# Moving from atheoretical to theoretical approaches to interprofessional client-centred collaborative practice

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In this chapter we revisit the importance of theory in the development of interprofessional client-centred education and practice (IPCEP). We focus specifically on the theoretical underpinnings and development of a workshop model aimed at moving practitioners from atheoretical to theoretical collaborative practice.

Theory is a set of propositions/hypotheses linked by a rational argument (Jary & Jary 1995). Theory has a central role for us as practitioners, guiding us when we engage with new health and social care practices. Theory can help us articulate, reflect and potentially reinterpret our existing/habitual practices. As humans we are natural theorists, using lay theory to anticipate and rationalise our everyday activity.

However, as practitioners we often do not have the time or habit of stopping to reflect on and make explicit our theoretical foundations: the mechanisms by which our actions are expected to have an effect (Pawson & Tilley 2004). We may have developed negative attitudes to theory, seeing it as the antithesis of constructive practice activity. Alternatively we may see popular theories used in the IPCEP world as either overly reductionist or incomprehensible and complicated. As a result, we miss an opportunity to use theory as a tool with which to engage in second-order reflection in which we can stand outside of ourselves looking in on our daily practices with a critical eye (Wackerhausen 2009); an informed guide for our future actions to help find solutions, or to be held accountable for our actions. In fact, it has been argued that a failure to clearly articulate the theory behind what we are doing is at worst, tantamount to malpractice (Eraut 2003).

Interprofessional Education (IPE) in the past has been lamented as lacking a evidence-based theoretical foundation (Barr et al. 2005); (Craddock et al. 2013)(Clarke 2006)(Freeth et al. 2002; Hean et al. 2009). Clifton et al. (2007) for example, found that only 50% of the studies they selected in a review of the IPE literature had mentioned explicitly the use of an educational theory.

However, over that past 10 years, the IPCEP community have risen to the challenge of moving from atheoretical to theoretical approaches to interprofessional client-centred collaborative practice. They have counteracted the shortfall of IPCEP theory through searching other disciplines for theories that may have utility in the field (Hean, Craddock & Hammick 2012; Helme, Jones & Colyer 2005; Kitto et al. 2011). The development of the IN-2-THEORY community of practice and the special edition on theory in the *Journal of interprofessional Care* (January 2013) reflect the commitment to this area.

IN-2-THEORY is an international community of practice (CoP) that aims to build theoretical rigor in IPECP. The CoP developed from a series of workshops funded by the UK Economics and Social Research Council (2007–2009). This brought together theory-interested individuals within the IPCEP field to work together raising the profile of theory within interprofessional research, policy and collaborative practice (Hean et al. 2013). The workshops developed strong working relationships with international colleagues, relationships which led to the development of the IN-2-THEORY community (http://www.facebook.co

m/groups/IN2THEORY/). Since its inception in 2010, members of IN-2-THEORY have published

together on theoretical issues been awarded research funds delivered workshops on the use of theory in curriculum development and are currently engaged in a scoping review of theory (Hean et al. 2012). These collaborations are gaining impetus and the CoP membership is growing. Activities have developed the relationships required to collaborate better in the future and we have had opportunities to learn together about different theories and how these may be applied (Hean et al., 2013).

The increased interest in theory has resulted in an abundance of theories on offer to inter professional clinicians, curriculum developers and researchers. The number and variety of theories has raised concerns that these may muddy, rather than clarify, the ways in which theory may contribute to the development of IPCEP. There is some appeal in identifying a single theoretical approach for consistency and clarity. The Institute of Medicine (IOM 2015) for example have brought together a useful conceptual model capturing the many dimensions of Interprofessional Education (IPE), with the aim of achieving some consistency in terminology and the links between health and education systems. However, the theories that underpin the relations between these dimensions are less easily synthesised into a single entity. In fact the identification of a single theory, capable of explaining all dimensions of IPE or IPCEP, remains elusive and perhaps undesirable in such a complex field, where different groups of learners meet for a variety of purposes and at different stages of their professional development (Barr et al., 2005; Hean et al., 2009b). A 'tool box approach' to theory application is more useful (Hean et al. 2009). Theories drawn from a number of academic disciplines, including sociology, psychology, education and management are available in the tool box. The key is to select a theory for its ability to articulate or improve understanding of a specific dimension of IPCEP in a particular context. Prioritisation of a single theory is again inappropriate as individual theory users have different preferences and familiarity with different theories, dependent on their own unique professional and academic histories. Neither are theories mutually exclusive and an overlap between a number of theories exists (Hean et al., 2009).

It can also be argued that what is now more important in the IPCEP field is a focus on the *use* of theory, rather than the identification of the single most relevant theory. We therefore devote the rest of this chapter to a discussion of theoretical competence and the development of a workshop model designed to develop these competencies. This workshop model developed from the joint activity of In-2-THEORY members.

The workshop model developed from the initial set of workshops funded by the UK Economics and Social research Council (2007-2009) and a CIHR grant (2014). The model has been piloted and developed through a series of iterative presentations and workshops at *Collaborating across Borders* (CAB) and *Altogether Better Health* (ABTH) conferences from 2010 to 2015. The workshop model has also been trialed with PhD students in a Norwegian national doctoral research training programme (PROFRES, 2014).

