

# From Interprofessionalism to Transprofessionalism : A Bridge to Innovative Practice?

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DR JACKIE RAVET, UNIVERSITY OF ABERDEEN, NOV 2018

# Purpose:

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- Why does it matter?
- Meaning of Interprofessionalism (IP)/Transprofessionalism (TP)
- Affordances and Challenges
- A Framework for TP and Autism

# Why?



- Silo mentality
- Service fragmentation
- Silo-budgeting



- Duplication
- Service gaps
- Knowledge gaps
- Implementation gap

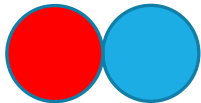
(WHO 2010, Pickering & Embry 2013, Parsons, Charman, et al. 2013, Dunlop et al. 2016, Ravet 2015, Lemmi, Knapp et al 2017)

# Meanings?

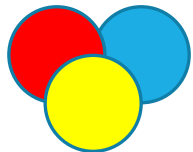
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**Intraprofessional/intradisciplinary**– working within one profession/academic discipline



**Multiprofessional/multidisciplinary** – 2 or more professions/disciplines working alongside each other but largely independently



**Interprofessional/interdisciplinary** – 2 or more professions/disciplines collaborating together with some sharing of knowledge and skills and some new synergies, but clear preservation of professional boundaries



**Transprofessional /Transdisciplinary**- collaboration across and beyond professional/discipline boundaries such that boundaries blur and new synergies and innovations flourish

(Mahler et al. 2014, Chiochio and Richer 2015)

# TP & Autism Community Involvement

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‘The overarching principle...might be that of the disability rights movement itself:

**“nothing about us without us”.**

(Pellicano & Stears 2011 p278)



## AFFORDANCES:

- Enhanced communication
- Shared understanding, decision-making, power, control
- new synergies leading to practice innovation
- efficient use of time/energy/funding



**...enhanced collaboration and improved outcomes for clients with autism**

(Ogletree et al. 2007, Kelleher et al. 2008, WHO 2010, Parsons et al 2013, Ravet 2012/15, Self et al., 2017, Ravet & Williams 2017 )



## CHALLENGES:

- clashing identities /cultures / values/agendas / theoretical perspectives
- differing discourses/terminology
- inflexible models of practice
- lack of time/resources/funding
- negativity/ power differentials/resistance to change



**...undermines collaboration and  
outcomes for clients with  
autism**

(Forbes & Watson 2012, Ravet 2012 /15, Ravet & Williams 2017)

# Example: Transdisciplinary Research in Autism

(see Ravet & Williams 2017)

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**Partners:** Educational Researcher, Neuroscience Researcher

Affordances	Challenges
Knowledge exchange	Reliance on specialisms / lack of epistemic sharing
Innovative research study	'getting things done'
Joint operationalisation	Differences in working practices/contexts
Methodological rigour	Perceptions of autism
Knowledge transfer / advancement	Differing values



# A CALL TO ACTION!

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## A Framework for Enhancing Transprofessionalism and Innovative Practice in Autism:

- Actions - practice level
- Actions – service level
- Actions – research level
- Actions – national level



## Practice Level: Enculturation

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**‘...we may look at the same thing but not see the same thing...’**

(Clarke 2005 p582)

