



A New Concept of Interprofessional Education in Planning Programmes: Reflections on Healthy Urban Planning Project

Geraint Ellis, Sue Morison & Joanna Purdy

To cite this article: Geraint Ellis, Sue Morison & Joanna Purdy (2008) A New Concept of Interprofessional Education in Planning Programmes: Reflections on Healthy Urban Planning Project, *Journal for Education in the Built Environment*, 3:2, 75-93, DOI: [10.11120/jebe.2008.03020075](https://doi.org/10.11120/jebe.2008.03020075)

To link to this article: <https://doi.org/10.11120/jebe.2008.03020075>



Copyright © 2008 CEBE



Published online: 15 Dec 2015.



Submit your article to this journal [↗](#)



Article views: 503



View related articles [↗](#)



Citing articles: 1 View citing articles [↗](#)

A New Concept of Interprofessional Education in Planning Programmes: Reflections on Healthy Urban Planning Project

Geraint Ellis, Sue Morison & Joanna Purdy: Queen's University, Belfast, UK

Abstract

Although widely debated, some of the defining professional characteristics of planners appear to be competencies in co-ordination, mediation and multidisciplinary working. Despite this, there is little pedagogical reflection on how interprofessional skills are promoted in planning programmes. This paper reflects on the experience of bringing together undergraduate students from medicine and planning to explore the concept of Healthy Urban Planning in a real life context of an urban motorway extension. This reveals a number of unexpected outcomes of such collaboration and points to the value of promoting interprofessional education, both as a way of increasing interest in some of the key challenges now facing society and in order to induce greater professional reflection amongst our students.

Keywords: Planning, Health, Interprofessional Education, Multidisciplinary

Introduction

There has been a long and enduring debate over the purpose of planning systems, the specific areas of competence that define the planning profession and how these are represented in planning education (e.g. Baum, 1997; Friedmann, 1996; Sandercock, 1999; Frank, 2006). This debate has encompassed a range of topics, including identifying the socio-spatial process that should fall within the domain of planning, the ethical dimension of professional practice, the degrees of literacy needed in design, ecology, GIS etc and skills in engaging with diverse communities. Although there are a wide range of views over the key competencies that planners should exhibit, many commentators identify the abilities clustered around project management, co-ordination, multidisciplinary working and acting as “boundary spanners” (Williams, 2002, p. 103) as being some of the defining features of the profession. This has a strong presence in planning theory, where the continuing dominant paradigm is one where planners are portrayed as being facilitators and mediators of different interests and expert opinions (Healey, 1997; Forester, 1999; Margerum, 2002), where abilities in communication are foremost (Guzzetta and Bollens, 2003). Indeed, Roy and Ellis (In press), highlight that many of the most important policy problems facing planning demand an interprofessional [approach](#)¹, while Kidd (2007) notes how the paradigm of spatial planning has further heightened the need for integration with other sectors and professions, requiring a greater emphasis on multidisciplinary education in planning (Kidd, 2007).

The value of interprofessionalism to planning has a formal representation with, for example, the UK’s national agency responsible for overseeing educational standards noting that amongst the features that distinguish planning education from other fields are that it is holistic, integrative and “requires the study, understanding and application of a diverse set of multidisciplinary knowledge” (Quality Assurance Agency for Higher Education, 2002, p. 2). Indeed, the UK’s Royal Town Planning Institute (RTPI) also defines a key learning outcome of its accredited programmes as being able to:

Recognise the role in the planning process of such skills as negotiation, mediation, and advocacy and the importance of team-working, often with other professionals, in an inter-disciplinary context.

(RTPI, 2004, p. 11)

Thus, we often have the articulation of planning as a “multidisciplinary discipline” (Pinson, 2004, p. 503); ironically, this may have actually hindered the development of its own distinct professional identity, which is in fact a critical element of effective interprofessional collaboration (Pinson, 2004). Yet there is surprisingly little pedagogical reflection on how the skills associated with teamwork and collaborative practice should be promoted in planning programmes, or on how competent planning graduates should be in this field (some exceptions include Alonso, 1971; Cleford and Hopkins, 2003; Brand and Rincón, 2007). Muir and Rance (1995) drew attention to the importance of collaborative practice and interprofessional working and there has

been some discussion (Oxley and Glover, 2002 and Allinson *et al.*, 2003) of how the interprofessional education model used in health and social care education to promote these skills, could be used in the professions of the built environment. In addition to the core built environment professions, the team encompasses, or should encompass, people from a wide range of other disciplines and professions, including, for example, law and public health medicine. However, there is little or no reported pedagogical research about the potential to educate together students from the built environment professions and from professions such as medicine.

Academics working in the field of health and social care education have struggled to provide a consistent term for this type of learning and interprofessional, rather than interdisciplinary, education has become the generally accepted term (Barr *et al.*, 2005). The *raison d'être* of interprofessional education is that students from different professional groups who will work together in future, should engage in learning with, from and about each other, with the aim of promoting collaborative practice and ultimately improving the quality of the service they offer. It would therefore seem an ideal vehicle for encouraging both built environment (specifically, planning) and students from other related professions (specifically medical students) to gain a wider perspective on their future wider team working role and to develop the skills that will help them to function effectively as team members.