The aim of the workshops was to encourage IPCEP practitioners to use theory to reflect critically on their practice and problem solve within their real life experiences. The workshop provides a forum for participants to explore how theory can be best applied and practically useful in addressing challenges in interprofessional education and collaborative practice. Participants are expected to improve their understanding of how theory relates to their practical experiences, be able to identify some relevant theories applicable to this and apply relevant theory to come up with innovative solutions to practice problems.

Participants are described as practitioners but in this chapter we will use practitioners to refer to a wider range of stakeholders: clinical practitioners, educators as well as researchers, as all of these roles require an engagement with theory to underpin their activity. For example, for the clinic practitioner, theory might underpin the strategies they employ to work with other professionals in

their work team or transfer information from one organisation to another. For educators, theories on how learning takes place can underpin the interprofessional learning activity. For researchers, theory could underpin the variables selected for measurement in the evaluation of an interprofessional collaboration or interprofessional educational programme.

### **Cocreation**

The workshop was underpinned by the concept of cocreation. Cocreation is the creation of outputs that have added public value and are the result of positive joint activity between two or more actors (Alford 2009). There is an element of interdependence in cocreation relationships, and the added value should outweigh the resource (time, human, financial etc.) required to engage in the cocreation process (Alford, 2009).

The theorist and the practitioner are the two actors brought together in the workshop to cocreate new solutions to practice based problems in interprofessional education or collaborative practice. Their knowledge is interdependent as the theorist cannot develop and test their theory without practice based knowledge to which to apply and test this knowledge, and practitioners needs theory as a tool to guide and rationalise their actions.

Carlile (2004) describes the cocreation process in terms of knowledge passing across three boundaries. First, knowledge must transfer between the theorist and practitioner. Second, transfer of knowledge alone, didactically, is not enough and knowledge must be then be translated into a commonly understood language. Finally, transformation of knowledge is required. Transformation of knowledge occurs when political differences are put aside and the theorist knowledge merges with practitioner knowledge to form a new perspective on the practice problem at hand. This transformation is reminiscent of Mezirow's description of transformational learning (Mezirow 1997). For Bernstein (Bernstein 1971; Hammick, 1998) crossing this final barrier allows for the two very different domains of practitioner and theorist knowledge to overlap to form a new and interdisciplinary region of knowledge where innovation solutions, not attainable by either party alone, are found.

The workshop attempts to mirror this transfer, translation, transformation process, by bringing both parties together to exchange knowledge and cocreate a new narrative of the practice context seen through a theoretical lens (see Figure 1). It also seeks to impart theoretical competence to participants so they will be able to transfer their learning from the workshop back to their own practice. The workshop achieves this in four main phases:

- ◆Presentation of theorists' knowledge (transfer and translation)
- ◆Presentation of practitioners' knowledge (Transfer and translation)
- ◆Cocreation of innovative solutions to practice problems using theory as a tool (translation and transformation)
- Presentation of theoretical underpinnings of workshop (highlighting theoretical quality and competence)

# Real life experience (practitioner knowledge) knowledge exchange, expansive learning New coproduced narratives offering new understanding, ways of making meaning and pragmatic ways forward (critical reflection and problem solving)

**Figure 1:** Overlap Of Practitioner And Theorist Knowledge To Encourage Critical Reflection And Problem Solving

### Practitioners' knowledge: The use of narrative

A narrative or story is the way we as humans arrange our experiences and make meaning of them (Fisher, 1987). Humans are natural story tellers. The narrative is both a form of knowledge (the knowledge of the practitioner), as well as a boundary object (Carlile, 2004) that facilitates the translation of the practitioners' professional knowledge into common knowledge, that can be understood by the theorist.

We have used two approaches to create this narrative. The first involves getting practitioners to tell their story to the group for exploration. Box 1 illustrates some of the prompts used to extract a rich story. The advantage of participants developing their own narrative is the direct relevance of the story to their own experience, making them more likely to engage with the transformation process. The disadvantage is that it is logistically difficult to get around to everyone's story in workshop group work and the story of the most dominant individual may take precedence. Further, stories are often personal, revealing potentially vulnerable elements of the individual storyteller's character or history. The interpretation of the story through theory by fellow participants exposes the participant to potentially damaging reflections on the story and its meaning.

**BOX 1** Illustration Of Questions Used To Extract A Relevant Narrative Pre-Workshop Or During Workshop Proceedings

- \*Tell me about your experience of working in an interprofessional team?
- \*Think of a specific event in which team working may or may not have worked well.
- \*how were things before this event?
- \*Describe what happened?

- \*Tell me about the people involved?
- \*How did this make you feel?
- \*What values of yours are realised in this story?
- \*Choose another professional working in the team. How do you think they might have told the story of this event?
- \*How might we retell the story differently for a different outcome?
- \*Come up with two things you might do differently and why?

