

Engagement in Interprofessional Education at the Faculty of Medical and Health Sciences, University of Auckland

Interprofessional Education Subcommittee, Faculty of Medical and Health Sciences,
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The strategic importance of Interprofessional Education (IPE) activities

Modern healthcare is multidisciplinary by nature. IPE has been recognised as an important innovation in improving the performance of multidisciplinary teams and in helping to meet future workforce demands. Evidence suggests that involvement in IPE can allow insights into the skills, roles and abilities of other members of multidisciplinary healthcare teams, and can improve a wide range of non-technical skills, such as communication, teamwork, and leadership.¹⁻³ These improvements will ultimately improve team performance, aid patient safety and promote more effective healthcare practice.^{3,4} Key organisations such as Health Workforce New Zealand, the Australian Health Workforce Institute, and the WHO World Committee on Interprofessional Education & Collaborative Practice, recognise that the policy drivers underpinning IPE in modern healthcare include new concerns for the quality and safety of patient care, the rising prevalence of chronic and complex conditions, and global health workforce shortages.^{1,2,5-7} IPE is seen as especially valuable in the practice of primary healthcare, and in rural and remote healthcare.^{4,8} These policy drivers have been reflected by the Council of Medical Colleges in New Zealand, who in their report entitled “A Best Practice Guide for Continuous Practice Improvement”, identify participation in appropriate interprofessional healthcare as a necessary competency for healthcare practitioners.⁹

IPE in the Faculty of Medical and Health Sciences, University of Auckland

In the context of the above drivers, IPE as a permanent and integrated part of the various curricula at FMHS (both undergraduate and postgraduate) is strategically important, both in terms of attracting new students and producing appropriately qualified, practice-ready graduates.

During the reaccreditation of the Faculty of Medical and Health Sciences MBChB programme in 2015, one recommendation was the establishment of an interprofessional learning curriculum and structure to coordinate interprofessional learning across Faculty programmes (Standard 4.7)¹⁰. Current IPE activities within the Faculty are consistent with this recommendation. However, mechanisms to sustain and develop such activities need further attention. At present the four core, formal IPE activities at FMHS are the following:

- Maori Health Intensive (N, M, P, O)
- Quality and Safety Symposium (N, M, P, O)
- Urgent and Immediate Patient Care (UIPC) Week (N, M, P, PM)
- Advanced Cardiac Life Support Course (N, M)

Key: Involving students from N – Nursing, M – Medicine, P – Pharmacy, O – Optometry, and PM – Paramedicine.

There are over a dozen further IPE activities which routinely occur at FMHS (which are listed here: <https://mhsfaculty.auckland.ac.nz/ssostaff/ipe/>), many of which involve smaller groups of students, often during placement activities, where opportunities for interprofessional learning occur on an informal and more opportunistic basis.

Governance of IPE at FMHS

Historically IPE activities in the Faculty have developed organically in response to areas of need and opportunity, identified by enthusiastic stakeholders – and such a bottom-up approach has served the Faculty well in developing the existing reasonably extensive set of IPE activities. Individual governance groups for each IPE project have taken ownership and successfully maintained and developed such projects over the years, and such a model will continue to be used. The Faculty IPE subcommittee was created to provide additional top-down support for existing IPE activities in the Faculty (particular the four core activities), and to consider other areas where further IPE activities may be planned in future. However, this subcommittee will not define an interprofessional learning curriculum as such, since this is considered too prescriptive an approach for the Faculty's devolved model of curriculum planning. All IPE activities must be authentic and valuable to participants in order to remain meaningful and sustainable. The subcommittee plans to add additional value to such activities through promoting a more joined-up strategy for IPE in the Faculty, where disciplines outside of the traditional professional programmes may be considered for the formation new IPE activities. The subcommittee may also provide a mechanism for students to record and validate the IPE activities they have participated in during their academic programmes.

An Interprofessional Education Strategy for the Faculty was published in 2009 by the then Associate Dean (Education) and a short-life working party (see Appendix 1). A number of the recommendations of this Strategy have subsequently been met (in particular the formation of the IPE subcommittee as a co-ordinating entity, and the Faculty-wide survey of current

IPE activities). We remind anyone reading this document of the existence of the IPE Strategy, which will remain a guiding document to for the activities of the IPE subcommittee (see Appendix 2 for current committee membership).

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University of Auckland
Faculty of Medical and Health Sciences

Interprofessional Education Strategy

Mark Barrow Associate Dean Education
June 2009

1 Introduction

This paper sets out a strategic approach to the development, implementation and evaluation of interprofessional education in the FMHS.