This paper describes and reflects on the evaluation of a project aimed specifically at promoting students' abilities and awareness of interprofessional working. In particular it focuses on bringing planning students together with others, not from other built environment professions, but from a medical background, with the aim of fostering a rarely shared understanding of the common purpose of the two professions. The increasing recognition of the links between public health and the built environment is an important one that offers specific challenges for the interprofessional abilities for planners, given that fields of health and planning have very different world views and epistemological bases (i.e. health based on positivistic-scientific principles, while in planning social science and post-positivistic values play an important role) and until very recently a dearth of collaborative practice. Thus, it could be expected that inter-professional working in the health-planning field would come across greater barriers than work between planning and other built environment disciplines where there is a greater understanding of respective professional roles.

The growing importance of issues such as obesity and inequalities in health, manifest in the concept and movement of Healthy Urban Planning (HUP) now being promoted by the World Health Organisation (WHO), highlight the need for these two professions to learn and understand more about each other in order to foster effective team working practices. While HUP is used as an example of interprofessional working between planning and medicine here, it is suggested that it highlights a number of practices that can be similarly adapted and applied to

education for the planning profession with a variety of intra and interprofessional groups, as it seeks to make its activity increasingly relevant to the major challenges facing society.

The experience of bringing the two groups of students together was, overall, a positive one, leading to a variety of outcomes, not just focusing on an enhanced understanding of the health impacts of the built environment, but also providing students with the opportunity to view the competencies of their own chosen vocation from a new perspective, and to recognise some of their profession's limitations. The paper briefly introduces the concept of HUP and the important role of interprofessional education in helping to realise its objectives, followed by an evaluative description of the interprofessional education project.

Healthy Urban Planning and Interprofessional Education

Healthy Urban Planning has been identified by the WHO as a specific goal in phases III, IV and V of the Healthy Cities Programme because it offers the potential to address a range of social, environmental, economic and other health-related issues facing contemporary developed societies (Barton and Tsourou, 2000). Promoting HUP poses a number of considerable challenges as it essentially aims to re-orientate the goals and justification of city planning away from being focused on property and development, to one that places people and their well being as the principal policy objective. Similarly, it calls for health professionals to engage further in the policy processes that shape the social determinants of health (Wilkinson and Marmot, 1998). HUP therefore stands as a high level objective for place-making and the spatial management of the built environment and as such can only be achieved through the involvement of a wide range of stakeholders, at all levels of city governance.

Although the early town planning movement was established in the 19th century with a primary focus on public health (Duhl and Sanchez, 1999; Hebbert, 1999), the two professions have since diverged so that today they are largely discrete and disconnected (Coburn, 2004; Greenberg *et al.*, 1994). In the last decade, there has been a growing interest in the impact of place and the built environment on health (e.g. Lavin *et al.*, 2006; Royal Commission on Environmental Pollution, 2007), which has led to the emergence (or rediscovery) of HUP as a paradigm for city planning. There are a wealth of examples from across the world on how health can be integrated into city planning processes (e.g. Barton *et al.*, 2003a) and a growing body of research looking at the links between health and planning (Barton *et al.*, 2003b; Srinivasan *et al.*, 2003; Malizia, 2006; Kidd, 2007). This experience suggests that the promotion of HUP faces a variety of institutional challenges that includes, *inter alia*; the need to alter conventional approaches to problem-framing in planning and healthcare; the absence of statutory encouragement and adequate policy provision for HUP; a low awareness of health issues amongst planning professionals and of planning processes amongst health professions; and a silo culture amongst the key professional groups (Burns and Bond, 2008; Lasker and Weiss, 2003; Bruner, 2003).

Although the idea of interprofessional collaboration is a strong feature of the wider field of spatial planning (see above) this tends to emphasise effective engagement with communities, politicians and other built environment professionals (surveyors, architects and engineers etc). HUP clearly still requires collaboration with these groups, but also demands that a wider and perhaps more alien, (at least compared to the more usual collaboration with other built environment professions) set of stakeholders are integrated into the planning process, including those involved in public and environmental health, the delivery and management of health services, social work and education. A precondition for an effective HUP process would therefore appear to be a capacity and willingness to engage in interprofessional collaboration, yet given that most professional training traditionally focuses on the specific attributes of that vocation (i.e. those areas in which it aims to have a monopoly of competence which act to reinforce its status (Larson, 1977)), such generic skills are only occasionally promoted, and more rarely prioritised, in higher education (Kidd, 2007).

