FUTURE DIRECTIONS: COLLABORATIVE LEARNING AND EDUCATION FOR MULTI-PROFESSIONAL PRACTITIONERS?

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Aim

To explore benefits for multi-professional psychosexual learning, in the context of wider debates regarding medical organisations sharing learning opportunities with post-qualified nurses. To promote the need for cross-disciplined development embedded within academic credit frameworks.

Background

The theme of the 2014 Institute of Psychosexual Medicine (IPM) conference focused on future educational directions. Conference specifically considered the feasibility and potential desirability of widening IPM's hither-to medical education and qualification to registered nurses and physiotherapists[1]. Three core topics need prior clarification. The first topic centres on the impact of outmoded concepts of "nurse training". The second topic concerns the nature of academic credit and (degree) awards. The latter is especially pertinent in the context of 21st century continuing professional and personal development (CPPD) that aims to improve best practice in client / patient care and associated services. The third is on whether nurses, who undertake a programme of learning provided by medical organisations, should be entitled to the same qualification and post nominal letters as medical registrants. This article will investigate these three topics, outlining benefits of multi-professional education for the IPM; moving away from unnecessary misunderstandings, and, finally bringing clarity to collaborative education, thus promoting excellence in clinical client care.

Discussion

Current and future trajectories of nurse education are firmly set within the developmental philosophies of life-long learning, rooted in a Higher Education (HE) academic framework. Recognising, sharing, and accrediting multi-professional learning, through the reciprocal strengths of clinical excellence and educational expertise, are the ultimate ways to provide the professional and academic learning nursing is 'signed up to' and that patients or clients deserve of all multi-professional and specialist practitioners.

Key words

Continuing Professional and Personal Development (CPPD); Life Long Learning; Nurse Training; Psychosexual; Academic Credit / Credit Rating.

INTRODUCTION

Current nature of learning and CPPD for nurses

An undergraduate student of nursing explains that:

> "Education implies an active and developing learning process that involves crucial skills such of those as reasoning and critical analysis, ultimately leading to evidence-based practice. Conversely, the word training connotes the indoctrination of prescriptive instructions and skills" (Britain's Nurses 2013).

If one conducted an imaginary straw poll of various sexual and reproductive healthcare (SRH) professionals in the UK it would undoubtedly reveal that a significant percentage undertook pre-registration programmes of professional education when such learning was popularly referred to as nurse, and sometimes medical, "training". At first glance, there may appear to be no reason to be concerned about this seemingly benign term especially as it is in wide and regular use (Hunt & Onslow 2012). Even SRH professionals too young to have been through the former hospital-based schools of nursing and their "training" programmes are still surrounded by discourses that use "training" as a preferred term (Beddard 2012). As Everett et a/. (2013 p.68) accurately made clear, however, "nursing is now a degree and masters [and increasingly doctora\1 level profession." Even Jayasuria and Dennick (2011 p.104), commenting on current medical education, highlight how "training" is often reductionist, referring solely to the acquisition and performance of clinical skills. They state "the traditional approach to learning clinical skills was often a case of 'see one, do one, teach one'". In citing Marinker (1997), Jayasuria and Dennick (2011 p.104) emphasise that "the 'hidden curriculum' is of equal, if not greater, importance in !earning clinical skills", a point clearly demonstrated by each and every client presenting with psychosexual healthcare needs. Of particular relevance to the IPM, the 'hidden curriculum', as L6pez-Sosa and Tevar (2005) explain, and Evans (2013) concurs, includes holistic dimensions of sexuality as well as the social, political and strategic world in which sexual health care is situated. Similar to Ryle (2015), Lopez-Sosa and Tevar (2005 p.146) open up sexuality as referring to "a fundamental dimension of the fact of being a human being, based on sex, including gender, the identities of sex and gender, sexual orientation, eroticism, affective linking, and love and reproduction." Many epistemologies, or *ways of knowing how we know,* concerning genders and sexualities embrace broader dimensions of the hidden curriculum which constitute the learning gained within university-sector sexual health degree programmes. The epistemologies and other hidden curricula topics are the foundations which cannot be included within shorter, more clinically-focused programmes of skills and competencies-based achievement, but are no less equally essential to holistic client / patient care (Dattilo and Brewer 2005; Evans 2011).