FMHS offers a range of programmes at undergraduate and postgraduate levels to students who plan to, or currently work, in the health sector. Undergraduate programmes include nursing, medicine, pharmacy and health sciences. Postgraduate programmes also cover these areas plus an additional number of specialised professional and academic training programmes. Programmes are delivered in the university setting (mainly at Grafton and Tāmaki campuses) as well as in a variety of workplace contexts.

The Faculty aims to develop health practitioners, researchers and managers who can contribute effectively to healthcare delivery, improvement and reform wherever they work in the world. To do this, graduates need up-to-date and appropriate knowledge, a range of complex skills and competencies, including communication and inter-personal skills, and an approach to delivering health care that facilitates collaboration, yet enables them to lead when appropriate. The rapidly changing and complex context of health care delivery means that universities need to produce graduates who can navigate through this to deliver the best quality care possible in a range of circumstances. The WHO has identified that the future health workforce needs to be 'collaborative practice-ready' and that it is interprofessional education (IPE) which primarily works to underpin learners' acquisition of relevant and effective knowledge, skills, attitudes and behaviours (WHO, 2009, pp24-25).

The concept of IPE in the Faculty is not new and has been well supported over the last seven years. Two long-standing programmes for medicine, nursing and pharmacy undergraduates are Māori Health week (for 2nd year students) and the Quality and Safety Program (for 3rd year students). To date these activities have been primarily led by small groups of interested enthusiasts, funding arrangements have been ad hoc and reviewable annually and (although well-evaluated by students and seen as meaningful activities in their own right) have not always been underpinned by leading edge educational theory and practice in IPE. A particular concern is that these activities have been seen as 'projects' whose survival rests on a few champions.

The potential vulnerability of the IPE activities and the need to embed IPE more strategically was recognised by the Faculty and, at the end of 2007, the Education Committee endorsed the inclusion in the Associate Dean's (Education) Annual Plan, of the following:

“Develop a model to facilitate greater implementation and sustainability of interprofessional education initiatives in the Faculty for approval by the Dean and Faculty Executive Council”.

2 IPE and collaborative health practice: the rationale for change

There is a worldwide movement towards inclusion of IPE in health professionals' curricula. In common with acknowledged practice, we take interprofessional education (IPE) and interprofessional learning (IPL) as referring to the same concept, what CAIPE, the UK Centre for the Advancement for Interprofessional Education refers to as:

‘occasions when two or more professionals learn from and about each other to improve collaboration and quality of care’ (Barr, 2005).

A growing body of literature demonstrates that providing early opportunities for students to learn alongside, from and about one another (WHO, 2009; Freeth, 2007; Boyd & Horne, 2008) leads to improved professional relationships, more effective collaborative practitioners and ultimately to improved patient care. In addition to these benefits, the WHO lists outcomes of IPE as enhancing teamwork and communication; understanding and respecting the roles and responsibilities of their own and other health workers; facilitating learning and critical reflection on actions and practice; improving relationships with patients, caregivers, families and communities to provide care that meets the best interests of the patient as partners in care management, and improving ethical practice in relation to not perpetuating or reinforcing stereotypes and respecting other health workers' views (WHO, 2009, p26).

Health professionals need to see their function as advocates for social support and social change. As health and social services shift towards an increasing integration of delivery, there is a real need to ensure that tomorrow's professionals are equipped not only with an understanding and appreciation of their own professional roles, identities and boundaries but also with a real understanding of the work and responsibilities of other professionals, their role as a team member and leader and the wider context of the people they serve.

The WHO suggests that 'all future health worker education will be interprofessional' (2009, p28) and, whilst this may be highly aspirational and very difficult to achieve in practice with existing regulatory and management systems, it strongly indicates the direction of travel in health professions' education. Universities who do not take this into account may well increasingly be seen by potential and existing students, employers, professional bodies and accreditation councils as delivering less than adequate educational provision. For example, the UK GMC in its recent consultation on Tomorrow's Doctors 2009 (recommendations for the education of undergraduate

medical students which provide the blueprint for approval of medical programmes) notes:

“Medical schools should provide opportunities for students to work and learn with other health and social care professionals. This will help students understand the importance of teamwork in providing care” (GMC, 2009, p17).