In order to begin to achieve the long term aim of embedding HUP in the cultures of key stakeholders (i.e. planners and health professionals) there is a clear need to provide students (and practitioners) with more opportunities for interprofessional education and particularly where this promotes the inter-dependency and mutual aims of the professions involved (Northridge *et al.*, 2003). In turn this may also help improve graduates' skills for working in a multi-professional team environment, identified as being so critical to the professional competency of planners. Indeed, interprofessional education (IPE) has benefits that spread much wider than the goals of HUP, with a growing weight of evidence that 'team work works', which is hard to ignore (McPherson *et al.*, 2001). This is particularly relevant in the arenas of healthcare, given the complexity and multifaceted nature of public health issues, and in spatial planning, where planners often assume a pivotal role in coordinating multiprofessional inputs. Although these professional roles do involve a steep-curve of post-qualification learning, there is a growing body of evidence to suggest that one of the most effective ways in which team work skills can be developed and enhanced is by introducing interprofessional learning opportunities at an early stage in professionals' education and therefore into undergraduate as well as postgraduate curricula (Morison *et al.*, 2003 and Barr *et al.*, 2005).

The value of interprofessional learning as a means to improve team working and collaborative practice is now widely accepted by professional regulatory bodies and policy makers in healthcare (General Medical Council, 2002; Department of Health, 2001). There is growing evidence to support the view that it provides participants with benefits in terms of skills development (in particular, interprofessional communication); preparation for professional practice; more efficient use of resources (both human and financial) and more effective service provision. Interprofessional learning also helps to break down some of the barriers which exist between different professional groups through enabling the sharing of knowledge, and engendering respect for each others' professional roles and responsibilities (McGrath, 1991; Barr, 1996; Pirrie *et al.*, 1998; Morison *et al.*, 2003). Interprofessional learning also serves to

highlight complementary competencies among professionals and can provide participants with first-hand experience of how these complementary skills work in a practice-based team context.

The nature of the learning methods used in interprofessional education also tend to reflect its underlying principle, i.e. that students learn with and from one another to promote and enhance collaborative practice. Thus, the teaching tends to be interactive and, although they can be either classroom or placement based, should focus on complementary areas of professional practice (Morison *et al.*, 2003 and Barr *et al.*, 2005). This emphasis on interactivity means that classroom-based initiatives need to be enquiry, problem and/or project based to enable students to share their ideas and perspectives.

The benefits of interprofessional learning provide a strong rationale for utilising this approach to learning in planning education where a tradition of uni-professional project-based learning already exists. The opportunity this may also provide to promote HUP was explored in a student project undertaken at Queen's University Belfast (QUB) in 2007. The rest of this paper describes the main elements of this project and then reflects on the success of the project by drawing on the findings of focus groups conducted with staff and students once the project was complete.

The Pilot Project on Healthy Urban Planning

The Healthy Urban Planning project was prepared and delivered by a partnership composed of [Belfast Healthy Cities](#) (BHC), and the following from QUB, the [Centre for Excellence in Interprofessional Education](#), the [School of Planning, Architecture and Civil Engineering](#), and the [School of Medicine and Dentistry](#), and involved a wider range of contributors, such as officers from the highway authority and the City Council. Two key features of the project were that it focused on the comparatively new area of Health Impact Assessment (HIA) and used a 'live' project. The project has now been formally integrated into the local programme of the WHO Phase IV goals for Healthy Cities.

Participants, learning outcomes and pre-programme attitudes

The project involved students in their second year of different degree programmes: undergraduate students training to be professionally accredited planners (BSc in Environmental Planning), and to become medical doctors (Bachelor of Medicine). The project was packaged as an optional module and, for pragmatic reasons, was offered in the first iteration, to a maximum of ten students from each profession. The learning outcomes of the module, set out in a comprehensive study guide, focused on professional skills involved in conducting a Health Impact Assessment (HIA) and common generic skills relating to independent research, data analysis, verbal and written communication and teamwork. All students were expected to have developed these generic skills to a similar level but not in an interprofessional team context. Health Impact Assessment was new to both professions and hence there was a need for an expert-led seminar for all students at the programme's outset. Students were also required to

demonstrate awareness of the links between health, planning and the built environment, and to have an understanding of different professional roles in the process. At this stage in the curriculum both sets of students were deemed to have the relevant knowledge and experience to engage in this process. Medical students, for example, had been introduced to the subjects of epidemiology and public health medicine and their medical role in this area.

The programme was set within a wider agenda of developing IPE within the University and, as part of this, students from each profession were involved in focus groups prior to the commencement of the module. The purpose of these focus groups was to capture students' attitudes to learning with peers from different professions before they undertook any of the new interprofessional programmes. The data from these focus groups suggested that students from both professions were suspicious of working with students with such a different academic background and they did not appreciate that interprofessional learning with this group of students was relevant to their professional education and training.