The second approach we used involved providing participants with a range of pre-prepared stories representing experiences of different stakeholders in IPCEP. Participants, in small group work, must choose one narrative for further analysis. The story chosen may not always be relevant for all participants, however, so it is worth having a range of stories available for theory application (experiences of the IPE curriculum developer, clinician, facilitator/preceptor, student, patient or researcher) and allowing participants to choose which is relevant to them.

### **Theorists Knowledge**

This transfer of theorist knowledge happens through a brief three minute sell of various theories, poster presentations or reading of summary sheets developed and presented by facilitators in the workshop. Participants are provided with some relevant theories that have potential application to the narratives provided. Participants then discuss the theories with the facilitator in small group work for clarification where required.

These facilitators are individuals deemed to have particular theoretical expertise, although often they will also have a dual identity as practitioners. As such, they also act as boundary objects (Walker and Nocon, 2007), individuals able to transcend interdisciplinary boundaries to translate theoretical knowledge into a format understandable by the practitioner.

Theory is presented as a tool to help the practitioner, alongside the theorist, reflect on the practice problem or story. It enables them to make alternative meanings of the same experience/story and potentially alter its trajectory. Box 3 illustrates this by showing that two different theories can provide very different interpretations of the same story. Both theories need to be tested. The problem with the example in Box 3, of course, is that one of the stories is essentially true and the other is not -they are mutually exclusive. This is not the case in the application of theory within IPCEP; however, as theories are essentially different lenses bringing into focus different elements of the same problem. One approach is not necessarily more or less useful than the other.

**BOX 3:** Narrative Being Interpreted Differently Through Two Separate Theories

Story: (courtesy of Clive Baldwin), St Thomas University, Canada

Woman comes into a hospital with a sick child. Patient notes indicate this is the fourth admission. The diagnosis of the child's condition is unclear.

What happened next?

### Theory 1:

Proposition 1: the child has a complex condition.

Proposition 2: Health professional has not yet identified the condition accurately.

Response: We need to run tests so that the health professional can identify and treat the condition

### Theory 2:

Proposition 1: the mother suffers from Munchausen by Proxy.

Proposition 2: The child is ill because of the mother's condition.

Response: Engage social services to support family, mother and child.

Participants are presented with theories from sociology, psychology, organisational theory and education, representing micro and macro levels of analysis. BOX 4 summarises some of the theories used in previous workshops. The selection of theories is based largely on their current application to the IPCEP world, but also on the familiarity of facilitators with these particular frameworks. The list of course is not exhaustive so participants are encouraged to use any theory they are more familiar with if they see that it has application, as long as they are able to clearly articulate the theory to fellow participants. Some participants find the long list of theories in BOX 4 confusing and time consuming to read in a single workshop and facilitators may choose to select only two or three on the list. The idea is not to state these are the only theories with utility in IPCEP, but to develop participants' skills in selecting theories and applying these to different levels of the narrative. Facilitators emphasise that theory selection has some subjectivity, as the theory is often chosen based on the theorists own history and familiarity and that this means that the story will be told differently, dependent on theory chosen.

**BOX 4:** Summary of some of the theories applied.

### Theories from Sociology that explain how people behave in groups

Many of these theories relate to relationships; these may be between practitioners and those they care for, or between practitioners such as relationships in teams, others consider power relationships in practice.

Theory	Brief explanation	Reference
Group	The theory states that we take our	Tajfel & Turner,(1986).
membership:	identity from our membership of social	Tajfel,(1981).
<b>Social Identity</b>	groups <i>e.g.</i> your school class, your football	Turner (1999)
Theory	club and in healthcare your profession. In	
	being a member of a social group we	
	prefer to have a positive rather than a	
	negative identity for this group. We	
	therefore value and perceive the group to	
	which we belong highly; this group is	
	referred to as our 'in-group'. We perceive	
	other groups to which we do not belong	
	less favourably and these are referred to	
	as our, 'out-group'. In-group bias can affect	
	how we chose to allocate resources, in	
	that we normally always favour our in-	
	group.	

Rewards of	In sociology there are many theories	Bourdieu (1997).
group	which look at social networks of groups.	
membership:	Social capital theory looks at the value of	
Social Capital	human relationships in groups.	
•	Social capital is the accumulative	
	advantage gained from being part of a	
	social network. It is used to understand	
	the benefits (sometimes unequally	
	distributed) gained by members of the	
	group; It focuses on the value of building	
	sustainable relationships (bonding and	
	bridging) and how to achieve this. It	
	helps us think about norms/rules,	
	network characteristics, internal and	
	external resources and trust necessary to	
	build beneficial relationship.	
Power and	Group members may predict that	Ridgeway,. (2006).
hierarchy	individual x in a group is more valuable	
Expectation	than another. They defer to this	Ridgeway (2001).
<b>States Theory</b>	individual as a result of this prediction,	
	giving her/ him more opportunities to	Correll & Ridgeway. (2006)
	participate. These implicit, often	
	unconscious, anticipations of the relative	Berger, & Webster ( ).
	quality of individual members' future	
	performance are referred to as	
	performance expectation. and shape	
	behavior in a self-fulfilling fashion.	

