TOWARDS A CONSENSUS-DERIVED FRAMEWORK FOR INTERPROFESSIONAL EDUCATION IN MOUNTAIN MEDICINE

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1 INTRODUCTION

Interprofessional education (IPE) is widely regarded as essential for effective teamwork and decision-making in healthcare.

IPE can be defined as when 'members or students of two or more professions learn with, from and about each other to improve collaboration and the quality of care and services' (The Centre for Advancement of Interprofessional Education (CAIPE), 2006).

Patient care in mountain and expedition settings usually operates in interdisciplinary contexts, often involving clinicians, mountain rescue teams, mountain guides and expedition leaders. Despite this, the benefit and extent to which IPE is formally integrated into the international Diploma in Mountain Medicine (DiMM) programmes remains unclear.

While IPE is thoroughly researched and integrated into undergraduate and to a lesser degree postgraduate healthcare education, its application in the extreme, austere and wilderness environments remain underexplored. A preliminary database search revealed very limited empirical evidence that focused on IPE curriculum in the context of wilderness medicine. As a result, curriculum design in this field often relies on extrapolating data from other areas of healthcare rather than evidence derived from the unique contexts of mountain medicine.

This doctoral research study aims to develop and evaluate an IPE framework for the international DiMM curriculum to optimise interprofessional collaboration within mountain medicine education.

2 RESEARCH QUESTIONS

1. What are the current practices and perceptions of IPE within international DiMM foundation courses?
2. How do these practices align with established IPE competency frameworks in healthcare education?
3. What consensus-derived core competencies and structural components should underpin an IPE framework for international DiMM education?
4. How can theory inform the integration of these consensus-derived competencies into a coherent DiMM IPE framework?
5. What is the educational impact of implementing a structured IPE framework on teamwork behaviours, leadership dynamics, and decision-making performance within simulated mountain medicine training scenarios?

3 METHODOLOGY

A sequential mixed methods phased approach to data collection, combing qualitative and quantitative research to develop and evaluate the IPE framework will be adopted. The ADDIE instructional design model provides a systematic methodology framework for creating effective and impactful IPE curricula (Gledhill, 2025). The methodology of each research phase aligns to the stages of the ADDIE model (figure 2).

Phase one will map current IPE practices and stakeholder perceptions across international DiMM programmes through surveys and semi-structured interviews before undergoing reflexive thematic analysis.

Phase two will benchmark these findings against the CAIPE Quality Standards (CAIPE, 2025) and will use a Modified Delphi process to derive expert consensus on core competencies and structural components for DiMM IPE. Using integrative theoretical synthesis methodology, consensus competencies will be mapped against theories of Communities of Practice (Wenger, 1998) and Legitimate Peripheral Participation (Leve & Wegner, 1991) Empirical data from phase one will also be essential to ensure the framework is grounded contextually, rather than purely theoretical or consensus driven.

Phase three will pilot the framework within selected DiMM programmes using validated evaluation tools to assess impact. Following the pilot study consultation, a final draft framework will be presented to the international committee for endorsement and adoption into the DiMM curriculum.

The findings will be presented to the UIAA, ICAR and ISMM committee for feedback. The framework will then be adjusted based on this feedback and evaluation results prior to dissemination.