Project Structure

The module ran over 12 teaching weeks from January to May 2007 (excluding the Easter Vacation) and involved approximately 200 hours of student learning time (i.e. 20 Credit Accumulation Transfer points). The students were assigned to groups each consisting of a mix of planning and medical students and then were set the objective of assessing the health impacts of a construction scheme to widen the main urban motorway passing through inner city Belfast (The Westlink). Students were expected to approach this problem within an Enquiry-Based Learning (EBL) model (where students are given a problem to address and they then define the appropriate way to tackle it) and during the first session were briefed on this approach. It was considered that this approach, that encourages students to acquire knowledge through a process of self-directed, active learning (Hutchings, 2006), was particularly appropriate for this initiative where students were expected to work in interprofessional teams and share their different skills and perspectives on the issues under consideration. Staff also provided students with a set of core resources (websites on health impact assessment, background data on the road scheme, a list of key contacts and a concise reading list) and the first three weeks of the module involved a variety of briefings that included talks from representatives of the local [highway authority](#) and independent experts, such as Erica Ison, expert advisor on Health Impact Assessment to the WHO. Students were also briefed on the concept of HUP and undertook a site visit of the scheme, where they were given a tour by the contractors. At the end of the briefing phase, students had developed an outline knowledge of the broad scope of HUP, HIA, and the specific road scheme, and had identified the key contacts and resources they needed to complete the project.

Staff then facilitated a brainstorming session, where the whole class identified the issues they felt were most relevant to assessing the health impacts of the scheme (including air and noise

pollution, on-site health and safety, community severance and the health consequences of different modes of transport). Each group then chose a specific theme (community impacts; health impacts of vehicle emissions; and strategic transport alternatives) focusing on the long-term impacts of the scheme (i.e. rather than just those accrued during the construction phase) and developed a schedule for delivering their objectives. For the remainder of the module, the student groups worked independently, with staff available twice a week to discuss any problems or issues that arose from their work. During this time, students were engaged in developing an evidence base of the health impacts which included gathering data on local conditions, interviewing local stakeholders and reviewing scientific studies on the links between road transport and health. Staff did not allocate specific tasks or roles to the students, but instead they were expected to do this for themselves as part of the team exercise. It was found however, that the planning students were allocated or took responsibility for leadership and project co-ordination tasks and research and review of the scientific literature and related tasks was undertaken by the medical students.

Halfway through the module students were required to present their interim findings, where they were subjected to critical review by the staff team. The module culminated with each team producing one final report (worth 50% of each student's assessment), an oral presentation (30%) and an individual reflective journal (20%). This was an innovative and challenging approach to assessment with only the reflective journal having an individual rather than a team grade. Students needed to be satisfied that all had made an equal contribution and staff had to monitor this without interfering in the group dynamic. The grades awarded also needed to be valid for two different professional assessments and staff worked closely together to develop acceptable criteria. The reports were used as the basis for the presentations which were made to an invited audience that included members of the Board of BHC, Belfast City Council, local health boards, community representatives and staff from across the university. Students were also presented with certificates of achievement from the WHO regional office in Copenhagen.

The reports were broadly based on the format (but much reduced) of a health impact assessment (e.g. Mannheimer *et al.*, 2007), but with less emphasis on comprehensiveness of the evidence base, commensurate with the time the student had to prepare their report. The quality of the final reports and the level of detail included indicated a high degree of student engagement with the learning process. In addition the presentations demonstrated how effectively the students were able to turn a detailed and formal report into an informative and audience-friendly event. Students used their own photographs and interviews with relevant groups to illustrate the scientific evidence and to make the projects 'real'. The 'event' of the presentations also proved to be useful for the task of Belfast Healthy Cities in promoting Healthy Urban Planning, in that it drew together a range of organisations that need to be further engaged with on this agenda and provided added status to this aim through association with the university.

All students performed well in the assessment, with most students gaining over 70%. All made high quality presentations that impressed the gathered audience with their attention to detail and depth of knowledge. The presentations captured the range of evidence students were able to gather in relation to the health impacts, including health and transport statistics, insights from the local community and photographic data. These were articulated in an authoritative manner by students from both professional backgrounds, providing a coherent insight into the broader consequences of the Westlink scheme. The assessment results indicated that the learning outcomes had been met and that the students had engaged effectively in the team exercise. The project also benefited from a formal evaluation undertaken by the Centre for Excellence in Interprofessional Education and the findings of this are discussed in the next section.

Reflections on the Project Outcomes

Following completion of the module, students and staff were asked to reflect on its strengths and weaknesses. For students this involved completion of a standard evaluation sheet and attendance at a focus group with students from their professional group. The staff involved also took part in a focus group. The student evaluation forms suggested a high level of student satisfaction with the module while the staff focus group suggested that they had found it rewarding, had been impressed by how the students had performed and enjoyed teaching in an interprofessional environment. There was some staff reflection on how students from the two professions had approached the module differently and how the structure of the module could have been improved.

However, the most interesting aspects of the evaluation process were the comments made by students in the focus groups. The students made a range of supportive and critical comments about the module, but overall, they appeared to have regarded it as a positive experience and as being relevant to their future professional practice:

... it has been rewarding because the topic was really interesting... the West Link and how it's going to affect communities and the results we found ... I am glad I've done it now, it's something good, it'll benefit you in the future.