Undoubtedly skills and competencies training are essential elements of safe and good client / patient care, but they are also just two elements of broader approaches to care delivery in the ever-developing political, technological, digital and policy-driven age in which advanced clinical professionals live and work. Senior and specialist nursing clinicians are more often than not required to have, or be working towards, a relevant master's degree. Some consultant nurse posts are slowly moving towards professional or academic doctoral candidates, too, as predicted by this author

earlier (RCN 2001 p.20). The language and ethos of "nurse training", therefore, which traditionally equates all forms of learning and education with clinical skills and competencies, is out-dated, shackling models of learning to the past, and truly missing the point of wider, holistic, approaches in contemporary philosophies of nursing set within their (new) home of higher education.

Future directions? What are the choices?

Members of the IPM rightly acknowledge that they are not alone in providing psychosexual counselling, therapy and associated education. As well as certain physiotherapists, others include, but are not limited to, the Association of PsychoSexual Nursing (APSN'), Society of Sexual Health Advisers (SSHA') and the College of Sexual and Relationship Therapists (COSRT'). IPM members at Conference explored options which move away from an educational silo mentality. This is no mean feat considering natural reservations – across many medical specialities - that other professionals, similarly skilled and educated, might be less expensive for Trusts to employ. Of course, the certification from the IPM does not claim to qualify one as an actual psychosexual 'therapist' or 'counsellor', but as a particular healthcare professional who happens to be educated in certain theories and skills which ultimately enhance their own relevant practice, their professional registration, be this as a gyncecologist, general practitioner, nurse or physiotherapist.

In essence, there are probably three main choices for IPM members to consider for future directions:

1. Carry on with the *status quo* – "we've always done it this way!"
2. Permit nurses to do the exact same 'training' and exams as medical practitioners, and preface their certification with "Nurse" However, a note of caution: care must be taken referring to short courses as 'diploma'; this practice is misleading to the public, professionals and employers alike. (See below for further discussion).
3. Fully integrate learning opportunities across professions and within academic frameworks that promote further joint learning and lead to significant professional / academic awards for medical and nursing practitioners.

Option 1 has obviously worked well for a long time. It is the default position of professional bodies providing a respected programme of education, training and clinical experience suitable for the progression of its members in relation to their clients' needs and their members' own professional development. Where this provision is now challenged, to take stock and evaluate future options, is in relation to the increasing practice of multi-professional collaboration and sharing of learning resources, clinical experiences and examinations with registrants of allied healthcare professions.

Unless a qualification refers to a category of professional body membership, such as being of Diplomate level status, then option 2 can be problematic. If multi-disciplinary healthcare professionals undertake the exact same learning and examinations as others but have the title of their certification adapted, e.g. designating a diploma as a "Nurse " diploma, then this is a concern notably regarding the meaning and extent of such a diploma. In summary, Nurse (or Associate) Diplomate Member of - yes; Nursing Diploma of - probably no.

In exploring the third option, although, of course, no decisions have yet been made, the IPM is being pragmatic in its response, by at least considering the feasibility of sharing learning across multi-professional groups that provide similar services and outcomes in patient care. This stance is mindful of maximising shrinking resources, such as financial pressures on CPPD, and equally cognisant on ever-developing role expectations and complex client / patient requirements. Through the IPM's tentative considerations regarding multi-professional shared learning and outcomes, there is the possibility of providing a seamless education and service which ultimately enhances patient care, that is: a programme of learning and service provision genuinely 'in the patients' best interests'.

Academic credit and validation of clinical excellence

> "Academic credit ensures that [professionally-based] courses are of a comparable standard (in terms of equivalence of credit and level being awarded) to university-run courses" (University of Greenwich 2010 p.1).

Medical organisations new to considering educational collaboration with nurses will, no doubt, have numerous questions and concerns. The questions and concerns are sometimes shrouded in unnecessary fears. These fears may be for themselves (i.e. the medical organisations); concerns of burdensome

IPM COMPLAINTS PROCEDURE

The IPM provides training for doctors of medicine and occasionally other professionals who work in the field of sexual medicine. Examination is only provided for members of the medical profession who have undertaken the IPM training.

The IPM is therefore responsible for the quality and standard of training and examination provided by the organisation and its members. It is also responsible for the administration of its affairs.