Others: i) Freidson, E. (1970) On the **power of professions** such as medicine; ii) Parson, Y. (1951). The social system; iii) Goffman (1963) and Strauss (1978) interactionist theorists looking at role negotiation.

Recommended text: Kitto, S., Chester, J., Thistlethwaite, J. & Reeves, S. (2011). *Sociology of Interprofessional Health Care and Practice. Critical Reflections and Concrete Solutions.* New York: NOVA.

### Theories from Psychology that explain individual behaviour in groups

Many of these theories relate to how we form our attitudes and how our personality impacts on our behaviour in groups. One branch of psychology is social-psychology bringing together research on key aspects of the individual linked to groups.

Theory	Brief explanation	Reference
Attitude Change	In work centred around considering why people feel	Allport, (1954).
Contact	hostile to one another and literally cannot like one	Hewstone and Brown,
Hypothesis	another or agree, Allport in 1954 proposed that	(1986).
	where people with differences are brought together,	Hean, Dickinson, 2005, "
	in contact with one another, these negative	
	perceptions are eroded. Often used as a reason for	
	IPE, Hewstone et al, have considered the	
	requirements in addition to just contact that might	

enable different professional groups to perceive each other favourably.  Allport looked at the origins of intergroup prejudice and produced a series of influential policy recommendations. He proposed that the best way to reduce hostility between groups was to bring them together (as is proposed in IPE). However, he argued that this contact alone was not enough for positive attitude change. He, therefore, qualified his hypothesis with a number of conditions that he believed were important to the reduction of negative intergroup attitudes and stereotypes. These conditions included that each group in the contact situation should have equal status, experience a cooperative atmosphere, be working on common goals, have the support of the authorities (institutional support), be made aware of group similarities and differences, have positive expectations and that the members of the conflicting groups perceive each other as typical members of their group
rsonality Myers Briggs type indicator uses Jung's Myers (1980, 1995).
yers Briggs psychological type theory and measures differences
ventory between people in the way they prefer to focus their
attention and energy; the way they prefer to take in information; the way they prefer to make decisions;
and how they orientate themselves to the outside
world. According to the theory everyone has a
natural preference for one of the opposites on each
domain on each of the four dimensions. The theory
explores our strengths and blind spots  here, i) <b>Solf officery</b> , self belief, Pandura (1999), ii) <b>Cognitive Dissonance</b> theory, on attitude

Others: i) **Self-efficacy**: self-belief: Bandura. (1988). ii) **Cognitive Dissonance** theory; on attitude change- Festinger, (1957).

# Learning Theories which explain how learning takes place in groups

Learning theories focus on how the individual makes meaning or how meaning is made through social interactions- as such draws upon social and psychological theories

Theory	Brief explanation	Reference
Constructivists	For Kolb (1984) learning is seen as a continuous	Kolb, (1984).
theories	process grounded in experience. The learner	
Experiential	completes a cycle of learning in which experiences	
learning	is unpacked through reflection analysis and the	
	creation of new understandings. Each step in the	
	cycle is important in building new cognitive	
	understandings. This learning maps to all learning	
	styles and can be socially mediated.	
Social	For these theorists learning is not just about	Vygotsky (1978).

Constructivists	building new understandings. It is about how	
<b>Zone of Proximal</b>	meaning is constructed through social	
Development	engagement. New meaning emerges through	
	collaborative learning. Vygotsky talks about a zone	
	or proximal development where learning is	
	enabled because they learn with others and this	
	takes them beyond and into a new realm of	
	learning.	

Others: Transformative learning (Mezirow, 1997); ii) Illeris Tension Triangle;

Recommended reading Hean *et al* (2009). Learning theories and interprofessional education: A user's guide. *Learning in Health and Social Care*, 8(4), 250-262.

· ·	eories that explain the way people work together beople work maybe healthcare organisations or educate	
Theory	Brief explanation	Reference
Activity Theory	With its roots in social science this theory considers a framework for considering activities that take place in complex systems. In any work system there are goals, modes of working such as divisions of labour, rules, aims and intended outcomes. Consider when different these systems collide or come together e.g. a nursing school coming together with a medical school to agree an IPE curriculum. There will no doubt be unresolved priorities, contradictions that emerge as they try to work together; this theory helps to unpack issues of non-alignment	(Engeström 2001)
Complex Adaptive Systems	The main aspects of a complex adaptive system consider how many elements interact with each other. Behaviour in these system are often non linear and cannot be predicted.	Cilliers. (1998).

# **Outcome Frameworks**

Competency frameworks are not strictly speaking a theory. However they are a structured organised way of structuring our thought processes and providing a rationale for action.