(Male Planning Student 2)

Students also indicated that they thought the module had provided them with a different type of learning, from more conventional lecture courses, and particularly as it enabled them to learn with students from a different profession:

... it was a rewarding experience of being able to learn with other people ... you know, when you got the final report done, and I suppose meeting with other students from a different background, sort of just different from the everyday slog, you know it was good.

(Male Planning Student 4)

Indeed, both sets of students made a range of highly favourable comments about how this experience had changed their perspective on their own profession and on the confines of traditional educational approaches to professional education. For example, the medical students indicated that they perceived specific benefits from looking outside the doctor-patient relationship to examine the broader issues relating to health care, and to address those aspects of health that are rarely touched upon in a standard medical training:

I was just kind of happy that I got involved in this module because it has to do with ... influencing policy and decision making.

(Male Medical Student 4)

...it was just good to get a general sense of how medicine is applicable to all kinds of different things...

(Male Medical Student 3)

... it like kinda opened my eyes to a different side of medicine that you wouldn't necessarily have thought of before. I always just sorta thought you know you've got hospital doctors and GPs and that's the be all and end all, but now I would be seriously considering more general and population-based medical approach and with that public health approach you've got a lot more scope not to saving lives but improving health.

(Male Medical Student 1)

This was particularly encouraging, as undergraduate medical students often regard public health medicine as divorced from "real" medicine which they perceive as being learned only in clinical placement modules. Involvement in this module did have a fairly important impact on at least one medical student who used the experience to clarify long term career goals and opted to undertake a Masters in Public Health, a virtually unprecedented development. This was not however, a universal perception, with other students preferring a more traditional model of medical education:

In terms of content, ... I would rather have learned something a bit about the human body and how it works.

(Male Medical Student 2)

For the planning students, the experience led to a deep questioning of the purpose of traditional forms of planning:

... It has actually got me thinking about the role of the government, what they're doing and what they're trying to facilitate. Are they just money-making or are they concerned with the wider issues, about the people who are most affected?

(Male Planning Student 2)

I think ... in the short term...other things can take priority but really in the long term health needs to be number one and you know maybe making decisions later on you'll have that at the back of your mind ... what about health? what's this going to do to people?

(Female Planning Student 2)

... talking about people in power, ... in government, or even the public, their attitudes towards their health or the government's attitudes towards the people's health as a whole needs to change, needs to be more on the agenda.

(Female Planning Student 2)

[we need to] ... take a more moral approach to it instead of just being all about money and all that, it's got to be about people.

(Male Planning Student 2)

While the module clearly had benefits in terms of broadening students' perspectives on the key roles of health and planning in urban and rural developments, and their professional role in promoting well being, it also influenced their perspectives on learning with the other profession. In contrast to their earlier scepticism about the value of interprofessional learning, by the end of the module they had begun to appreciate that there are benefits to this:

It was nice to talk to people who weren't medical students, [laughter from group] broaden your mind a little, you know, because you could spend your whole course only talking to medical students and not realise that there's other degrees out there and other people studying and there's so much variety of mind out there and medical students aren't very creative in their thinking and you just get more creative thinking if you speak to people on other degrees.

(Male Medical Student 1)

And we need to rely on somebody else because we can't really specialise in anything, we're the people that need to ask the other people that are in the know.

(Male Planning Student 1)

The process also provided some clarity for the students about the skills that they had so far developed, the constraints of their profession's perspective, and how this could be complemented by alternative perspectives:

It's kind of humbling in a way to realise that you don't know everything and it is of benefit to you to work with other people ... just having to talk to people and ask questions as well.

(Female Planning Student 2)

... planners ... will need to know how to work with people with different ideas, different perspectives. And I think it was interesting enough just to see that first hand, just to see what the medics' first ideas of it were, which was usually quite different from what we thought, but then whenever you worked together I think it was useful.

(Male Planning Student 1)

I think they [planning students] are more advanced ... in terms of dealing with this type of project, meeting of people, meeting focus groups. So they, ... are more advanced than medics and they have more experience for presentation and coursework. So it's an advantage for them.

(Male Medical Student 2)

I think it's going to set you up well for the future whenever you do go into a working environment because you're never just going to be working with people that are doing exactly the same job as yourself. You're always going to be working with the public or other professionals yourself, you're never just going to be really working in isolation yourself.

(Female Planning Student 3)

Despite these positive comments, both groups felt that there was some misunderstanding between them about the contribution each made in terms of skills and effort. However, it would be unreasonable to expect strong disciplinary cultures to be totally eroded in a single interaction. The way in which these tensions emerged is manifest in the following comments:

I thought that we were more familiar with that type of work ... the medical students seemed to assume that we knew how to do this more than they did and kind of looked to us constantly for instruction and to allocate tasks to them and going right what do we do now?