Other universities in Australia (such as Sydney) and New Zealand are actively promoting themselves as embedding IPE as a mainstream curriculum approach and researching into IPL and collaborative practice. Locally, for example, AUT has recently launched a new Centre for IPE and Collaborative Practice. It is important for the University of Auckland, and the FMHS in particular, that a strategic approach is taken to producing a health workforce that is knowledgeable, skilled and willing to work collaboratively with other members of the health and care sectors. Many of our graduates go on to take up management and leadership positions in the New Zealand health system and elsewhere in the world. The University is the only institution in New Zealand that prepares professionals for the most common and influential roles in the health sector, those of medicine and nursing. In addition, the Faculty provides undergraduate programmes for pharmacy and population health, and a diverse range of postgraduate taught and research-based programmes for the public, private and voluntary sector health workforce. Links with other faculties and schools, such as Education, Social work and the Business School provide further opportunities for teaching and research activities in IPL. It is timely to take a proactive approach to co-ordinating IPL activities and establishing the University as a centre of excellence in interprofessional learning where research and teaching activities are clearly related to improving health and social care in New Zealand.

3 Background to IPE strategy development

In order to take forward the Associate Dean’s (Education) strategic objective to *“develop a model to facilitate greater implementation and sustainability of interprofessional education initiatives”*, the Education Committee agreed at its meeting on 18 February 2008 that a small, short-life IPE working party be created to advise the Committee.

The IPE Working Party membership comprised the Associate Dean (Education); a representative from CMHSE, from each of the four undergraduate programmes and WDHB; the Tumuaki, and a Professor of Integrated Care.

The Working Party carried out the following activities:

- a curriculum mapping of the graduate profiles of each of the undergraduate programmes to identify:
 - areas that the programmes identified in common re IPE
 - learning outcomes relating specifically to IPL
- a stocktake of current activities (teaching, learning and assessment) relating to the IPE capabilities
- the production of generic IPE ‘capabilities’ which all students should have achieved on graduation (see Annex 1)

- the identification of a range of curricular and co-curricular activities to support the development of interprofessional understanding; resources (including staff development) required to support IPE activities and teaching, and learning activities that might be drawn upon to facilitate IPE
- identification of areas and topics which provide reference points whereby students from two or more of the programmes could learn together, thus offering curriculum areas to include 'learning in common' with other students
- production of a report and outline IPE strategy to the Education Committee in August 2008

In August 2008, the Education Committee endorsed the Working Party's proposals for an IPE strategy and curricular and co-curricular activities. Since then, a number of activities have been taken forward under the auspices of the IPE Working Party, including the endorsement by undergraduate programs' Boards of Studies of the IPE report and the direction it proposes. It is now timely to formally embed the IPE strategy into the Faculty's strategic educational goals and direction.

4 A strategy for implementing IPE Approach

The key to effective implementation of the IPE strategy and sustainability of IPE in the longer term is seen to be the appointment of a Director of IPE who will work to the Associate Dean (Education) in taking responsibility and providing leadership for the development, co-ordination and evaluation of IPE activities across the Faculty. Although there are a number of other IPE 'champions' (Land, 2001) across the Faculty, the key to long term sustainability will be achieved through enhancing staff capacity and capability in IPE more widely: this involves raising awareness, providing professional development and support and developing a collaborative community of educational practice in which IPE is seen as a core educational modality and not as a series of bolt-on activities. To effect change, two budget lines will be created: one to cover existing IPE activities and another to support strategic development and implementation of the IPE strategic objectives.

Key planks of the strategy are professional development for staff in IPE; developing, consolidating and implementing IPE research and publication activities; managing curriculum development and change; utilising learning technologies to support IPE initiatives and working inclusively with students and staff from undergraduate and postgraduate programmes who can benefit from engaging with IPE.

The WHO identifies that IPE training for staff is uncommon, yet a vital element of ensuring effective IPL (2009, p24). There is a paucity in the literature around research into the role, needs and impact of staff who deliver IPE. Members of the IPE Working Party and others have already published in the field of IPE, team working, faculty development, educational leadership, collaborative practice and professional identity. Based on this expertise, the Faculty and University are very well placed to carry out further research in these areas and make a significant contribution to the literature.

If we genuinely want our students and graduates to be effective collaborative practitioners, then we need to ensure that we provide them with the opportunities to learn and practice the skills they need. These primarily relate to developing high level communication skills and relational awareness (Bunnis and Kelly, 2008; Engel, 1994). The IPE Capabilities Statement provides a mechanism for designing, implementing and evaluating curriculum interventions across all Faculty Programmes in a structured and standardised way.

