education in Malta	2018	Health Policy	The World Health Organisation identifies interprofessional education (IPE) as a key element for preparing a collaborative workforce. However, global implementation remains challenging due to individual, professional and organisational barriers.	A qualitative case study explored the concept of introducing an undergraduate IPE programme at the Faculty of Health Sciences, University of Malta. A combination of in-depth interviews and focus groups were conducted with a sample of sixty-four academics, health and education policy makers and newly qualified health professionals.	The findings suggest that while participants support the notion of IPE, they identify multiple barriers that would challenge implementation. This includes particular cultural norms and values which participants perceived would conflict with IPE.	Malta	National study
K. L Franson, E. H Gilliam	Overcoming barriers to interprofessional practice/education through legislative reform: A University of Colorado case study	2019	Journal of IPE and Practice	Colorado statute required a licensed pharmacist to supervise students while engaging in Interprofessional clinical experiences. The purpose of this article is to allow pharmacy students to participate in patient care activities when led by other interprofessional team members.	Between 2010 and 2012 we engaged collaborators (other pharmacy/health professions schools, state board of pharmacy, Colorado Pharmacists Society, practitioners, and the public) to establish the need to change Colorado statutes. The law changed in 2012 and rules were drawn in 2013 allowing students to be supervised by non-pharmacists practitioners.	Changing law allowed more pharmacy students to contribute to interprofessional patient care practices.	USA	Regional study
S. Zodpey, P. Lumbiganon, T, Evans et al	Assessment of health professional education across five	2018	BMC Open Access	There is an increasing consensus globally that the education of health professionals is failing to	The 5C network undertook a multi-country health professional educational study to provide its	The national assessment would serve as a resource	Asia	International study

	Asian counties – a protocol			keep pace with scientific, social, and economic changes transforming the healthcare environment. This catalyzed a movement in reforming education of health professionals across Bangladesh, China, India, Thailand, and Vietnam.	countries with evidence for HRH policymaking. Its scope was limited to the assessment of medical, nursing, and public health education at three levels within each country: national, institutional, and graduate level (including about to graduate students and alumni).	for countries to plan HRH-related future actions.		
CoBaTrICE collaboration (J.D Wilde, J.F Bion)	The educational environment for training in intensive care medicine: structures, process, outcomes and challenges in the European region	2009	Springer	To characterise the training environment in ICM across Europe, with a particular focus on factors influencing competency-based training.	A cross-sectional web-based survey completed by the national coordinator for the CoBaTrICE (Competency-Based Training in Intensive Care medicine) programme in each of 28 European countries	There is considerable diversity in pedagogic structures, processes and quality assurance of ICM across Europe. National training organisations should develop common standards for quality assurance, health systems need to invest in educator support, and the EU should facilitate harmonisation by recognising ICM as a multidisciplinary speciality.	Belgium	International study
C. M Bennett, K Lilley, H Yeatman, E Parker et al	Paving Pathways: shaping the Public Health workforce through tertiary education	2010	Bio med central – open access	Reform of the allocation of federal budget to increase funding for PH and disease prevention. This includes placing spotlight on the workforce, PH education	N/A (Discussion piece)	Highlight some of the competing tensions in public health tertiary education, their impact on public health training programs, and the educational pathways that are needed to grow, shape	Australia/ New Zealand	National framework / guidance

				and upskilling the workforce.		and prepare the public health workforce for future challenges.		
J. Braithwaite et al	An action research protocol to strengthen system-wide inter-professional learning and practice	2007	BMC Health Services Research	We aim to provide a four year, multi-method, multi-collaborator action research program of IPL and IPP in defined, bounded health and education systems located in the Australian Capital Territory (ACT).	The program of research will examine in four inter-related, prospective studies, progress with IPL and IPP across tertiary education providers, professional education, regulatory and registration bodies, the ACT health system's streams of care activities and teams, units and wards of the provider facilities of the ACT health system	The value of multi-methods, partnership research and a bi-directional push-pull model of IPL and IPP will be tested. Widespread dissemination of results to practitioners, policymakers, managers and researchers will be a key project goal.	Australia	National study
Elizabeth S. Anderson	Evaluating interprofessional education: An important step to improving practice and influencing policy	2016	Journal of Taibah University medical Sciences	More work is needed to add to the growing evidence base, particularly with respect to aligning with a suite of claims for IPE. This can result in transformations in student attitudes and behaviours towards positive changes in service design and delivery to advance patient care.	Start-up pilot studies to programme evaluations in which IPE is a component of a professional curriculum.	Further robust research grounded in theoretically informed principles must consider the patient voice, as patients can speak to their experiences as recipients of interprofessional practice.	Saudi Arabia	Local study
CoBaTrICE collaboration Barrett et al	Development of core competencies for an international training programme in	2006	Intensive Care Medicine	The aim of this study was to define the core (minimum) competencies required of a specialist in adult intensive	Consensus techniques (modified Delphi and nominal group) were used to enable interested stakeholders (health care	Using consensus techniques we have generated core competencies which are	Belgium	International study