(Female Planning Student 2)

And in a way it was double the work because we had to use our own initiative and then manage them as well and I found that quite stressful after a while. [Agreement from group]

(Female Planning Student 1)

Overall, the planning students felt that the most negative aspect of the experience was that they had to take on key roles of leadership and co-ordination of tasks. They did not appreciate that set against this was the time medical students had spent on researching scientific literature and other related activities. Meanwhile, for the medical students the most negative aspect was the perceived lack of empathy from planning students for the greater workload they had in their other modules. They also considered that they had been "allocated" work by the planners without any appreciation of what this entailed. It is clear that these issues all arise from lack of

understanding about different professional roles and priorities and suggests there is a need to address these early in the learning pathway in order to assist the development of effective team working practice in future.

Discussion and Conclusion

This study adds to the growing body of evidence documenting the success, benefits and challenges of interprofessional education in undergraduate programmes and in particular highlights ways in which built environment students might benefit by engaging in learning with professions such as medicine. From the limited experience of this project, we can draw a number of lessons relevant at two different scales; first relating specifically to the conduct of such student projects in planning; the second connected with more general issues for improving the professional capacity of planning in general, and for HUP specifically.

Although there is a small existing literature that discusses the practical aspects of 'live' projects within the built environment professions (e.g. Harris, 2004; Higgins, 2005; Brand and Rincón, 2007), the specific aim of this project, to bring together students with very different professional backgrounds, gave rise to a number of additional perspectives. In particular there is need to take account of the fact that students enter the task with a certain degree of suspicion and inferiority/superiority perceptions. This has an impact on how quickly teams are able to orientate themselves to the project tasks, as they need first, to come to a mutual understanding of each other's professional approach to problem-solving and teamwork before being able to grapple with the concept of HUP, novel to students from both professions. In hindsight, such issues could have been better addressed by supervising staff in the way the project was initiated, with more attention given to ice-breaking and team building exercises. It was also apparent that, at this level, and with this mix of students, staff overestimated the students' capacity for initially organising themselves as effective teams and it is suggested that such projects should include a focused session on increasing their complementary competencies in different types of teamwork skills. It is also suggested that whereas this project began with a focus on the methodological process of enquiry based learning and health impact assessment, a more effective orientation would have been via the briefings and site visits that focussed on the specific topic of study, in this case the urban motorway extension of the Westlink.

In organising the project, it also became clear that the internal structures of universities and the different learning strategies within different faculties also offer obstacles to interprofessional education. Although these were overcome, issues such as timetabling, alignment of assessment requirements and methods of teaching vary across schools in a single university. These create additional logistical challenges and need to be fully explored prior to project initiation. These logistical issues were, however, far outweighed by the energy and synergy created by an interprofessional teaching team, where the staff involved were able to offer different

perspectives on the issues under study and even learn from each other about the role of planning in influencing the social determinants of health.

In taking the evaluation of this interprofessional project beyond these more practical aspects, it is useful to reflect on how they inform some wider planning education issues. For example, Brand and Rincón (2007) suggested that during project work there is a tendency for students to slip into the roles that they each find the most comfortable for completing the task, rather than challenging their own skills (“Pragmatic efficiency vs cross disciplinary fertilization” (p. 45)). Such issues became very clear in this interprofessional project, with the medical students tending to focus on the collection of scientific data on the health impacts of road construction, vehicle emissions etc, while the planning students took on the role of policy analysis, project co-ordination, editing, liaison with effected communities and statutory agencies. While Brand and Rincón suggest this is a negative aspect, in that students lose opportunities for gaining new skills, this project indicates that it can have very positive effects in that it has helped the students involved reflect on the profession-specific skills that they had already gained, thus increasing their confidence in undertaking these roles and enhancing their understanding of what it is to be a *planner* or a *doctor*.

Brand and Rincón (2007) were also concerned with the difficulties in project work of achieving a balance between getting students to think of creative and even unconventional solutions to given problems, and on the other hand, to instill more dogged, but more professionally-accepted approaches (“fresh minds vs disciplinary allegiance” (p. 49)). Again, the interprofessional context of this project provided a new perspective on this in that it was clear that in bringing two significantly different professions together, each student group was faced with a number of perspectives on the investigation topic and as a group, they had to negotiate an interprofessional solution. This commonly resulted in creative approaches that were appropriate to the challenges posed by HUP, which more conventional approaches to healthcare and land use regulation are incapable of addressing. This suggests that interprofessional projects such as this can help to challenge students to recognise the limitations of existing professional problem-framing and help them to identify more creative solutions.

The study also prompts comment on the wider issue of improving the capacity for interprofessional working in planning education, so that it can prepare better its graduates for taking on the new challenges that face the profession, such as that of HUP. It is clear that issues such as health, regeneration, place-making etc are not the preserve of a single profession and we should be ensuring our students understand this from the very start of their vocational training. Indeed, tackling such issues is often constrained by professional cultures – perceptible even within students in only their second year of study – that act as barriers for interprofessional collaboration. This clearly has to be challenged in planning education and through affirmative action by the professional bodies. This project does suggest that interprofessional education at undergraduate level does have the potential to begin to erode some of the obstacles that stand

in the way of challenges such as HUP. Indeed, while the issue of HUP does offer a fertile ground for developing interprofessional competencies amongst our novice planners, there is clearly a wide range of projects that may be capable of delivering similar outputs, such as those that focus on local community planning, climate change mitigation, transport strategies and social exclusion. Indeed, with the potential to act as a spatial co-ordinator of a range of policy areas, teachers should explore developing projects with a range of other professional groups, not just from within the built environment professions of architecture or engineering, but also ecologists, lawyers, economists, psychologists or political scientists to provide imaginative insights into a number of policy challenges.