Implementing IPE poses practical challenges which need to be overcome in terms of timetabling and co-ordination. Existing IPE activities provide models for further development, and taking a creative approach to IPE through the use of e-learning will further help address logistics issues. E-learning provides a real opportunity for further developing, supporting and enhancing IPE activities, particularly with geographically dispersed learners studying differently configured timetables (Clouder, 2008). A proposal to develop IPE e-learning resources has been supported by the LTU and a scoping study on identifying potential e-resources across the Faculty has been initiated.

The strategy needs to be inclusive of all programmes/students that can benefit from involvement in IPE, whilst acknowledging that developing and embedding IPE initiatives in programmes that have not been included to date may require greater support and creativity in the early stages of roll out. For example, currently there is no involvement of students in the BHSc in common learning experiences: the Working Party sees this as a lost opportunity. Given the increasing public health focus in the NZ health system and the progression of BHSc students into a range of health professions it will be advantageous to include the BHSc in the development and implementation of IPE initiatives. Also, the Working Party's initial activities focussed on undergraduate provision, however, IPL approaches are highly relevant to postgraduate programmes and these are included in the strategy.

Vision

That all students and staff have the opportunity to participate in meaningful IPE activities which enhance their understanding of and engagement in collaborative health practices that ultimately improve health care outcomes. And that the Faculty is seen as a centre of excellence in interprofessional education for those who work in health, health education and related sectors.

Strategic aims and objectives

The main aims and objectives of the IPE strategy are to:

1. Promote and establish a co-ordinated, collaborative and sustainable approach to IPE which is embedded within the strategic educational framework of the Faculty
 - 1.1 Review the current undergraduate and postgraduate programmes to identify opportunity for introducing IPE activities and student assessment in all years of each programme
 - 1.2 Provide specific support and attention to inclusion of the BHSc programme in IPE activities

2. Establish the Faculty as a regional, national and international centre of excellence in health professions' education and research which incorporates IPE
 - 2.1 Establish an IPE observatory and resource centre, supported by dissemination mechanisms
 - 2.2 Seek opportunities for collaboration and partnership with other universities/organisations in New Zealand, Australia and internationally to strengthen collaboration and partnership and develop IPE activities and research
 - 2.3 Seek opportunities for externally funded IPE activities and research
 - 2.4 Co-ordinate activities to promote the Faculty's IPE expertise at conferences and other events
3. Develop a culture of IPE based on a community of practice which both complements and strengthens uni-professional health education and research
 - 3.1 Raise awareness of the potential of IPE and possible activities through dissemination of information, development of resources and staff training and development
 - 3.2 Explore opportunities for including other professional groups, health workers and other subject disciplines in current IPE activities
 - 3.3 Provide a forum for teachers to share ideas and practice around IPE and learning in common
4. Develop the capacity within the Faculty staff and programmes to deliver IPE and participate in IPE research and evaluation
 - 4.1 Identify an IPE 'champion' in each School to work with the Director of IPE
 - 4.2 Establish staff development and training activities around IPE
 - 4.3 Provide support for staff in carrying out IPE teaching and research activities
5. Implement, further develop and evaluate curricular and co-curricular IPE activities based on the IPE capabilities
 - 5.1 Develop, implement and evaluate an IPE curriculum, which includes co-curricular activities and orientation
 - 5.2 Retain, build on and evaluate existing IPE initiatives, specifically Māori Health Week and the Quality and Safety program
 - 5.3 Review and build on existing curriculum areas which two or more professional groups take together, such as POPHLTH III and fieldwork and clinical placement opportunities
 - 5.4 Carry out a scoping exercise of electronic and other resources and materials that could be further developed or repurposed for IPE
 - 5.5 Sponsor the development of reusable learning objects (RLOs) to enhance IPE within all undergraduate programmes
6. Facilitate the capabilities of graduates as health professionals who are secure in their own professional identity; have an understanding of the roles and

responsibilities of health and related professionals and are competent and comfortable in working, leading and managing interprofessional teams

6.1 Establish an IPE curriculum that aims to develop IP capabilities (re 5 above)

6.2 Carry out and build on research into professional identity, team working, leadership and IPE in order to inform the development of best practice in curricular interventions for all health workers

5 Resource implications and proposed budget

There are inevitable resource implications in introducing and embedding a new curriculum initiative such as IPE. Although one of the strategic aims is to generate income through research and other activities, this will take time to develop and IPE activities therefore need Faculty support.