# Practice level: Reflection upon Enculturation

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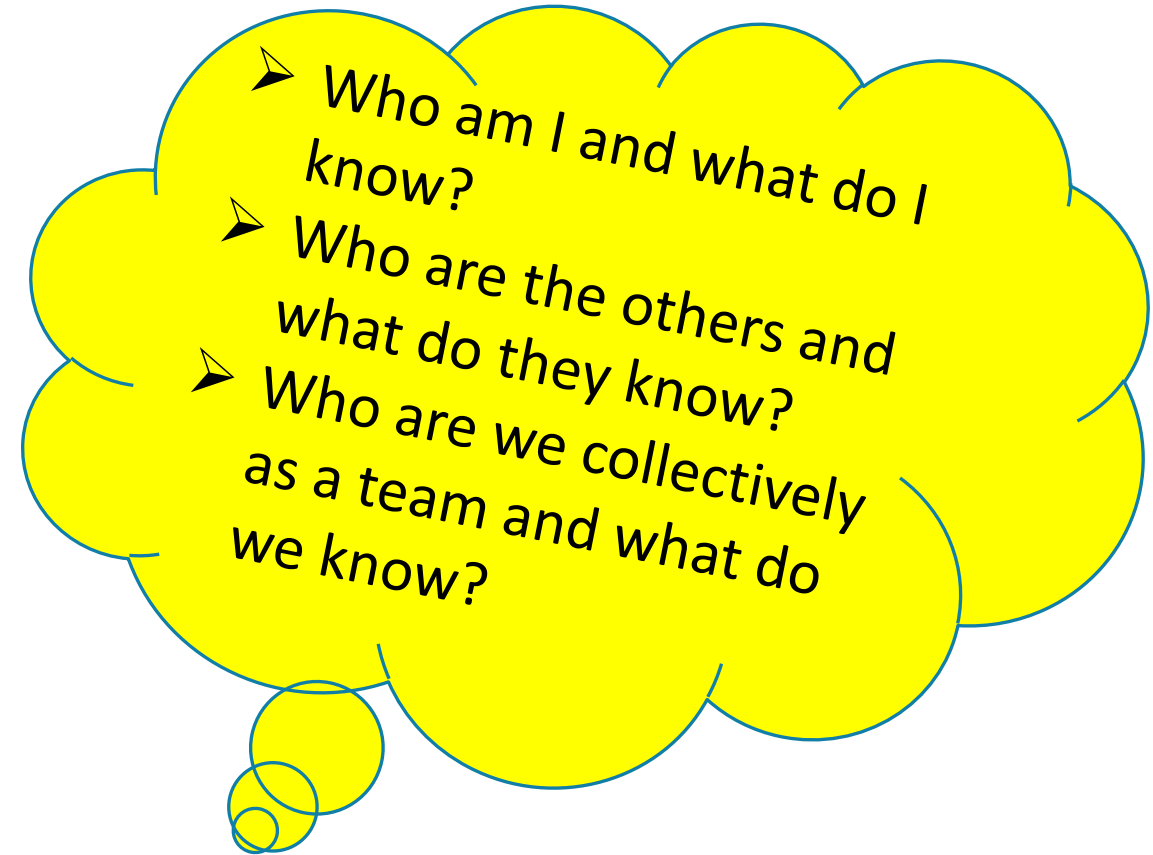
## 2 reflective questions:

Who am I ? –

Ontology (professional identity)

What do I know ? –

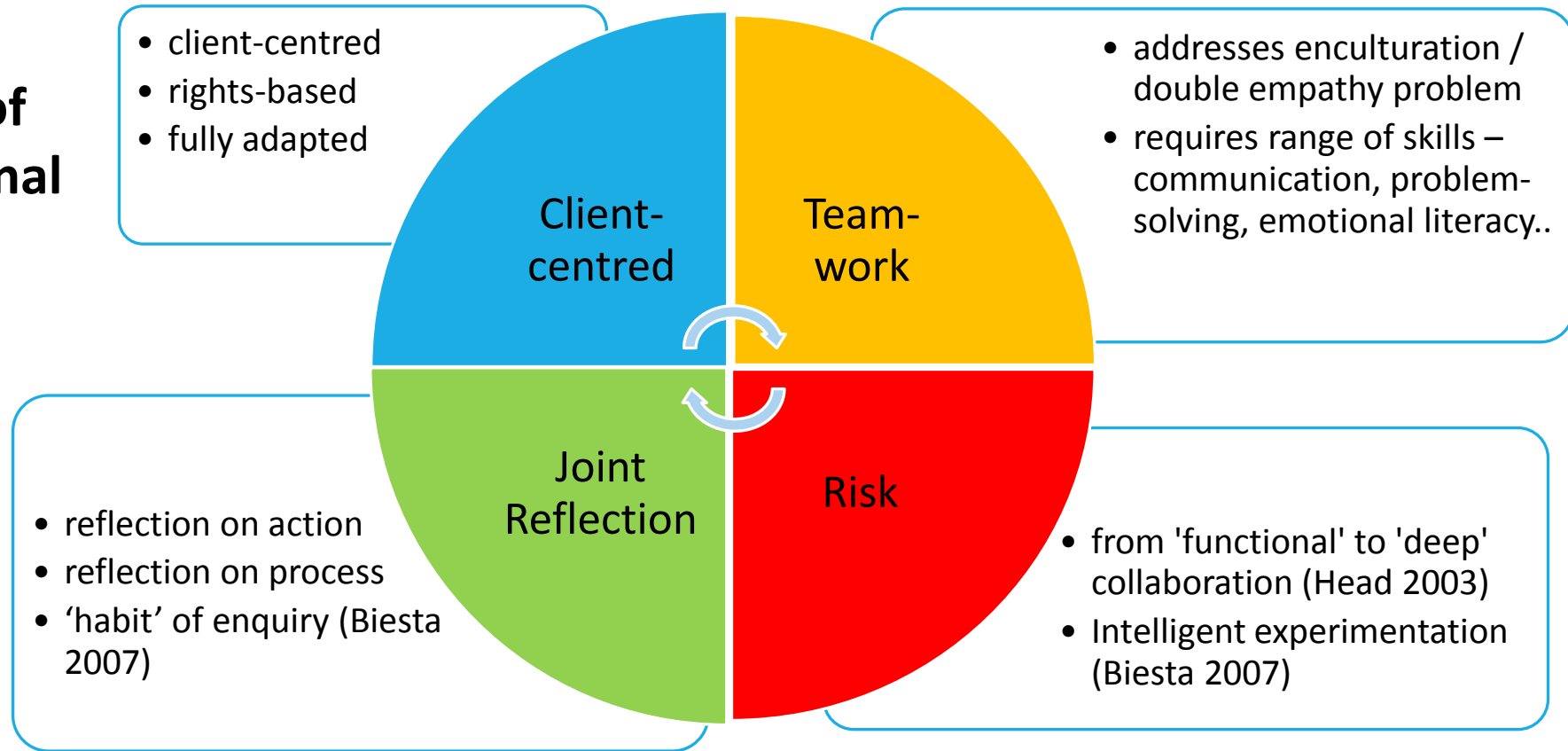
Epistemology (professional knowledge)