Theory	Brief explanation	Reference
Collaborative	Competence—what individuals know or are able to do	Fraser and
competencies	in terms of knowledge, skills, attitude	Greenhalgh, (2001)
frameworks		
	Capability—extent to which individuals can adapt to	Interprofessional
	change, generate new knowledge, and continue to	Education
	improve their performance (Fraser and Greenhalgh,	Collaborative Expert
	2001, p799)	Panel 2011
	<ul> <li>Role clarification/ Roles/Responsibilities for</li> </ul>	Canadian
	collaborative practice	Interprofessional

•	Team functioning/ Interprofessional teamwork and team-based care	Health Collaborative, (2010).
•	Person/Family/Community Centred Care	
•	Collaborative leadership	Walsh et al., 2005, "
•	Interprofessional communication	
•	Interprofessional Conflict resolution	Wilhelmsson et al.,
•	Values/ethics for interprofessional practice	2012,

Others: Kirkpatrick framework of educational outcomes (see Freeth, D, Hammick, M, Koppel, I, Reeves, S & Barr, H 2002, *Occasional Paper No . 2 October 2002 A Critical Review of Evaluations of Interprofessional Education*, LTSN-., London).

Theory	Brief explanation	Reference
Lay theory	The use of theory is not simply an academic exercise. As humans, we constantly formulate theories that later underpin our actions even at the simplest of levels. To cross a road in our local community, for example, we put together a range of propositions: a car may approach from the right; it is likely that a car may also come from the left. If one looks left and right, the approach of car will be observed early enough to take avoiding action. We test out these hypotheses, each time we cross the road and find that in most cases these prove true. The 'look left look right theory' then allow us to transfer our experiences of local roads to new contexts, e.g. a road in the busy city centre	Hean et al., (2012).

# Cocreation of innovative solutions to practice problems using theory as a tool

In small groups, participants agree as a group on one story to explore further, the story that has most relevance to them. They read the narrative in greater depth discussing their first impressions, whether they can identify the structure or different levels within the story (i.e. level of the individual, group, organization, society). Practitioners and theorists then work together to reinterpret practitioner narratives through the chosen theoretical lens applied at any one of these levels. Facilitators highlight the relationship between the structure of narrative and theory: narratives being presented as multi layered (see Box 5) and that theory can be applied to any one of these different levels to make different meanings of a single experience or story (see Box 3).

**BOX 5:** illustration given at workshop representing multilevel of narrative and multi levels at which theory can be applied

### **Narrative**

The elated Girl Scout went home: her mother proud of her for having sold all of her boxes of

cookies: those inescapable icons of capitalism, its methods and assumptions hardwiring our children to value the power of selling in almost their every activity; methods and assumptions championed by some and resisted by others (Adapted from Landon, 2008 by Baldwin 2013).

## Theory can be applied at different levels

Cognition: Girl Scout's emotional state

Social development: mother and child relationship

Society: Capitalism

The group reviews the theory knowledge presented and then select a theory and relevant theory for further analysis. They can use their own theory or a lay theory if preferred, as the exercise is about theoretical skill rather than knowledge of any one theory per se.

To choose a relevant theory and come up with an innovative solution to the practice problem addressed in the narrative, as seen through the new eye of the chosen theory, requires more than just common understanding of each other's knowledge base. It requires reaching a compromise between the political interests of both parties (Carlile, 2004). The story of the dominant participant taking precedence is one example, and the perceived status of theoretical or practice knowledge over the other is another..

Using a template, they reinterpret the story using the chosen theoretical lens. Participants are given a worked example of the application of a theory to the interpretations of a given narrative. They then turn to a similar exercise with their chosen narratives using a series of trigger questions in a provided template. The template guides them into them into considering the focus brought to the story by the theory chosen, how they have seen this story differently and what new meaning this exercise brought to their understanding of this story. They are then asked to produce two questions or hypotheses or statements that represents the new meaning for them that they now make of the story when doing this exercise. A second theory may be chosen and an alternative interpretation developed. Participants then compare the two interpretations of the narrative to observe how two separate theories lead to different interpretations.

### Theoretical quality and competence

Throughout the workshop, we attempt to role model dimensions of theoretical quality and make explicit the theoretical competencies being learnt. The concept of theoretical quality in the IPCEP field is discussed in greater detail elsewhere (Hean, 2014 Hean et al., in press). But in brief, theoretical quality in education, clinical and research practice is achieved if theoretical underpinnings of our practice have been effectively articulated, operationalised and/or tested within the intervention design, delivery and assessment of outcome. The concept of theoretical quality mirrors the assessment of methodology quality used in systematic and similar literature reviews (BEME Collaboration 2012)(CASP 2012). The dimensions of theoretical quality in IPE originate from criteria developed by Fawcett and Downes (Fawcett 2005, 2003; Fawcett & Downs 1992); namely parsimony, pragmatic adequacy, testability, operational and empirical adequacy.

### **Parsimony**

For effective knowledge exchange between the theorist and practitioner, theories must be expressed in as economic a way as possible, clearly and concisely, minimising the number of concepts and propositions that make them up. In the workshop model, we operationalise this

### dimension in three ways:

- the quick overview where the theorist is challenged to present an oral summary of their theory of choice in a three minute sell. This forces them to prioritise the essence of the theory in as clear and understandable a way as possible.
- poster presentations displayed on the walls of the workshop venue and in which diagrammatic representations of the theory are provided.
- the development of crib sheets (see Box 4), that bring together brief one paragraph summaries of each theory.