While getting undergraduate planners to think of themselves as spatial specialists who can only be effective through their collaborations with other professionals is critical to this, the project also highlights that interprofessional working does more than make good team players. It also helps promote the intra-professional reflection that is essential to the development of a mature professional outlook and as such, should be considered as being a core value by accrediting bodies.

References

- Allinson, J. Selman, T. & Westcott, T. (2003). *Interprofessional issues in planning education*. Bristol: AESOP Congress.
- Alonso, W. (1971). Beyond the inter-disciplinary approach to planning: An interpretation. *Journal of the American Institute of Planners*, 37 (3), 169-173.
- Barr, H. (1996). *Perspectives on shared learning*. London: CAIPE.
- Barr, H., Freeth, D., Hammick, M., Koppel, I. & Reeves, S. (2005). *Effective interprofessional education: Argument, assumption and evidence*. London: Blackwell Publishing.
- Barton, H. & Tsourou, C. (2000). *Healthy urban planning*. London: Spon Press/WHO.
- Barton, H., Mitcham, C. & Tsourou, C. (2003a). *Healthy urban planning in practice: Report of the WHO city action group on healthy urban planning*. London: Spon Press/WHO.
- Barton, H., Grant, M. & Guise, R. (2003b). *Shaping neighbourhoods; a guide for health, sustainability and vitality*. London: Spon Press.
- Baum, H. (1997). Social science, social work, and surgery: Teaching what students need to practice planning. *Journal of the American Planning Association*, 63 (2), 179-188.
- Brand, R. & Rincón, H. (2007). Tackling six common dilemmas in 'live' planning projects. *Journal for Education in the Built Environment*, 2 (2), 36-60.
- Bruner, C. (2003). Professional culture change as a condition for effective collaborative problem solving. *Journal of Urban Health*, 80 (1), 57-60.
- Burns, J. & Bond, A. (2008). The consideration of health in land use planning; barriers and opportunities. *Environment Impact Assessment Review*, 28 (2-3), 184-197.
- Centre for the Advancement of Interprofessional Education. (CAIPE). (1997). *Interprofessional Education – A Definition*. London: CAIPE.
- Cleford, T. & Hopkins, A. (2003). *Working together, learning together: Methods and process in multidisciplinary group projects*. Centre for Education in the Built Environment Case Study. Cardiff: CEBE. URL: <http://www.cebe.heacademy.ac.uk/learning/casestudies/list.php>.
- Coburn, J. (2004). Confronting the challenges in reconnecting urban planning and public health. *American Journal of Public Health*, 94 (4), 541-546.
- Department of Health. (2001) *Working together, learning together: A framework for lifelong learning in the NHS*. London: Department of Health.

G. Ellis, S. Morison & J. Purdy: A New Concept of Interprofessional Education in Planning Programmes: Reflections on Healthy Urban Planning Project

Duhl, L. J. & Sanchez, A. K. (1999). *Healthy cities and the city planning process*. Copenhagen: WHO.

Forester, J. (1999). *The deliberative practitioner: Encouraging participatory planning processes*. Cambridge, Mass.: MIT Press.

Frank, A. (2006). Three decades of thought on planning education. *Journal of Planning Literature*, 21 (1), 15-67.

Friedmann, J. (1996). The core curriculum in planning revisited. *Journal of Planning Education and Research*, 15 (2), 89-104.

General Medical Council. (2002). *Tomorrow's doctors*. London: GMC.

Greenberg, M., Popper, F., West, B. & Krueckeberg, D. (1994). Linking city planning and public health in the United States. *Journal of Planning Literature*, 8 (3), 235-239.

Guzzetta, J. D. & Bollens, S. (2003). Urban planners' skills and competencies: Are we different from other professions? Does context matter? Do we evolve? *Journal of Planning Education and Research*, 23 (1), 96-106.

Harris, N. (2004). Experiential learning in built environment education. *CEBE Transactions*, 1 (1), 3-7.

Healey, P. (1997). *Collaborative planning: Shaping places in fragmented societies*. London: Macmillan.

Hebbert, M. (1999). A city in good shape: Town planning and public health. *Town Planning Review*, 70 (4), 433-453.

Higgins, M. (2005). Promoting social entrepreneurship through a 'live' project. *CEBE Transactions*, 2 (2), 63-73.

Hutchings, B. (2006). *Principles of enquiry-based learning*. Manchester: Centre for Excellence in Enquiry-Based Learning.

Kidd, S. (2007). Towards a framework of integration in spatial planning: An exploration from a health perspective. *Planning Theory and Practice*, 8 (2), 161-181.