	intensive care medicine			care medicine (ICM). - Follow up from the other article listed above	professionals, educators, patients and their relatives) to identify and prioritise core competencies.	internationally applicable but still able to accommodate local requirements. This provides the foundation upon which an international competency based training programme for intensive care medicine can be built.		
S. Glen	Interprofessional education: the evidence base influencing policy and policy makers	2004	Nurse Education Today	A major theme that has been at the heart of the debate about evaluation, since it emerged as a substantial field of activity, is the role of evaluators in relation to policy makers	Editorial	Evaluation in some conception is an attempt to use the authority of science to legitimate and inform Government actions in societies in which the traditional institutions have lost much of their legitimating power. Given the current UK Government's investment in interprofessional education, evaluation will be required to legitimate this policy directive.	UK	National guidance / framework
K. Bozortgmhr, V. A Saint and P Tinnermann	The "Global Health" education framework: a conceptual guide for monitoring, evaluation and practice	2011	Globalization and Health	To propose a framework conceptualising 'global health' education (GHE) in practice, to guide the evaluation and monitoring of educational interventions and reforms	Literature review	The framework builds on the models of 'social determinants of health' and 'globalisation and health' and is oriented towards 'health for all' and	Germany	International guidance / framework

				through a set of key indicators that characterise GHE.		'health equity'. It provides an action-oriented construct for a bottom-up engagement with global health by the health workforce. Ten indicators are deduced for use in monitoring and evaluation.		
WHO	Nursing and midwifery capacity to contribute to health system strengthening an the achievement of MDGs	2010	WHO	Deliberations of the 13th GAGNM meeting focused on the key areas of interprofessional collaboration, accelerated human resources for health (HRH) response to maternal newborn health (MDG5), scaling-up nursing education, as well as strengthening nursing and midwifery based on the WHA Resolution 59.27	Report presents summaries and discussions	One key recommendation relates to the operationalization and monitoring the "Framework for action on inter-professional education and collaborative practices (WHO, 2010)", and to develop guidelines and tool-kits which offer guidance on the governance of education and health systems.	International	International guidance / framework
WHO (Ellen Chiwra et al	Interprofessional education case study	2014	WHO	Interprofessional education enables students learn together and broaden their knowledge and experiences. The Master of science programme in Reproductive Health programme was developed to address the human resource needs for reproductive health care and the need for a local training programme that	Case study	This case study from Malawi shows that such an approach is possible when done through a consultative process and commitment from all stakeholders including the government.	Malawi	National case study

				could be accessed by more health workers.				
WHO et al	Interprofessional Collaborative Practice in Primary Health Care: Nursing and Midwifery Perspectives	2013	WHO	This publication presents 6 case studies on interprofessional education and collaborative practice from Brazil, Canada, India, South Africa and the USA.	N/A	The document also highlights some barriers and enablers to take into account for implementation	International	International case studies
WHO et al	Framework for action on interprofessional education and collaborative practice	2010	WHO	The Framework for Action on Interprofessional Education and Collaborative Practice highlights the current status of interprofessional collaboration around the world, identifies the mechanisms that shape successful collaborative teamwork and outlines a series of action items that policy-makers can apply within their local health system.	n/a	The goal of the Framework is to provide strategies and ideas that will help health policy-makers implement the elements of interprofessional education and collaborative practice that will be most beneficial in their own jurisdiction.	International	International guidance / framework
John H.V Gilbert et al	A WHO report: Framework of Action on Interprofessional Education and Collaborative Practice			This article summarizes the key features of the World Health Organization's Framework for Action on Interprofessional Education and Collaborative Practice	Editorial	The Framework is a call for action to policy-makers, decisionmakers, educators, health workers, community leaders, and global health advocates to take action and move toward embedding interprofessional education and collaborative practice in all of the services they deliver	UK	International guidance / framework