(Clarke 2005 p582)

# Practice level:

## 4 Dimensions of Transprofessional Practice (TPP)



(Biesta 2007, Forbes & Watson 2012, Ravet 2011/12/15, Ravet & Williams 2017)

# Actions – service level

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Provide supportive organisational culture/leadership and ensure sustainability:

- TPP embedded in workload planning
- Invest! - provide organisational space, support, time, resources and training
- Establish (and model) standards and expectations
- Monitor and evaluate outcomes

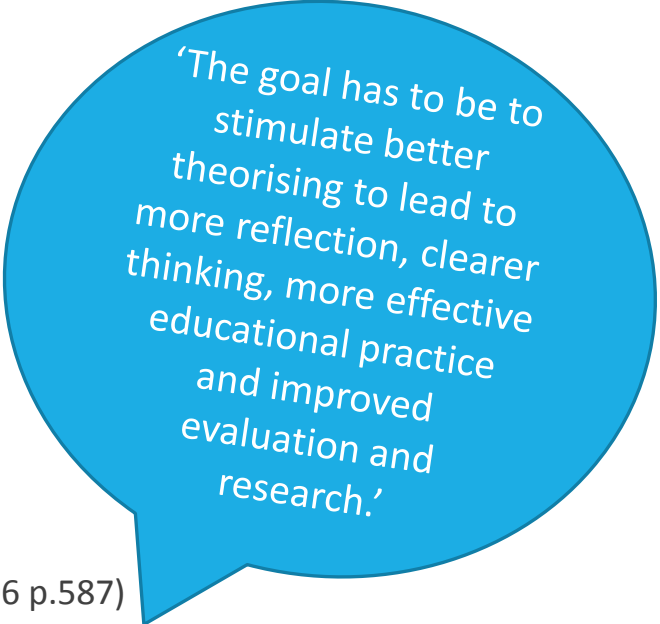


# Actions at research level

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More research into TPP in autism services and across academic disciplines:

- workforce/researcher preparation – 4 dimensions
- best practice models
- impact on client experiences and outcomes



*'The goal has to be to stimulate better theorising to lead to more reflection, clearer thinking, more effective educational practice and improved evaluation and research.'*

(from: Clark 2006 p.587)