The IPM does everything it can to ensure that standards are met. Occasionally things do go wrong and therefore the IPM has developed its own Complaints Procedure. We hope this will ensure that you will receive a quick, but thorough, response to your concerns. Copies can be obtained from the Administrative Secretary.

assignment workloads; of duplicate or increased fees f or st udents (professio na l or ga nisation plus university), or of onerous f ees f or prof ession al organisations working towards a credit rating process. There are also misunderstandings on how universities accept a nd use a c a dem ic c redit tr a nsf e r (oft en referred to as CATS: Credit Accumulation Transfer Scheme}. Equally, from certain nursing perspectives, such fears might be coupled with an emotive use of language and personal regret over the demise of former National Nursing Boards and their respective core curricula or 'training' regimes (Mehigan *et al.* 2010; Mehigan 2013). As Lamont (2013) rightly points out, suc h hy per bole muddies the waters o f this current debate. In clear contrast to the above fears, the *British Association for Sexual Health and HIV* (BASHH) is a prime exa mple of collabor ation for clinical and educational sharing, with its academic credit rating for part of a suite of learning initiatives provided to medical and nursing colleagues alik e. Whether education is classroom based, web-based *I* e-learning, through clinical or simulated encounters, self-directed study, peer observation or a blend of all or any of these, the key issue for academic credit is that it relates both to a suitable academic level (e.g. Level 6, 'top of degree' or Level 7: postgraduate) and is sufficient in time. Usually, ten hours of learning equates to one academic credit.

> *"Credit rating is* a *part of* a *growing commitment to lifelong learning and professional enhancement. It recognises that* a *great deal of learning tak es place outside the formal institutional structure of* a *university"* (University of Greenwich 2010 p.1).

Recruitment to Psychosexual, Sexual and Reproductive Healthcare Services

Recruitment of a ppropriately educated staff into c linical services is a multi-layer ed phenomenon, outside the scope of this article. A typical barrier for nur ses is when a n 'essentia l re quir ement' f or employ ment is being alr e ady in possession of a particular qualification, but at the same time, unable to undertake the lear ning without the releva nt practice-based experience: a catch-22 situation (Hadley and Evans 2013). An associated double bind tor nurses equally concerns the personal demands caused by ever diminishing f unding tor educational opportunities coupled with little or no study leave in which to complete it. There is an increasing expectation on nurses to self-fund courses plus undertake the learning all in one's own time. This is especially problematic across fields at practice in sexual health, including psychosexual health and well-being, which may not be considered a s the practitioner 's pr imary role or function (Evans 201 1). An alternative example is demonstrated in the excellent model described by Shaw et a/ (2013). This sort of educational provision, supported with one-oft generous funding from the Department of Health, will only be possible in a minor ity of c ases, espec ially given that Shaw's description of training employees are supernumerary tor a set period of time. The option of combining pr of essiona l with a ca demic lea rning pathwa ys arguably helps individual registrants to achieve both the specialist practice they aspire to (e.g. at Specialist Registrar *I* Advanced Nurse Practitioner levels) as well a s consolidat ed lea r ning within wider, holistic, curricula aimed at higher academic *I* full postgraduate awards (NHS-LSHP 2012).

A.Nurse, (N)DipMedical Something-or-other?

As in the debates of option 2 above, if confusion exists ar ound ac a demic c redit and lea rning t hro ugh programmes of professional sk ills-based 'training', then it equally persists in the debates concerning whether nurses who undertake the same speciality 'training' as their medical colleagues should then be entit led to equivalent certification and *I* or post-nominal letters? There are a number of points to consider, not least that the need for academic credit to support excellence in clinical practice facilitates a commitment to lifelong learning and professional enhancement.

The learning and education, skills and competencies that contribute towards many professional courses are constitutive of what would be a university short course, similar to f ormer National Board Nursing courses. They do not equate to 240 academic credits (2,400 hours of lea rning) for a n undergr a duate diploma (DipHE) or 60 credits (600 hours) at level 7 for a Post Graduate .Diploma. It is therefore misleading to the public, employer s a nd multi-pr of ess iona l or ga nisations, to designate s hort cour se s as a "diploma". This is not the only debate to be had. Another debate c oncerns the exa ct mea ning of medical professional post-nominal letters. It is clear that some medical organisations have a personal category of membership referred to as a "Diplomate". This is w holly differ ent to a certif icate c alle d a "diploma". Becoming a Diplomate ot an organisation is entitlement to medically registered practitioners to enter their own professional body at a specific level or category, just as when one becomes a Member ot a medical Royal College and then undertakes further examinations to progress to Fellow. If the Nursing and Midwifery Council or Royal College of Nursing had *a* level of membership such as "A dva nced Nursing Practitioner" e.g. in psychosexual or sexua l and reproductive healthcare, and if a medical practitioner undertook exactly the same learning, similar in this debate, they would not be entitled - by virtue of their initial registration - to use a title of "Advanced Nurse Practitioner ". If a medical organisation's programme of learning leads to a category of membership f or registered medical practitioners called a Diplomate, then it is clear that nurses, registrants on a different healthcare register, are subsequently not entitled to graduate to that status without a fundamental change of Articles of Incorporation e.g. to admit Nurse or Associate Diplomate Members. In this scenario, nurses undertaking the same learning as medical colleagues, and gaining credit from it towards a larger academic award such as a post graduate qualification or Masters degree, would have the short course incorporated into the wider academic award and not need to be overly concerned about short-course post nominal letters.