Budget lines exist for initiatives such as Māori Health and Quality & Safety although these are currently renewable annually and based in or allocated to different departments on a 'custom and practice' basis. A number of individual staff members also carry out IPE activities, including management, teaching and research. Budgets need to be aligned in order to implement the strategy effectively. The main resource implications lie in the Director, IPE post, the development of new materials (such as online learning resources) and new structures for co-ordination and administration of IPE across Faculty programmes.

An outline budget for 2010 is provided below.

Budget (For 2010)

Director of IPE		
Admin/RA/Senior tutor		
Associated staff costs		
Existing initiatives		
Strategic developments		
Total		

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Annex 1

Interprofessional education initiatives in the Faculty of Medical and Health Sciences Short life working party Report to Faculty Education Committee

Introduction

This paper sets out the key activities, members, and outcomes of the short life working party on interprofessional education.

1 Background

At the end of 2007 the Education Committee endorsed the inclusion, in the Associate Dean, Education's Annual Plan, of the following action:

“Develop a model to facilitate greater implementation and sustainability of interprofessional education initiatives in the Faculty for approval by the Dean and Faculty Executive Council”.

In this context interprofessional learning (IPL) is taken to be ‘occasions when two or more professionals learn from and about each other to improve collaboration and quality of care (Barr, 2005).

While common learning (e.g. that which may happen in some of the courses in overlapping year one) may be valuable in introducing shared concepts, skills, language and perspectives, IPE is more than this. IPE should be comparative, collaborative and interactive and encourage students to understand the range of professions they will interact with in an effort to enhance understanding, trust and respect.

CAIPE's¹ vision is that when IPE works well, it:

- ◇ Improves the quality of care
- ◇ Focuses on the needs of service users and carers
- ◇ Involves service users and carers
- ◇ Encourages professions to learn, with, from and about each other
- ◇ Respects the integrity and contribution of each profession
- ◇ Enhances practice within professions
- ◇ Increases professional satisfaction

The principles *“draw on the IPE literature, evidence base and the experience of CAIPE members, underpinned by values common to all health care professionals including a*

¹ The UK Centre for the Advancement of Interprofessional Education

commitment to equal opportunities and positive regard for difference, diversity and individuality” (CAIPE, 2006)

The current major identified interprofessional education activities that take place in the Faculty involve the MBChB, BNurs and the BPharm (e.g. Māori Health Week and Quality and Safety). There are a number of curriculum areas or themes that cut across all programmes for health professionals and which might provide opportunities and avenues to develop IPE. These include communication skills; clinical skills; research skills; professional development activities (including ethics, law and team working); areas of health concern (such as chronic care or death and dying) and conditions such as diabetes, heart disease or stroke. There are also some areas where students are currently involved in similar activities in different programmes e.g. a child and family study which takes place in both the medical and nursing curricula.

Currently there is no involvement of students in the BHSc in common learning experiences; the working party sees this as a lost opportunity. Given the increasing public health focus in the NZ health system and the progression of BHSc students into a range of health professions it was deemed advantageous to include the BHSc in the development of IPE initiatives.

2 Activities of the working party

It was agreed by the Education Committee at its meeting on 18 February 2008 that a small short-life working party be created to advise the Committee on this matter and to carry out the following tasks.

- a. Complete an audit/mapping of the graduate outcomes/profiles of the Faculty’s four undergraduate programmes in order to identify actual and potential commonalities in overall outcomes and professional capabilities
- b. Identify key learning activities, themes, topics, contexts, assessment points and tasks associated with relevant items on the graduate profiles.

Drawing on identified international good practice in IPE:

- c. Consider co-curricular activities which may support the development of interprofessional understanding
- d. Identify resources (including staff development) required to support IPL activities
- e. Consider the range of activities (classroom based, workplace-based, and co-curricular) that might be drawn upon to facilitate IPE

f. Provide recommendations as to the purpose and outcomes of an IPE programme and a strategy and associated costs for providing a sustainable IPE programme in the undergraduate programmes in the Faculty.

It was agreed the Working Party would report to the Education Committee to the meeting of 18 August 2008.

The Working Party membership is as follows:

Judy McKimm – CMHSE (Chair)
Mark Barrow - Associate Dean, Education
One nominee from each of the four undergraduate programmes:
 Phillippa Poole (Medicine)
 John Shaw/Janie Sheridan (Pharmacy)
 Heather Baker (Nursing)
 Jeanne Reeve (Health Sciences)
Papaarangi Reid (Tumuaki / Deputy Dean, Maori)
Harry Rea (Professor of Integrated Care)
Maryanne Boyd (WDHB)
Administrative assistance – July Rea

The Working Party met on four occasions between February and August 2008. Prior to the first meeting, a curriculum mapping exercise was carried out in which the learning outcomes from all four undergraduate programmes were mapped against one another to identify:

- (i) areas that the programmes had in common and
- (ii) learning outcomes relating specifically to interprofessional learning, these were termed IPE 'capabilities'.