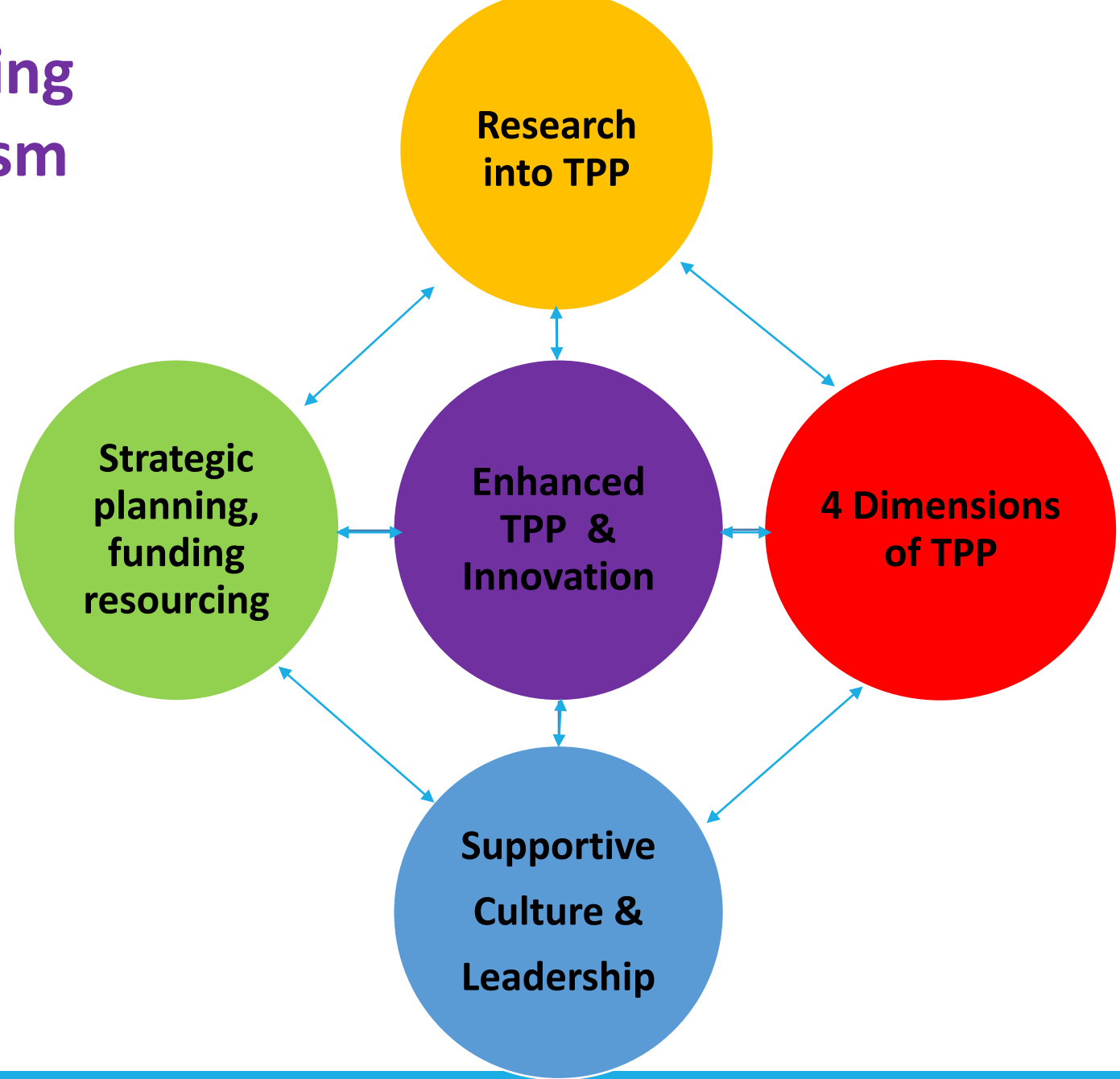
# Actions – government level

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## **Strategic Planning for TPP including:**

- National training network
- Funding & Resourcing (TPP in autism research/practice, TPE in autism)

# A Framework for Enhancing TPP & Innovation in Autism



- Research level
- Practice level
- Service level
- Government level



# AIMS:

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- Clearer understanding of the relational complexities of TPP in autism practice/research
- A better understanding of how to prepare the workforce for TPP and how to operationalise it
- Build capacity - embed TPP at all levels of professional development
- Evaluate TPP and its impact on client outcomes
- TPP to become the 'norm' across services/disciplines

# Ending silo thinking:

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**'Legislative change is unlikely to be sufficient:  
implementation requires commitment, ownership,  
leadership and funding'**

(Lemmi, Knapp et al 2017 p37)