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## **The wolf shall dwell with the lamb: the power dynamics of interprofessional education**

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COMMENTARY

# The wolf shall dwell with the lamb: The power dynamics of interprofessional education

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Stalmeijer and Varpio<sup>1</sup> advise us that educational perspectives and practices we nurture will thrive whilst those we ignore will wither. Their allegory of two wolves conceptualises medical education in two ways: a conventional, intraprofessionally led way; and a less conventional, interprofessional way, where all interdisciplinary members of health care teams conjointly lead clinicians' education. They ask whether it would be 'of benefit to patient care to feed both these wolves?'. For this to be possible, they write, trainees would need 'formally **sanctioned** (our emphasis) opportunity to engage in interprofessional education'. This would allow clinical learners to navigate Landscapes of Practice.

## *Sanctioning interprofessional learning is unlikely, alone, to sufficient and trusting in its sufficiency could result in disabling contradictions*

Sociocultural theory, perhaps most familiar as situated learning<sup>2</sup> and communities of practice,<sup>3</sup> provides informative perspectives on workplace learning. The original authors have, though, acknowledged two limitations of these earlier conceptualisations.<sup>4</sup> The first is that the word 'situated' does not allow for the dynamic, developmental nature of workplace learning. They responded by conceptualising landscapes of practice, which learners traverse, encountering different developmental opportunities. Sanctioning interprofessional education, Stalmeijer and Varpio argue, would

allow learners to avail of diverse interprofessional opportunities in these landscapes without being bounded within their own profession.

## *Communities of interprofessional practice have social agency to educate students within practice*

The second limitation of Wenger's original work is the emphasis on 'community', which some have found uncomfortably cosy. Stalmeijer and Varpio counteract this cosiness by writing about the medical profession's power to thwart interprofessional education. Wenger introduced power to the theory by conceptualising 'axes of accountability',<sup>4</sup> which we use here to augment Stalmeijer and Varpio's argument. Social possibilities for clinicians to learn are influenced by two axes. A vertical axis holds clinicians accountable to traditional hierarchies, curricula and regulatory bodies. By virtue of topping this 'food chain' of power, Stalmeijer and Varpio's two wolves can prohibit or sanction interprofessional education. Along a horizontal axis, clinicians are mutually accountable to the joint activities of teams, whose interprofessional members negotiate relevance and commit to mutual learning. Despite being mere lambs compared with the regulatory power of wolves, interprofessional teams have the social agency to nurture authentic interprofessionalism.

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## *Minimal change to rules— the simple expedient of giving students tools—gave students a place within the community*

The sociocultural theory that addresses, par excellence, power and dialectic tensions is activity theory (AT), according to which rules that sanction or censure interprofessionalism are not the only determinant of learning: the agency of subjects, affordances of communities, division of labour within these, and tools and technologies at educators' and learners' disposal interact in complex ways with rules. Hungry wolves are not the only agents who influence interprofessional education. Communities are composed of lambs—and, to stretch the interprofessional allegory—adult sheep, piglets, ducklings and, of course, patients. From an AT point of view, sanctioning interprofessional learning is unlikely, alone, to be sufficient. Trusting in its sufficiency could cause disabling contradictions, which con-found rather than promote patient benefit.

## *We should harness, but not romanticise landscapes of practice*

The AT concept of knotworking allows lambs rather than wolves to remove boundaries, which bedevil interprofessional landscapes of practice. (Human) knots are 'rapidly pulsating, partially improvised or- chestrations of collaborative performance between otherwise loosely connected actors', whose 'tying and dissolution ... is not reducible to any specific individual or fixed organisational entity.'<sup>5</sup> Knotworking transcends boundaries by allowing members of different professions to unite in benefiting patients. No single profession, alone, has the power to facilitate this process. To the contrary, horizontal account- ability helps interprofessional teams benefit patients when boundar- ies imposed by vertical accountability stand in the way.