Evaluations of these resources have been positive, some participants indicating that this was the first time a particular theory had made sense to them. However, we still have some way to go, as for some the written representations were still difficult to understand, especially by second language speakers.

During the workshop presentation we explain the logic behind the three minute sell, poster and crib sheets to give participants insight into the importance and skill required in making a theory clear in a minimum of times and space. This skill is something they will need to replicate when reporting and publishing their own practice in word limited publications.

# **Testability**

To address testability, practitioners must ask themselves if, in applying theory to their practice, clear research questions, propositions and/or hypotheses have been developed from the theory.

In the workshop we operationalise this in two ways. First, in the poster representations we ask facilitators to provide exemplar hypotheses or questions to demonstrate how the theory can be tested in practice. Similarly, participants are asked to come up with their own hypotheses, statements, questions (guided by a workshop template) and show how these have been derived from a particular theory.

### Operational Adequacy

This criterion is fulfilled if appropriate methods are used to test the propositions or questions created. So for example, if social capital theory (see box 4) is applied to a story pertaining in small group work in an IPE curriculum module, then the propositions developed might relate to the quality and sustainability of relationships formed between students of different professions during interprofessional education. To test this, a qualitative approach could be chosen with the researcher using focus groups or interviews, a week and then a year after the module has completed to explore with participants the quality and sustainability of the relationships they formed during the module. In their interview schedule, the following questions could be asked: "In your student group how would you describe the relationships with students from the same profession and with students from other professions? How did these relationship impact on your experience of the module? What did you learn from each other? What happened after the Module? Did you see the members of your group again?

This is achieved if the empirical data collected during he testing of the theory/propositions prove the theory to be correct. This means that the research data collected is congruent with the theory that underpins the study.

To date, operational and empirical adequacy are dimensions that have not yet been introduced into the workshops. This is largely due to the time restrictions put on the workshop length to date. There is scope, however, to arrange a series of workshops where participants develop hypotheses in initial workshops, reenter practice to operationalize these and come back in subsequent events to discuss their findings and the empirical adequacy of their chosen theories.

### Pragmatic Adequacy

For a theory to have pragmatic adequacy it must be used in practice or, at the very least, its potential use in practice must be made obvious. By practice we mean the theory must have an obvious application to the IPCEP practice context. We stress in the workshop therefore that the use of theory cannot be an academic exercise, theory for theory's sake. It must have utility. Pragmatic adequacy is achieved if all other dimensions of theoretical quality are obtained

The workshop model is designed to make participants aware of the meaning of theoretical quality and how to achieve this. As such it provides a forum in which participants can develop theoretical competence. Competence is defined as *what individuals know or are able to do in terms of knowledge, skills, attitude* (Fraser & Greenhalgh 2001, p799). The workshops aim to increase participants' knowledge of a range of relevant theoretical frameworks, improve their skills to work with theorists and apply theory to their practice and for them to develop a positive attitude towards theory and its utility. In other words, to overcome the antipathy that is often associated with engagement in theoretical discussions.

From our experiences with the theory workshops, and in combination with the concepts of theoretical quality above, we conclude that theoretical competencies should include the ability to:

- Understand that social meaning of an experience is transformed depending on the theory being applied.
- Understand that stories have multiple levels and theories can be applied to each of these.
- Select and apply a relevant theory to a range of experiences.
- Use theory as a reflective tool to either resolve or advance thinking on a range of IPCEP experiences.
- Articulate theory in an accessible manner tailored for the receiving audience
- Choose and apply a range of theoretical constructs to a range of different contexts to make alternative meaning of a single experience and hence to aid reflection and decision making in one's IPCEP practice
- Understand the importance of theory to rigorous research and evidence based practice
- Use or develop theory to explain why IPCEP is expected to work and in what context (see Pawson and Tilley, 2004)
- Articulate the characteristic of the theory chosen, its origins/history (e.g. sociology /psychology) and the historical slants this brings to the narrative

# **Concluding thoughts**

In this chapter we have outlined the importance of theory to the field of IPCEP and have presented a workshop model through which theoretical competence in the IPECP community can be developed.

The model is, however, a work in progress. For example, clinical and policy maker knowledge has been largely missing in workshops to date and efforts should be made to encourage practitioners and policy makers to engage in these workshops.

The workshops help participants come up with new ways of looking at their practice problems and potential hypotheses. These need to be tested and the workshop model may develop into a series of workshops in which participants return in subsequent events to be supported and report back on their hypothesis testing in intervening practice periods.

To date our workshops have also focused very much on the deductive use of theory. The justification is that there is plethora of sociological and psychological theories explaining human relationships and that reinventing the wheel is not required. However there is space for inductive/abductive approaches and fostering quality grounded theory to develop theory specific to the IPECP context.

Rigorous evaluation of the model is required that goes beyond the limited surveys that are conducted at the end of each iteration of the workshop model. These evaluations should particularly explore the question and transferability of theoretical competencies by workshop participants back into their practice settings and hence the development of theoretical capability (Fraser and Greenhalgh, 2001).