EC	Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU	2013	EC	The project seeks to map the existing and potential future models of CPD and, on the basis of this mapping exercise, to facilitate a discussion with policy-makers and regulatory and professional bodies about the value of European cooperation in this area.	Literature Review	Rather than seeking to 'fix' a commonly accepted definition of CPD, LLL and related terms, this literature review indicates that, in spite of the various approaches to CPD, there are still many common understandings and approaches which allow, for the purposes of this study, to arrive at commonly applicable descriptions of key terms. The review also illustrates the existing discussion of sharing areas of 'best practice' in the delivery of CPD across the different HPCs, and to promote more inter-and intra-professional CPD - learning as a team of healthcare workers both within a profession and across professional boundaries - collaborating together for the benefit of patient health and well-being.	International	International guidance / framework
EC	Ticking the Boxes or Improving Health Care: Optimising CPD of professionals in Europe	2016	EC	Workshop is a contribution to the exchange of the best practice under the EU Directive on the recognition of professional qualifications	Workshop report - 60 experts	-Learning comes from the practice itself -Focus on real clinical performance -Difficult to find long-term indicators	International	International guidance / framework

						<p>-Credits do recognise that the learning process is values</p> <p>-Behavioural change and the working environment, etc</p>		
Dr Judith Shamian	What policy and organisational changes are needed to achieve further progress?	2016	OECD	“Changes in skills mix and scopes of practice”	N/A	Strategies to optimise scopes of practice of health workers: General principles	International	International guidance / framework
Maria M et al	Improved Health System Performance Through Better Care Coordination	2007	OECD	This report attempts to assess whether - and to what degree - better care coordination can improve health system performance in terms of quality and cost-efficiency. Coordination of care refers to policies that help create patient-centred care that is more coherent both within and across care settings and over time	Report	<p>The results broadly suggest that targeted programmes can have positive effects on quality.</p> <p>The study suggests that there is scope for improving performance in coordination by “tweaking” existing health-care systems through a policy mix ranging from better organized ambulatory care to patient-centred integration of health and long-term care</p>	International	International guidance / framework
A.Auraaen, L Slawomirski, N. Klazinga	The Economic of patient safety in primary and ambulatory care	2018	OECD	Building on published patient safety research literature, this paper aims to broaden the existing knowledge base on safety lapses occurring in primary and ambulatory care settings.	N/A	The paper concludes that cohesive policies and leadership across all levels of the healthcare system are needed to improve patient safety in primary and ambulatory care.	International	International guidance / framework

				A panel of academic and policy experts have been consulted to analyse the nature and impact of patient lapses in this specific setting as well as identify barriers and enabling factors towards how safety in primary and ambulatory care can be improved.				
OECD Health Division	Feasibility study on health workforce skill assessment	2018	OECD	This study reviews the status of existing surveys that measure health professional skills, and identifies gaps where more attention and resources will be needed to generate policy-relevant evidence on skills requirements, skills use and skills mismatch in healthcare settings		Although a large number of skills assessment instruments already exist in the health sector, there is considerable scope for improving the effectiveness of health professional skills assessment surveys to generate policy-relevant and actionable evidence.	International	International guidance / framework
M Morrison, G Glenny	Collaborative inter-professional policy and practice: in search of evidence	2011	Journal of Education Policy	Based on desk research, and drawing upon an increasingly invasive use of the term 'collaborative' at macro as well as micro-levels of the state, this paper interrogates the discursive and organisational forms upon which this 'new' advocacy rests and permeates the fields of Education, Health, Social Care, and Social Work, including standards agendas.	Case examples, lit reviews	Conclusions draw attention to the need for more rigorous research not only about the benefits and disbenefits of inter-professional education (IPE) and collaborative IPP but also about the purported causal links between them.	UK	International study