Some final key points for the IPM's consideration

Many HEls (Higher Education Institutions *I* Universities} in the UK col la bor ate on a Cr edit Acc umulation Transfer Scheme (CATS), recognising the ac ademic credits awarded by other institutions. A university that does not accept credit frorn other HEls would not be best placed to credit rate learning from organisations suc h a s th e IPM. Cr edits relate both to specif ic academic levels and the subject pathway e.g. sexual health. Even universities with significant sexual health (degree) programmes and portfolios will be limited on the number of credits they can accept from external

providers, without the award of a degree not truly being their own, but rather a collection of credits from many other sources. It must be emphasised that there is not a 'them and us' between professional organisations and institutes of higher education. BASH has demonstrated how its 'gold standard' multi-professional clinical education programme 'maps across' to specific learning outcomes at relevant educational levels for credit to be awarded and used towards significant academic awards, enabling clinical, professional and educational development. From this win-win perspective, practice informs the curriculum, just as the curriculum validates and promotes professional clinical practice.

If the IPM decides to admit nurses and allied health professionals to its programme of learning and examination, and again, *if* this learning is then set within the wider framework of credits for full academic awards, such suitably qualified professionals will:

- be acknowledged by the IPM and HEIs as being professionally and academically 'fit for purpose' to advance safe practice in the psychosexual care they give to clients
- develop a portfolio of learning, skills and competencies, shared with and recognised by medical colleagues
- be able to work towards a significant academic award whilst undertaking a programme with colleagues at the IPM
- be able to access a structured and supported programme which enhances the Knowledge and Skills Framework (KSF) gateways, allowing them access to a career structure within psycho / sexual healthcare
- and, as postgraduate level students: have recognition of 'the wider curriculum' learning and experiences, including research skills, and leadership and management for advanced practice.

Conclusion

This paper has explored a number of underlying **concerns and issues related to the discussion about possible widening of learning opportunities, by the Institute of Psychosexual Medicine, to colleagues on different professional practice registers. The article has exposed variances not only between tr a ditiona l methods and programmes of medical and nursing learning, but also between unhelpful and outmoded s ystems of learnin g compa r ed to pr efer red, contempor ary, best practice, as exemplified in the** BASHH model (above).

If the IPM decides to widen its programme of learning **to nurses and physiotherapists, this act will not make the latter two professions into replacement medical practitioners. Rather, such a move woul d formall y** acknowledge that this post-qualifying programme of **learning is appropriate for sharing with other, suitably qualified, clinical professionals. The shared education, c urr ently under consider ation, woul d be equal learning for all participants irrespective of their initial registration; it would build on their different pre-qualifying professional education and enable them to advance in certain psychosexual therapeutic relations with their clients. Finally, debates over which titles are used for which qualifications have also been explored. These debates have been set within the context of wider academic awards, where various professional-based short courses or programmes of learning can attra ct academic credit suitable for relevant and significant postgraduate awards. Such higher awards are increasingly demanded of nursing registrants for their career pathways. The IPM is to be commended for at least considering these opportunities for their multi-professional colleagues.**

This article was based on a conference presentation by *the author, available* at: http://prezi.com/i6iezwpyppdf/?utm _campaign=share& **utm_medium=copy&rc=exOshare**

The University of Greenwich is one of the UK's leading providers of sexual health courses and programmes, with mu/ti-pro fessional collaborative agreements. For *details* on courses, *the sexual health "top up" BSc(Hons) degree, M Sc Advanced* Practice *and doctora l (PhD)* ***resea rch op portunities, see: http: // www2.gre .ac.ukl*** *about/schools/health/study or contact author.*

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[1] **This article will focus on nurses, as the author is not** qualified to speak on behalf of physiotherapists or other allied health professionals.

[2] **www.psychosexualnursing.org.uk**

[3] **www.ssha.info**

[4] **www.cosrt.org.uk**