It now remains for us to challenge theory enthusiasts both within and out of the IN-2-THEORY community to address some of the above recommendations, and to replicate and develop the model in their own areas of theoretical and practice expertise.

### References

Allport, G.W. (1954). *The nature of prejudice*. Reading, MA: Addison-Wesley.

Alford, J 2009, *Engaging Public Sector Clients*, Palgrave, Baingstoke.

Barr, H, Koppel, I, Reeves, S, Hammick, M & Freeth, D 2005, *Promoting Partnerships for Health.*, Blackwell Publishing and CAIPE, London.

Baldwin, A (2013) Narrative Social Work: Theory and Application, Policy Press, London

Bandura, A. (1988). Organizational Application of Social Cognitive Theory. Australian Journal of Management, 13(2), 275-302

BEME Collaboration 2012, 'BEME Coding Sheet - BEME Collaboration', viewed <a href="https://www.bemecollaboration.org/downloads/749/beme4\_appx1.pdf">www.bemecollaboration.org/downloads/749/beme4\_appx1.pdf</a>>.

Bernstein, B 1971, *Class, codes and control.*, Routledge, London.

Bourdieu, P. (1997). The forms of Capital: In A.H. Hasley, H. Lauder, P. Brown. & A. Stuart Wells (Eds.), *Education: Culture, economy and society, (pp 46-58). Oxford University Press.* 

Canadian Interprofessional Health Collaborative, (2010). A National Interprofessional Competency Framework, Canadian Interprofessional Health Collaborative, Vancouver.

Carlile, PR 2004, 'Transferring, Translating, and Transforming: An Integrative Framework for Managing Knowledge Across Boundaries', *Organization Science*, vol. 15, no. 5, pp. 555–568.

- CASP 2012, 'Critical Appraisal Skills Programme', viewed <(http://www.casp-uk.net/find-appraise-act/appraising-the-evidence>.
- Cilliers, P. (1998). Complexity and Postmodernism. London: Routledge
- Clarke P. 2006, 'What would a theory of interprofessional education look like? Some suggestions for developing a theoretical framework for teamwork training', *Journal of Interprofessional Care*, vol. 20, no. 6, pp. 577–589.
- Clifton, M., Dale, C., & Bradshaw, C. (2007). The impact and effectiveness of inter-professional education in primary care: An RCN literature review. Royal College of Nursing. Available at http://www.rcn.org.uk/\_data/assets/pdf\_file/0004/78718/003091.pdf
- Correll & L. Ridgeway. (2006). Expectation states theory [chapter]. In Handbook of Social Psychology, First Edition, pp. 29-51. Springer.
- Craddock, D, Halloran, CO, Mcpherson, K, Hean, S, Hammick, M & O'Halloran, C (2013), 'A top-down approach impedes the use of theory? Interprofessional educational leaders' approaches to curriculum development and the use of learning theory.', *Journal Of Interprofessional Care*, vol. 27, no. 1, Informa Healthcare, University of Southampton, Southampton, UK., pp. 65–72,
- Engeström, Y 2001, 'Expansive Learning at Work: Toward an activity theoretical reconceptualization', *Journal of Education and Work*, vol. 14, no. 1, pp. 133–156, viewed 2 November, 2012,
- Eraut, M 2003, 'The many meanings of theory and practice.', *Learning in Health and Social Care*, vol. 2, no. 2, pp. 61–65.
- Fawcett, J 2005, 'Criteria for evaluation of theory.', *Nursing science quarterly*, vol. 18, no. 2, pp. 131–5
- Fawcett, J 2003, 'Theory and Practice: A Conversation With Marilyn E. Parker', *Nursing Science Quarterly*, vol. 16, no. 2, pp. 131–136
- Fawcett, J & Downs, FS 1992, *The relationship of Theory and Research*, Second., F.A. Davis, Philadelphia.
- Festinger, L. (1957). A theory of cognitive dissonance. Stanford, CA:Stanford University Press
- Fisher, Walter R. (1987). *Human Communication as Narration: Toward a Philosophy of Reason, Value, and Action.* Columbia: University of South Carolina Press
- Fraser, SW & Greenhalgh, T 2001, 'Coping with complexity: educating for capability.', *BMJ (Clinical research ed.)*, vol. 323, no. 7316, pp. 799–803,
- Freeth, D, Hammick, M, Koppel, I, Reeves, S & Barr, H 2002, *Occasional Paper No . 2 October 2002 A Critical Review of Evaluations of Interprofessional Education*, LTSN-Centre for Health Sciences and Practices., London.
- Hammick, M & M., H 1998, 'Interprofessional education: Concept, theory and application', *Journal of Interprofessional Care*, vol. 12, no. 3, Carfax Publishing Company, United Kingdom, pp. 323–332