NHS	Improving Safety through Education and Training		Commission on education and training for patient safety	This report, for the first time, focuses on how education and training interventions can actively improve patient safety. This report aims to shape the future of education and training for patient safety in the NHS over the next 10 years. Strategic leadership and collaboration across the NHS is vital to ensure all staff have the right skills, knowledge, values and behaviours to ensure patient safety.	Report	Concludes with 12 recommendations	UK	National guidance / framework
NHS Education for Scotland	Interprofessional Learning	n/a	NHS Scotland	Describes what interprofessional learning is.	N/A	None	UK	National guidance / framework
Hugh Barr and Helena Low	Introducing interprofessional education	2013	CAIPE	This guide is addressed to readers new to interprofessional education (IPE) who want to learn more as they prepare to become one of its tutors, practice teachers, facilitators, examiners, assessors, reviewers or researchers. Offers examples and resources	N/A	None	UK	National guidance / framework
C. Herath et al	A comparative study of interprofessional education in global health care	2017	Medicine (Baltimore)	This paper was conducted to examine the incidences of IPE and summarize the main features about the IPE programs in	Systematic review	This systematic review illustrated that the IPE programs vary substantially across countries. Many countries,	USA	International Study

				undergraduate and postgraduate education in developed and developing countries.		especially the academic institutions are benefiting from the implementation of IPE programs.		
R. M Pittilo and F. M Ross	Policies for interprofessional education: Current trends in the UK	1998	Education for Health	This paper reviews the numerous policy statements that recommend interprofessional education and examines the various assumptions and interpretations of the concept, and discusses the possible reasons for the trends and some of the ensuing tensions.	N/A	Looking toward more countries working toward stronger IPE.	UK	National guidance / framework
Hugh Barr	InterprofessionaI Education: The Genesis of a Global Movement	2015	CAIPE	We strive to capture the dynamic driving the interprofessional movement in a growing number of countries over half a century as we piece together the story from disparate sources augmenting and updating material first published in 2000 on the CAIPE	Features countries as examples		UK	International case studies
A Vyt et al	Interprofessional education in Europe: Policy and Practice	2015	Book	This book contributes to the development of IPE in higher education institutions where IPE is not yet deployed, but also in institutions where IPE is present but not fully developed.	N/A	It provides policy issues and examples of good practice, showing elements which have to be taken into account when developing and implementing interprofessional courses, course units, or study programmes	Belgium	International guidance / framework

West, C. et al	Implementation of interprofessional education (IPE) in 16 U.S. medical schools: Common practices, barriers and facilitators	2016	Journal of Interprofessional Education & Practice	To examine the IPE integration at different institutions and determine gaps where there is potential for improvement.	In this mixed methods study, we obtained survey results from 16 U.S. medical schools, 14 of which reported IPE activities.	Most IPE activities focused on the physician role. Implementation challenges included scheduling, logistics and financial support. A need for effective faculty development as well as measures to examine the link between IPE learning outcomes and patient outcomes were identified.	USA	National study
Fowler, T. et al	Enhancing primary care and preventive services through Interprofessional practice and education	2020	Israel Journal of Health Policy Research	Interprofessional (IP) practice and education are important when seeking to respond to the growing demand for primary and preventive care services. Multiple professions with synergistic expertise are needed to effectively provide health promotion, disease prevention, and patient education and to help patients with multiple comorbidities, chronic health conditions, and care coordination.	N/A	Healthcare delivery in coming years will increasingly rely on primary care and an emphasis on prevention. Access to quality primary care and preventive health services is associated with improved health outcomes and lower costs. As revealed in the study by Schor et al. [6], more preventive services were delivered by IP primary care teams when compared with independent physician practices.	Israel	National guidance / framework

Part II: Policy Interviews

Interview methodology

The value of including interviews in this policy review is that they introduce an interpretivist approach to the research. Britten (1995 p. 251) states that “semi-structured interviews are conducted on the basis of a loose structure consisting of open ended questions that define the area to be explored, at least initially, and from which the interviewer or interviewee may diverge in order to pursue an idea in more detail”. Miles & Gilbert (2005) also point out that using semi structured interviews offers a valuable way of finding out ‘why’ rather than ‘how many’ or ‘how much’. Thus, including semi-structured interviews in the research design adds an additional layer of understanding (Gubrium & Holstein, 2002). In light of this, by including interviews the Policy Review not only reveals what kind of policies are documented in relation to IPE in healthcare but it also presents insights from those directly working in policymaking settings.

The interviews included civil servants, government advisors, and politicians. Interview questions were designed to explore the status of humanism in the healthcare system contexts of interviewees and what interviewees perceived to be the key reforms necessary for humanism to assume a more central position in the education of health professionals. Participants were selected for interview due to having wide-ranging policy experience in the field of IPE and were considered highly likely to be able to reflect on the project’s themes. A total of five in-depth interviews were conducted with policymakers from Portugal, the UK, the Netherlands, and Poland. Within the confines of the project’s resources, a decision needed to be made between conducting fewer, in-depth interviews or a larger number of shorter, structured interviews. The decision to conduct the former type of interview was made due to in-depth interviews being more suited to providing a new dimension to the insights gained from the policy review’s document analysis.

