

## Chapter 7

# The Community of Inquiry Framework: A Pertinent Theory of Online Interprofessional Education?

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### ABSTRACT

*Many in the online learning field now promote the need for a social presence online, in addition to cognitive and teaching presence, in order to fully realize benefits of online learning. In this regard, two important concepts arise when adopting e-learning: community and collaboration. Within healthcare there has been a recent push towards interprofessional education (IPE). IPE is an approach in which health and social care professionals come together to learn “with, from and about each other”. In this chapter the authors discuss the background of healthcare IPE and online learning. They examine the potential benefits and limitations of both IPE and e-learning as well as issues related to combining these approaches. They will discuss the theory of ‘communities of inquiry’ and apply a modified version of it as a way to think about and create online IPE. Lastly, the authors introduce an ongoing innovative healthcare e-learning project in Canada that was based on this theory and has focused on bringing together both IPE and online learning using the “build-a-case” method.*

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## INTRODUCTION

*The exciting discontinuity, the exciting opportunity and threat, the exciting confusion now thrust upon us is an explosion of new ways of organizing, communicating, delivering, finding, modifying, and creating information. We have barely begun to see how to use these new ways for teaching and learning. It will take many decades to invent and wring out the very best uses of these new tools – even as newer tools continue to arrive, divert our attention, and offer ever greater possibilities (Gilbert, 2000).*

We are just beginning to scratch the surface of the advantages and shortfalls of online learning, and where it may fit in the ‘toolbox’ of resources for healthcare professionals’ education. Most health professions’ online learning to date has focused on providing information to learners in a text-like format. Some programs have progressed so learners can interact with the material and, at times, try “virtual” health care scenarios. Both are examples in which learners interact with the online material, but not with the other learners.

Many in the online learning field now promote the need for a social presence online, in addition to cognitive and teaching presence, in order to fully realize the benefits of this form of learning (Garrison et al., 2000; Palloff & Pratt, 2005). There is recognition of the importance of a learner’s personal world to retain and reflect on knowledge, but equally important is the ability to socially construct this knowledge with others, to make practical sense of it and expand upon concepts from different perspectives and backgrounds. In this regard, two important concepts arise when considering adopting e-learning: community and collaboration. Palloff and Pratt (2005, p. xi) argue that “in the online environment, collaboration can be seen as the cornerstone of the educational experience...collaboration forms the foundation of a learning community online - it brings students

together to support the learning of each member of the group while promoting creativity and critical thinking”. Conversely, development of an online community helps foster collaboration.

Within healthcare there has been a recent push towards interprofessional education (IPE). IPE is an approach in which health and social care professionals come together to learn “with, from and about each other” (Freeth et al., 2005, pp. 4-6). Theoretically, IPE offers a very powerful educational approach; it allows learners to focus their learning towards a patient centered model of care and learn how to efficiently share limited health care resources and expertise. However, there are many roadblocks to delivering this form of resource-hungry, interaction-demanding form of education such as scheduling difficulties in bringing together several health professions and accommodating the diversity and different professional cultures of learner groups (Freeth & Reeves, 2004).

Online learning minimizes geographic and learner barriers that are difficult to accommodate in face-to-face IPE (Jairath & Mills, 2005; Barr et al., 2005). Potentially, it offers an “anytime, anywhere” learning, important to busy pre-licensure and post-licensure health professions learners alike. It is also able to respond, by multiple auditory, visual and tactile modalities, to various learning styles of adult learners, and allows them to skim material or explore in more depth as they wish (Jairath & Mills, 2005, pp. 4-6). It may also help accommodate different professional cultures, learning styles, and level of learners often found in an IPE forum (Barr, et al., 2005). In addition, online learning allows for sharing electronic resources to help support learners’ opinions, professional backgrounds and promote evidence-based discussions. Lastly, an online environment may help “level the playing field” of healthcare hierarchy through mutual navigation of software and computer literacy, creating a more removed, safer learning environment to risk failure with colleagues. However,

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