The outputs from this exercise were then evaluated and discussed with the IPE Working Party to produce a final version of the IPE capabilities. Representatives from each of the four programmes were then invited to identify key learning activities, themes, topics and assessment points and tasks associated with relevant items in the capabilities. These were collated for discussion by the Working Party at their final meeting and provided a basis for identifying co-curricular activities to support the development of interprofessional understanding; resources (including staff development) required to support IPE activities and teaching, and learning activities that might be drawn upon to facilitate IPE.

3 Interprofessional capabilities

The Working Party developed a set of 'Interprofessional capabilities' which were identified from the mapping exercise to consider all four undergraduate profiles described above. The capabilities comprise learning outcomes categorised in terms of knowledge, skills and attitudes/behaviours that the undergraduate programmes have in common around effective interprofessional working.

The main purpose of the IPE capabilities' statement is to provide a framework for developing activities involving two or more programmes across the faculty which facilitate interprofessional development. However, the 'capabilities' will also be used by programmes and courses as a starting point for review and for the development of specific learning outcomes and assessment criteria related to IPE in their own programmes, for example in clinical placements or other settings in which students are learning with other professionals. There is inevitably some overlap between the headings and in terms of activities and assessment the capabilities can be achieved in different ways depending on whether this is around (for example) understanding or developing a skill or demonstrating a set of behaviours.

It should be noted that a Hauora Māori graduate profile and domains are being developed in parallel with the IPE capabilities and consideration will need to be taken of how to integrate and cross-refer this with the IPE capabilities at a later date. For the purposes of this report, we are thinking specifically about IPE/IPL although there are opportunities such as Māori health week where the two aspects can be dovetailed to achieve dual outcomes.

Interprofessional capabilities
KNOWLEDGE
On graduation, students will be able to demonstrate understanding of:
➤ Health services and systems; roles of players and components including changes and the drivers of change
➤ The roles and responsibilities of other health professionals and health workers supporting health and social care
➤ The ethical and legal frameworks underpinning healthcare and professional practice
➤ Determinants of health and health inequalities
➤ The concepts and practice of interprofessionalism and integrated care
➤ A range of models and paradigms of health, wellness, health care and disease
➤ Models to improve quality, safety and consumer experience in healthcare
SKILLS
On graduation, students will be able to demonstrate effective collaboration and co-operation with health care team members, professionals, patients and community groups supporting health and social care in a range of contexts and settings. This will incorporate:
➤ An awareness and application of appropriate role boundaries, negotiation and conflict management skills
➤ Verbal and written communication with and referrals to other health professionals and agencies
➤ Cultural understanding, competence and safety
➤ Leading, managing and participating in teams
➤ The application of different evidence paradigms to healthcare practice
➤ A proactive approach to ensuring safe healthcare delivery
ATTITUDES/BEHAVIOURS
On graduation, students will be able to demonstrate that they:
➤ Value and show respect for a range of health care professions and health and social care workers
➤ Proactively collaborate with patients, families and community networks to improve advocacy and patient care, and improve health outcomes for individuals and populations
➤ Articulate and maintain a distinctive and authentic professional identity relative to their own role and their roles in teams
➤ Practice as a constructive and collaborative health care team member with respect for complementary skills and competencies

4 Areas identified for ‘learning in common’

“Learning in common” or “multiprofessional learning” is where students from different professional groups learn alongside each other, either face to face or in online environments, around the same topics. In multiprofessional learning, the main focus of the activity is for students to learn together about a topic whereas in IPE the main focus is about learning from, with and about other professionals. One of the advantages of bringing students together to learn about a topic is that there is opportunity for ensuring a common understanding of subject areas thus helping in future practice. It also enables students to discuss issues from different perspectives, to share ideas and get to know one another – again helping when students work together in practice situations.

The curriculum mapping exercise identified topic areas that each of the undergraduate programmes had in common concerned with interprofessional learning and developing professional identity. The table below lists these areas which provide reference points whereby students from two or more of the programmes could learn together, thus offering curriculum areas to include ‘learning in common’ with other students. These could also provide points where students could learn interprofessionally.