Interview analysis

Interviews with policymakers provided important insights into the range of contextual factors which need to be considered when developing and implementing IPE policies. As a result, they provide essential supplementary knowledge in order for the best practice examples identified in the desk-based research outlined in the previous section to be used in an appropriate manner. The policy interviewees worked in a range of different European contexts which meant there was significant diversity in the healthcare systems in question, however, a number of key themes emerged from their discussions of the status of IPE. These themes will now be discussed in detail below.

Governance of higher education

A major theme discussed by all policy interviewees related to the governance of universities and higher education institutes. Firstly, interviewees highlighted how the delivery of education *across healthcare professionals* typically takes place in a siloed manner which presents a major obstacle to developing healthcare professionals who appreciate the importance of IPE.

Secondly, national contexts which lack coordination *across higher education institutes* present an important challenge to the development of IPE. This point was effectively highlighted by a Portuguese policymaker who explained how at the pre-graduate level Portuguese universities possess full autonomy over their curriculum development, resulting in the leadership of medical schools having few incentives to collaborate with other institutions. Interviewees argued that the solution to this lies in greater governmental coordination of higher education institutes in a manner that introduces incentives for collaboration over the training of different healthcare professionals without removing institutional autonomy over curriculum development.

Thirdly, a further challenge to the development of IPE is presented in contexts whereby the *national governance of higher education institutes* is fragmented. A Dutch policymaker illustrated this point by

explaining how the Dutch Ministry of Education has the mandate for the sphere of general academic education however when it comes to the area of medical education this falls into the mandate of the Ministry of Health. In these types of context where the national governance of health workforce education is fragmented, it presents a further challenge to introduce system-wide incentives and initiatives for IPE as this requires coordination efforts across a wider number of institutions and stakeholders.

Professional cultures and structures

Another key theme which emerged across the policy interviews was the central importance of professional silos within the health workforce. These siloes can take various forms, including manifesting themselves as distinctive professional cultures or norms as well as formalised professional structures. Policy interviewees all described how different healthcare professionals typically perceive themselves as occupying a specific professional 'territory' and working in a manner which protects this territory. This was described by one policymaker in the following way:

"I think a lot of what happens with professional groupings is about establishing the territory of that profession. So, 'what is my work versus your work?' [...] there's something about the sense of identity that comes with being in a professional grouping that says this is the territory, this is our work, this is where our expertise is." Policymaker, UK

The degree to which the protection of professional territories is part of professional and organisational cultures will clearly have a direct impact on the impact of IPE policies. Contexts where there is a professional culture of defending one's professional boundaries or considering other professions as a potential threat to their legitimacy and/or resources will present significantly greater challenges for IPE policy implementation compared to contexts where professions have a more flexible notion of identity and collaboration.

The existence of professional siloes and distinctive professional identity was also highlighted as being associated with lacking a flexible outlook to professional development and being resistant to change. This perceived lack of flexibility was additionally attributed to the education and training of many health professionals (particularly in the case of medical professionals) taking place over the best part of a decade. One of the side-effects of this can be for professionals to become entrenched in the specific protocols and mechanisms of their specific training programmes which makes changing their openness to change a lot more challenging.

In some contexts, professional siloes have become institutionalised through mechanisms such as formal decision-making structures. For example, a Dutch policymaker outlined how in many hospitals, "doctors have their own decision-making structures [...] so they have their own organisations within the hospital organization". In light of this, it is not enough to consider what professional cultures and norms might be when attempting to implement IPE policies, but it is also essential to identify any possible formal structures which might limit the possibility for meaningful interprofessional learning and collaborative practice.