Larson, M. S. (1977). *The rise of professionalism: A sociological analysis*. Berkley: University of California Press.

Lasker, R. D. & Weiss, E. S. (2003). Broadening participation in community problem solving: A multidisciplinary model to support collaborative practice and research. *Journal of Urban Health*, 80 (1), 14-47.

G. Ellis, S. Morison & J. Purdy: A New Concept of Interprofessional Education in Planning Programmes: Reflections on Healthy Urban Planning Project

Lavin, T., Higgins, C., Metcalfe, O. & Jordan, A. (2006). *Health impacts of the built environment: A review*. Dublin: Institute of Public Health in Ireland.

Malizia, E. E. (2006). Planning and public health: Research options for an emerging field. *Journal of planning education and research*, 25 (4), 428-432.

Mannheimer L. N., Gulis, G., Lehto, J. & Östlin, P. (2007). Introducing health impact assessment: An analysis of political and administrative intersectoral working methods. *The European Journal of Public Health*, 17 (5), 526-531.

Margerum, R. D. (2002). Collaborative planning: Building consensus and building a distinct model for practice. *Journal of Planning Education and Research*, 21 (3), 237-253.

Morison, S., Boohan, M., Jenkins, J., & Moutray, M. (2003). Facilitating undergraduate interprofessional learning in healthcare: Comparing classroom and clinical learning for nursing and medical students. *Learning in Health and Social Care*, 2 (2), 92-104.

McGrath, M. (1991). *Multidisciplinary teamwork – community mental handicap teams*. England and Vermont: Gower Publishing Company Ltd.

McPherson, K., Headrick, L., & Moss, F. (2001). Working and learning together: Good quality care depends on it, but how can we achieve it? *Quality in Health Care*, 10 (Suppl II), 46-53.

Muir, T. & Rance, B. (1995). *Collaborative practice in the built environment*. London: E&FN Spon.

Northridge, M. E., Sclar, E. D. & Biswas, P. (2003). Sorting out the connections between the built environment and health: A conceptual framework for navigating pathways and planning healthy cities. *Journal of Urban Health*, 80 (4), 556-568.

Oxley, A. & Glover, C. (2002). *Benefits of interprofessional education: Some initial reflections*. Occasional Paper 3: Sheffield: FDTL3 Better Together Project.

Petts, J., Owens, S. & Bulkeley, H. (2008). Crossing boundaries: Inter-disciplinarily in the context of urban environments. *Geoforum*, 39 (2), 593-601.

Pinson D. (2004). Urban planning: An 'undisciplined' discipline? *Futures*, 36 (4), 503-513.

Pirrie, A., Wilson, V., Elsegood, J., Hall, J., Hamilton, S., Harden, R., Lee, D. & Stead, J. (1998). *Evaluating multidisciplinary education in healthcare*. (SCR Research Report). Edinburgh: SCORE.

Quality Assurance Agency for Higher Education. (QAA). (2002). *Town and country planning – subject benchmark statement*. Gloucester: QAA.

Ramadier, T. (2004). Trans-disciplinarity and its challenges: The case of urban studies. *Futures*, 36 (4); 423-439.

G. Ellis, S. Morison & J. Purdy: A New Concept of Interprofessional Education in Planning Programmes: Reflections on Healthy Urban Planning Project

Roy, M. & Ellis, G. (In press). Role of cross-disciplinary models in reducing the intensity of environmental release: Example of Irish housing sector. in Filho, W. L. & Mannke, F. (Eds.). *Interdisciplinary Aspects of Climate Change*. Frankfurt: Peter Lang Scientific Publishers.

Royal Commission on Environmental Pollution. (2007). *The urban environment*. London: The Stationary Office.

Royal Town Planning Institute. (RTPI). (2004). *Policy statement on initial planning education*: London: RTPI.

Sandercock, L. (1999). Expanding the 'language' of planning: A meditation on planning education for the twenty-first century. *European Planning Studies*, 7 (5), 533–544.

Srinivasan, S., O'Fallon, L., & Dearry, A. (2003). Creating healthy communities, healthy homes, healthy people: Initiating a research agenda on the built environment and public health. *American Journal of Public Health*, 93 (9), 1446-1450.

Wilkinson, R. & Marmot, M. (Eds.). (1998). *Social determinants of health: The solid facts*. Copenhagen: WHO Regional Office for Europe

Williams, P. (2002). The competent boundary spanner. *Public Administration*, 80 (1), 103-124.

Endnote

¹ We note here the intricate discussions involving the important distinctions between inter-, multi-, pluri- and trans-disciplinarity (e.g. Petts *et al.*, 2008; Ramadier, 2004) and the variable barriers and opportunities these present for planning research and practice. We have avoided being drawn into this intricate debate and have chosen to use the term "interprofessional education" when referring to the project under discussion. In using this term we take the definition provided by the Centre for the Advancement of Interprofessional Education (CAIPE) (1997) as being "... occasions when two or more professions learn together with the object of cultivating collaborative practice." (CAIPE, 1997).

[<< Back](#)