KNOWLEDGE
<p>Developing subject/discipline/profession specific knowledge including:</p> <ul style="list-style-type: none"> ➤ Biological, behavioural and social science ➤ Biomedical science ➤ Health services and systems ➤ Population/community/public health ➤ Hauora Māori ➤ Implementation of strategies to improve health of individuals and communities ➤ Cultural, social, political, economic determinants of health ➤ Ethical and legal frameworks and responsibilities ➤ Principles of management, leadership and teamwork
SKILLS
<ul style="list-style-type: none"> ➤ Evidence-based practice ➤ Research skills ➤ Critical thinking ➤ Academic skills eg. library, resource access and use, IT skills ➤ Self-directed learning, self-management, accountability ➤ Clinical decision-making ➤ General communication - written, verbal, presentation. ➤ Therapeutic communication (patient, carers, colleagues, peers, teams). ➤ Cultural and intercultural communication ➤ Procedural skills ➤ Application of subject specific knowledge to professional practice ➤ Team management and leadership skills
ATTITUDES/BEHAVIOURS
<ul style="list-style-type: none"> ➤ Evidence-based approach to practice ➤ Development of appropriate professional identity/ self as doctor/pharmacist/ health scientist/nurse. ➤ Patient/client centredness including cultural safety. ➤ Practise ethically and within the relevant legislative framework.

- Manage self as a professional and learner.
- Collaborate and co-operate with other members of health care teams.
- Challenge practice in order to improve outcomes.
- Intellectual openness and curiosity

5 A strategy for implementing IPE

The main purpose of developing IPE in the Faculty programmes is to facilitate the development of health professionals who are secure in their own professional identity yet competent and comfortable in working, leading and managing interprofessional teams. There is a growing body of literature that demonstrates that providing early opportunities for students to learn alongside, from and about one another (Freeth, 2007; Boyd & Horne, 2008) leads to improved professional relationships and ultimately to improved patient care. Health professionals need to see their function as advocates for social support and social change. As health and social services shift towards an increasing integration of delivery, there is a real need to ensure that tomorrow's professionals are equipped not only with an understanding and appreciation of their own professional roles, identities and boundaries but also with a real understanding of the work and responsibilities of other professionals and the wider context of the people they serve.

Implementing IPE poses practical challenges which need to be overcome in terms of timetabling and co-ordination, however there are existing IPE activities which provide a model for further development. It should be noted that to date BHSc students have not been involved in the 'central' IPE activities (such as Quality & Safety and Māori Health Week). The strategy needs to ensure that it is inclusive of all programmes that can benefit from involvement in IPE but that developing and embedding IPE initiatives in the BHSc programme may require greater support and creativity in the early stages of roll out. The strategy focuses initially on undergraduate provision, however, the IPE approaches are also relevant to postgraduate programmes and this should be a later stage of the implementation plan.

The Working Party proposes that an IPE strategy and activities should include the following:

IPE capabilities

1. The IPE capabilities should be included as part of the programme development and review framework for all four undergraduate programmes in the Faculty
2. The BoS of each of the undergraduate programmes be asked to carry out a 'stocktake' of their programmes and report back to the Education Committee, identifying areas of strength, for development and of particular difficulty

IPE Curriculum

3. Develop an IPE curriculum, which includes co-curricular activities and orientation
4. Retain and build on existing IPE initiatives, specifically Māori Health Week and Quality and Safety
5. Review and build on existing curriculum areas which two or more professional groups take together, such as POPHLTH III and fieldwork and clinical placement opportunities
6. Sponsor the development of learning objects (RLOs) to enhance IPE within all undergraduate programmes
7. Explore opportunities for including other professional groups in current IPE activities
8. Review the current programmes to identify opportunity for introducing IPE activities and student assessment in all years of each programme

Co-ordination of IPE activities within the Faculty

9. Appoint an IPE co-ordinator to work across the Faculty to develop, co-ordinate and evaluate IPE activities
10. Identify an IPE 'champion' in each School to work with the IPE co-ordinator
11. Provide a forum for teachers to share ideas and practice around IPE and learning in common
12. Provide specific support and attention to including the BHSc programme in IPE activities
13. Consider postgraduate programmes from an IPE perspective

Funding, research and collaboration

14. Cost out and identify annual budget for 'central' IPE activities
15. Seek opportunities for collaboration with other universities/organisations to develop IPE activities and research
16. Seek opportunities for externally funding IPE activities and research

6 Curricular and co-curricular activities to support IPE

Existing curricular IPE activities

The Working Party members identified examples of existing activities where one or more professional groups work and learn together with a view to capturing what is currently being done in the Schools and enable the sharing of best practice.