- Hean, S, Dickinson, C, S., H & C., D 2005, "The Contact Hypothesis: an exploration of its further potential in interprofessional education.," *Journal Of Interprofessional Care*, vol. 19, no. 5, pp. 480–491
- Hean, S, Anderson, E, Bainbridge, L, Clark, PG, Craddock, D, Doucet, S, Hammick, M, Mpofu, R, O'Halloran, C, Pitt, R, Oandasan, I, 2013, 'IN-2-THEORY Interprofessional theory, scholarship and collaboration: A community of practice', *Journal of Interprofessional Care*,
- Hean, S, Craddock, D & Hammick, M 2012, 'Theoretical insights into interprofessional education.', *Medical Teacher*, vol. 34, no. 2, <sup>1, pp. 158–160,
- Hean, S, O'Halloran, C, Craddock, D, Pitt, R, Anderson, L & Morris, D 2012, A systematic review of the contribution of theory to the development of effective interprofessional curricula in medical education: Initial Review Protocol, Proposal to Best Evidence Medical Education (BEME) Collaboration, Dundee, Scotland.
- Hean, S., 2014. Developing theoretical Rigour in interprofessional. *In*: Willumsen, E., Ødegård, A. and Sirnes, T., eds. *Collaboration: Theory and Practice*. Oslo: Universitetsforlaget.
- Hean et al (in review) Theoretical quality in Systematic reviews, *Medical Teacher*
- Hean, S., Hammick, M., Miers, M., Barr, H., Hind, M., Craddock, D., Borthwick, A. and O'Halloran, C 2009, *Evolving Theory In Interprofessional Education*, Bournemouth University, ., Bournemouth, UK, pp. 1–7.
- Helme, M, Jones, I & Colyer, H 2005, *The Theory-Practice Relationship in Interprofessional Education*, *November*, . HSAP Subject Centre (ed.), London.
- Hewstone, M. Brown, RJ (1986). Contact is not enough: an intergroup perspective on the 'contact hypothesis': In Hewstone, M. &Brown, RJ. *Contact and conflict in Intergroup Encounters.* Oxford: Blackwell. 1986.
- Interprofessional Education Collaborative Expert Panel 2011, Core Competencies for Interprofessional Collaborative Practice, Washington D.C.: Interprofessional Education Collaborative.
- Jary D, J & Jary, J 1995, Collins dictionary of sociology., Collins, Glasgow.
- Kolb, DA. Experiential Learning (1984). Prentice-Hall, Englewood Cliffs, New Jersey.
- Kitto, S, Chesters, J, Thistlethwaite, J & Reeves, S 2011, Sociology of Interprofessional Health Care Practice; Critical Reflections and Concrete Solutions (Health Care Issues, Costs and Access).
- Medicine, I of 2015, Measuring the Impact of Interprofes ssiona al Ed ducati on on n Colla aborat tive P Practic ce and d Pa atient Outc omes s.
- Mezirow, J 1997, 'Transformative Learning: Theory to Practice', *New Directions for Adult and Continuing Education*, vol. 1997, no. 74, pp. 5–12,
- Myers (1980, 1995). *Gifts Differing: Understanding Personality Type*. Mountain View, CA: Davies-Black
- Pawson, R & Tilley, N 2004, 'Realist Evaluation Realist Evaluation', pp. 1–36.

PROFRES (2014) Available at https://www.uis.no/forskning-og-ph-d-studier/forskerskolen-profres/

Ridgeway, C.L. (2006). Status construction theory. In Burke, P.J. (Ed.). Contemporary social psychological theories (pp. 301-323). Stanford, CA: Stanford University press. Ridgeway, C. L. (2001). Gender, status and leadership. J of Social Issues, 57, 637-655; Ridgeway, C.L. (2011). Framed by gender. Oxford University Press. S. J.

Tajfel, H. & Turner, JC. (1986). The Social Identity theory of intergroup behaviour: In: Worsgel W. & Austin W. *Psychology of Intergroup Relations*. Chicago: Nelson-Hall

Tajfel, H. (1981). Human groups and Social Categories. Cambridge: Cambridge University Press.

Turner, J. (1999). Some current issues in research on social identity and self-categorization theories. In N. Ellemers, R. Spears, & B., Doosjie (Eds.), *Social Identity* (pp. 6-64). Oxford: Blackwell.

Vygotsky L (1978). Mind in Society. Harvard: University Press Cambridge.

Wackerhausen, S 2009, 'Collaboration, professional identity and reflection across boundaries', *Journal of interprofessional care*, vol. 23, no. September, pp. 455–473.

Walker, D & Nocon, H 2007, 'Boundary-Crossing Competence: Theoretical Considerations and Educational Design', *Mind, Culture, and Activity*, vol. 14, no. 3, pp. 178–195.

Walsh, CL, Gordon, MF, Marshall, M, Wilson, F & Hunt, T 2005, "Interprofessional capability: a developing framework for interprofessional education.," Nurse Education in Practice, vol. 5, no. 4, , pp. 230–237.

Wilhelmsson, M, Pelling, S, Uhlin, L, Lars, OD, Faresj, T & Forslund, K 2012, "How to think about interprofessional competence: A metacognitive model.," Journal of Interprofessional Care, vol. 26, no. 2, <sup>1, ,, pp. 85–91