Patient-centredness of the system

The final key theme of the policy interviews relating to the implementation of IPE policy related to the issue of whether healthcare systems were focused on providing patient-centred care. Systems which prioritise putting the patient at the centre of their care provision models were considered to be far more likely to succeed in efforts to deepen interprofessional education and collaborative practice. The link between patient-centredness and IPE is highlighted in the following quotations:

“you need interprofessional structures to organize the patient interest and not let the organizational interest always prevail over the patient interest.” *Policy maker, The Netherlands*

the only reason we need to work in a multidisciplinary fashion to bring different professions together in one place is because we have one single link that connects us all: it's the patient that we need to treat and in that sense that is a very strong motivation to get everyone together. *Policy maker, Portugal*

Thus, policy interviewees emphasise that it is imperative for there to be a system-wide commitment to delivering patient-centred care, which involves putting organisational structures and resources in place, as well as ensuring that these principles are a central dimension of healthcare professionals' curricula. It is only by promoting a professional outlook which puts the patient at the centre of care, and by providing the resources to enable patient-centred care to actually take place, that IPE policies will be embraced and implemented.

Conclusion

The policy review identified a number of useful resources which can help policy makers implement IPE practices within their healthcare and education systems. This includes examples of guidance and frameworks at an international level which can be used by national actors and applied to their specific contexts. In light of widespread research efforts focusing on traditional IPE tools and policies, recent documents have tended to focus on assessing non-conventional IPE practices or the implementation of IPE in broader healthcare fields (such as in community care). Many documents promote incorporating patient stories and experiences into interprofessional education, which points to the value of the StoryAidEU project and the need for the project to draw synergies between all its IOs to achieve maximum impact.

The interview analysis provided important knowledge to support the desk-based research. By highlighting the possible multi-level, context-specific factors which have acted as barriers to the successful implementation of IPE the interviews highlight two key points. Firstly, they caution against using frameworks as a 'one size fits all' solution to IPE implementation; these frameworks will need to be reworked to be appropriate to the specific healthcare system in question. And secondly, they highlight that IPE policies need to be implemented with an understanding of the complexity of factors influencing the education of the health workforce, such as those relating to the level of the healthcare system and the governance of higher education institutes.

In the next stage of the StoryAidEU project, the consortium will use the insights from this review to tailor IO4 and IO5 in order to increase the likelihood that the training materials produced by the project will be implemented effectively across EU states.

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Appendix A – Academic & Grey Literature Search

Search Area	Search Term	Found	Used		
Elsevier – ScienceDirect	Humanism	5,357	7		
	Humanism Policy	2,223			
	Humanism Healthcare Policy	232			
		Interprofessional Education	8,602	5	
		Interprofessional Education Policy	4,122		
		Interprofessional Education Health Policy	4,031		
		Story telling	Story telling	36,536	5
			Story telling policy	13,959	
	Story telling healthcare policy		1,457		
Springer/ICM	Humanism	1070	4		
	Humanism Policy	413			
	Humanism Healthcare Policy	162			
	Interprofessional Education	Interprofessional Education	26,000	6	
		Interprofessional Education Policy	13,000		
		Interprofessional Education Health Policy	13,000		
	Story telling	Story telling	20,000	8	
		Story telling policy	7,724		
		Story telling healthcare policy	3,000		
Web of Knowledge	Humanism	16 620	0		
	Humanism Policy	177			
	Humanism Healthcare Policy	2			
	Interprofessional Education	Interprofessional Education	5595	3	
		Interprofessional Education Policy	363		
		Interprofessional Education Health Policy	295		
	Story telling	Story telling	10 660	0	
		Story telling policy	289		
		Story telling healthcare policy	12		
Open Grey	Humanism	142	0		
	Humanism Policy	1			
	Humanism Healthcare Policy	0			
	Interprofessional Education	Interprofessional Education	62	0	
		Interprofessional Education Policy	7		

	Interprofessional Education Health Policy	5	
	Story telling	94	0
	Story telling policy	6	
Google Scholar	Humanism	N/A (500,000+)	4
	Humanism Policy		
	Humanism Healthcare Policy		
	Interprofessional Education		
	Interprofessional Education Policy		3
	Interprofessional Education Health Policy		
	Story telling		
	Story telling policy		5
Story telling healthcare policy			
Google Search	Humanism	N/A (500,000+)	3
	Humanism Policy		
	Humanism Healthcare Policy		
	Interprofessional Education		
	Interprofessional Education Policy		8
	Interprofessional Education Health Policy		
	Story telling		
	Story telling policy		2
Story telling healthcare policy			
WHO	Humanism	N/A (Unknown)	0
	Interprofessional Education		4
	Storytelling		2
European Commission	Humanism		0
	Interprofessional Education		1
	Storytelling		0
OECD	Humanism	0	
	Interprofessional Education	1	
	Storytelling	0	