There are a number of areas which can be genuinely defined as IPE, in which learners from different programmes learn together with an interprofessional focus, these include:

- Māori Health Week (Nursing, Medicine and Pharmacy, 2nd years)
- Quality and Safety (Pharmacy, Nursing and Medicine, 3rd years)

Additionally, POPHLTH III involves BHSc, Nursing and Pharmacy, Stage 1 students 'learning in common'. This could be strengthened to have a more interprofessional focus.

Other curricular areas exist in which students acquire knowledge, skills and attitudes/behaviours relating to IPE working, but within each of the separate undergraduate programmes. Many of these relate to when students are working in clinical practice or work placements, where they are working with health and other professionals. There are many examples where IPE learning takes place serendipitously, however at present the learning is often not identified or labelled as IPE, and as a consequence opportunities for engaging in IEP activities are not systematically captured or timetabled.

Other identified areas where students achieve the IPE capabilities include 'classroom' based learning such as case studies; research projects; personal and professional development and health psychology. There are also examples of assessed work such as child and family studies and supervisors' assessment of students on work placement.

Suggestions for new IPE activities

The Working Party also considered where existing activities did not enable achievement of the IPE capabilities and generated ideas for new curricular IPE activities.

Curricular activities might include:

- Teamwork/Communication - possibly a simulation, demonstration or real team working, to include leadership development and management
- Law and Ethics – development of online learning objects, with case vignettes
- Integrated Care
- Written communications – eg. case notes, referral/discharge planning, common assessment of patients
- Care of chronic conditions
- Humanities applied to health professions education
- Fieldwork and clinical placement options that include other placements outside health (eg. schools, advocacy groups, prisons, social services)
- Integration of Population Health Intensive course (5th year MBChB) with 3rd year BHSc and Nursing students
- Integration of Child and Family studies

New activities could involve two or more of the health professions (not necessarily all four programmes) or be developed to facilitate different programmes/years to introduce IPE activities and learning to their own students using a common set of materials. The Working Party suggests that particular attention should be placed on supporting students and interns/new graduates at transition points, such as orientation to the University; when beginning clinical or work placements and when changing status (such as the shift from student to junior practitioner). Delivery modes would include face to face and online.

A scheme of co-curricular activities may also be developed to support IPE which may include:

- Co-curricular lecture series on topics specific to IPE in health (workforce issues, service shifts, topical health issues, clinical challenges)
- Opportunities to work with and learn from workers/professionals from other sectors outside health – eg. seminars, community engagement projects

7 Resource implications

There are inevitable resource implications in introducing and embedding a new curriculum initiative such as IPE. Raising awareness of and enabling the Schools to use the capabilities framework can be managed within existing resources and management and committee structures within the Faculty and Schools, supported by CMHSE and the Associate Dean (Education).

Budget lines exist for initiatives such as Māori Health and Quality & Safety. Budgets and co-ordination mechanisms may need reviewing in the light of the IPE strategy and plan. The main resource implications lie in the development of new materials (such as online learning resources) and new structures for co-ordination and administration of IPE as a cross- Faculty curriculum.

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Judy McKimm
On behalf of the IPE Short Life Working Party
12 August 2008

FMHS IPE Subcommittee

Chair	Associate Professor Craig Webster	
Associate Dean (Academic)	Associate Professor Bridget Kool	
School/department Nominees	<i>Medicine</i>	Professor Felicity Goodyear Smith
	<i>Nursing</i>	Doctor Dianne Marshall
	<i>Optometry and Vision Science</i>	Ms Bhavini Solanki
	<i>Pharmacy</i>	Ms Maureen McDonald
	<i>Population Health</i>	Professor Ngaire Kerse
	<i>Audiology</i>	Mrs. Sharon Mein-Smith
	<i>Medical Imaging</i>	Shelley Park
	<i>Nutrition and Dietetics</i>	Doctor Andrea Braakhuis
	<i>Speech Science</i>	Ms. Philippa Friary
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Member of Board of Studies in the school of: Population Health	Associate Professor Bridget Kool	
Member of Board of Studies in the school of: Nursing	Mrs. Louise Carrucan-Wood	
Co-Op Member	Doctor Rhys Jones	
AUT Representative	Doctor Jane Morgan	
Student Representative	Andrew Lynch	
Committee Administrator	Mrs Jane Tran/ Mrs Anoshi Atapattu	