## *Sanctioning interprofessional education without nurturing interprofessional practice of patient care could cause disabling contradictions*

Knotworking is well exemplified by Swedish practice, where interprofessional working and learning has long been taken for granted. Here, and, increasingly, in other European countries, whole hospital wards are run by interprofessional groups of stu- dents under interprofessional supervision.<sup>6</sup> We have enacted a different form of horizontal accountability to nurture interprofes- sional practice in Northern Ireland.<sup>7</sup> Guided by AT, we followed the lead of others before us<sup>8,9</sup> and conducted a formative inter- vention addressing a potent threat to patient safety: new medical graduates' unpreparedness to participate in the interprofessional task of prescribing medication safely. Minimal change to rules (local codes of practice) and the simple expedient of giving med- ical students tools (pens filled with purple ink) gave students an active place within the practising community of doctors, nurses and pharmacists. We divided labour so that students wrote 'pre- prescriptions', which qualified doctors countersigned. Pharmacists and nurses, frustrated by their 'loose connections' with the inex- perience and hectically busy junior doctors who do most hospital prescribing, gladly joined in this process of retying the emergent knot of practice. The potential for benefit to patients and clini- cians energised the process, fast, and at low cost. We have argued elsewhere that optimising prescribing via the vertical axis is less likely to succeed.<sup>7</sup>

To conclude, socioculturally informed interventions, as Stalmeijer and Varpio illustrate, can energise interprofessional education. We should harness, but not romanticise, landscapes of practice because professional power, without which patients cannot benefit,<sup>10</sup> messes up landscapes. Other researchers have warned advocates for interprofessionalism against assuming 'that there is a script – elusive thus far, but worth the continued quest to find – that, if sensitively adopted, will enable health professionals to enact their respective parts in cheery collabor- ative harmony.'<sup>11</sup> Sociocultural theory makes us optimistic that horizontal accountability provides a knot, if not a script, that stands some chance of releasing latent energy for change. To fac- ilitate this, Stalmeijer and Varpio rightly point out that obstacles to interprofessionalism need to be cleared in jurisdictions where those exist. The vertical and horizontal axes are, though, in a dialectic tension, from which harm as well as benefit could re- sult. Sanctioning interprofessional **education** without nurturing interprofessional **practice** could cause disabling contradictions, which, we suggest, may explain the slow progress of interprofes- sional education hitherto. Our different jurisdictions need to as- suage whatever wolves impede interprofessionalism and nurture the lamb of interprofessional practice-based learning. Only then will wolves and lambs dwell peacefully together whilst interpro- fessional education emerges from the knotworking of function- ing clinical teams.

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## REFERENCES

1. Stalmeijer RE, Varpio L. The wolf you feed: challenging intraprofessional workplace-based education norms. *Med Educ*. 2021. <https://doi.org/10.1111/medu.14520>
2. Lave J, Wenger E. *Situated Learning: Legitimate Peripheral Participation*. Cambridge, UK: Cambridge University Press; 1991.
3. Wenger E. *Communities of Practice*. Cambridge, UK: Cambridge University Press; 1998.
4. Wenger E. Communities of practice and social learning systems: the career of a concept. In: Blackmore C, editor. *Social Learning Systems and Communities of Practice*. London, UK: Springer; 2010.
5. Engeström Y. From design experiments to formative interventions. *Theory Psychol*. 2011;21(5):598-628.
6. Oosterom N, Floren LC, ten Cate O, Westerveld HE. A review of interprofessional training wards: enhancing student learning and patient outcomes. *Med Teach*. 2019;41(5):547-554. <https://doi.org/10.1080/0142159X.2018.1503410>
7. Gillespie H, McCrystal E, Reid H, Conn R, Kennedy N, Dornan T. The pen is mightier than the sword. Reinstating patient care as the object of prescribing education. *Med Teach*. 2021;43(1):50-57. <https://doi.org/10.1080/0142159X.2020.1795103>
8. Smith SE, Tallentire VR, Cameron HS, Wood SM. The effects of contributing to patient care on medical students' workplace learning. *Med Educ*. 2013;47(12):1184-1196. <https://doi.org/10.1111/medu.12217>
9. Kinston R, McCarville N, Hassell A. The role of purple pens in learning to prescribe. *Clin Teach*. 2019;16(6):598-603.
10. Dornan T, Roy Bentley S, Kelly M. Medical teachers' discursive positioning of doctors in relation to patients. *Med Educ*. 2020;54(7):628-636. <https://doi.org/10.1111/medu.14074>
11. Paradis E, Whitehead CR. Louder than words: power and conflict in interprofessional education articles, 1954-2013. *Med Educ*. 2015;49(4):399-407. <https://doi.org/10.1111/medu.12668>

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