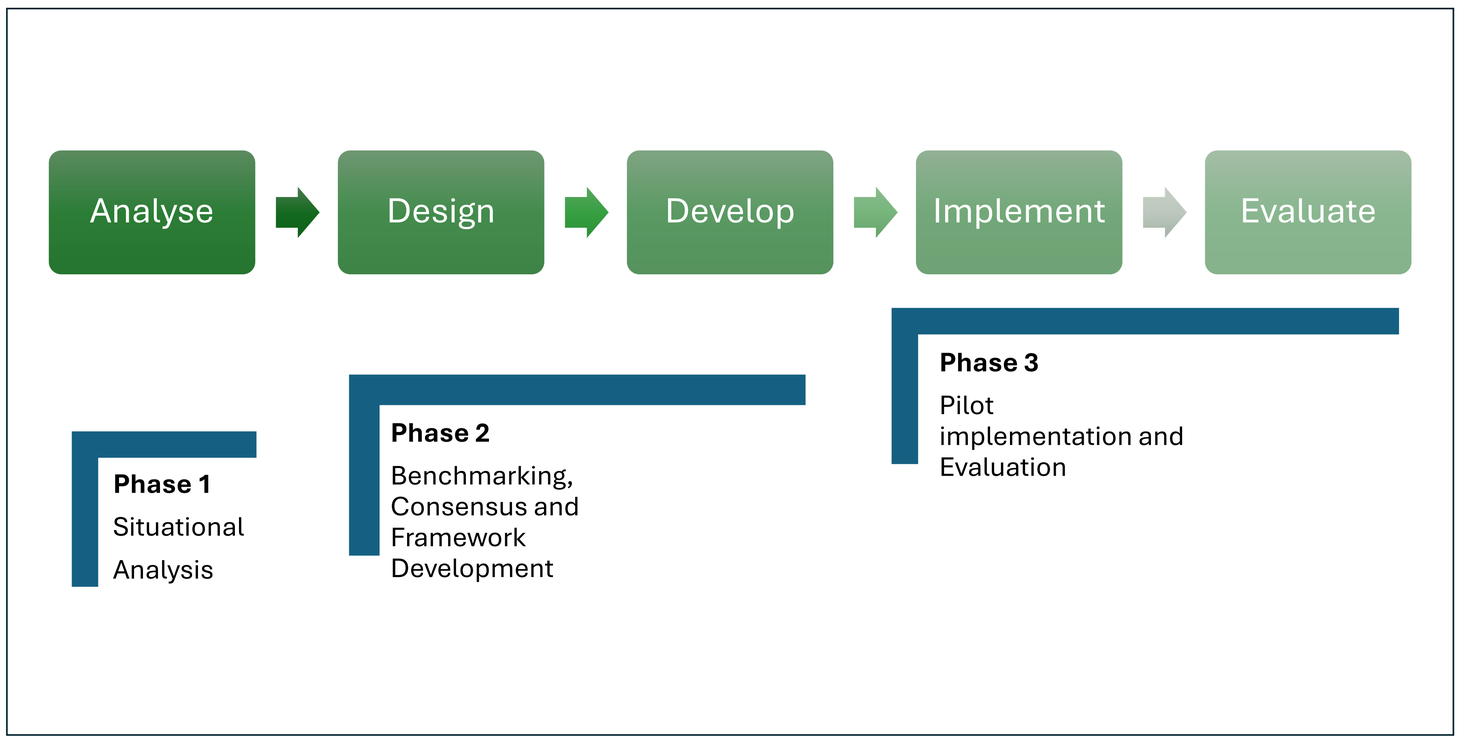

Figure 2– Methodology mapped against ADDIE model

Figure 1 – Dealing with mountain casualties requires a collaborative and interprofessional approach.

4 CONCLUSION

This research will provide the first structured and evidence-based IPE framework for DiMM programmes, supporting interdisciplinary training and contributing to the advancement of international mountain medicine education. The need for effective IPE in mountain medicine is driven by several factors including:

- Nonstandard, high-risk health care setting – health emergencies in the mountains require collaboration between diverse professionals where barriers could exist due to cultural, ethical, education, professional and language variance.
- Lack of structured IPE in DiMM courses – it is hypothesised that any existing interdisciplinary learning on the DiMM is not deliberate, lacks evidence-based support and varies from course to course.
- Growing recognition of IPE in healthcare – evidence supports IPE benefits, but it's adaption to extreme environments remains underexplored.

IS CURRENT PRACTICE ACROSS INTERNATIONAL DIMM PROVIDERS ALIGNED?

Centre for Mountain Medicine
Research to improve safety, health, and wellbeing in the mountains.

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