SE安全ING AN INTERPROFESSIONAL FUTURE FOR AUSTRALIAN HEALTH PROFESSIONAL EDUCATION AND PRACTICE (SIF)

Roger Dunston
Gary D. Rogers
Monica Moran
Carole Steketee
Tagrid Yassine

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TERMS

• IPE – interprofessional education

• IPCP – interprofessional collaborative practice
WHAT SHAPED THE FOCUS AND DESIGN OF SIF?

• Interprofessional health education in Australia: The way forward (2009)
• Interprofessional education for health professionals in Western Australia: Perspectives and activity (2013)
• Interprofessional Education in Health: a national audit (2014)
• Curriculum Renewal for Interprofessional Education in Health (2014)
• Work based assessment of teamwork: an interprofessional approach (2015)
• Curriculum Renewal in Interprofessional Education in Health: Establishing Leadership and Capacity (2016)
Diverse, local and ad hoc, are terms that capture well how Australian educators reported their experiences with Australian IPE. Whilst local responsiveness was identified as important in developing IPE curricula, it was also identified as leaving the development of IPE vulnerable to changes in organisational support and in the individuals committed to it. Many participants described IPE as existing on the margins of curricula, with the sense of being a discretionary rather than required and structurally-embedded element of the curriculum. Difficulties in achieving adequate curricular space and a paucity of resources was identified as posing problems for what was often seen as a more intensive and resource demanding pedagogy. IPE was perceived to be far less well documented and published than other aspects of health professional education.
CHALLENGES FOR IPE

- Embedding
- Sustaining
- Scale
- Coherence
- National coordination
- ‘Evidence’
WHAT IS SIF?

• SIF was funded by the office for Learning and Teaching to lead and develop a whole of system approach to Australian IPE as a way of contributing to the delivery of high quality, patient responsive and sustainable health services

• The project will work in close partnership with all relevant stakeholders to ensure that every student who graduates from an Australian university with a health profession qualification at entry level has achieved the core capabilities required for successful interprofessional and collaborative practice and continuing interprofessional learning across their professional lives
• The SIF development methodology is built around the active participation and ownership of the IPE governance and development framework by all key bodies!

• ANZAHPE is an important part of making this happen!
PROJECT TEAM AND PARTNERS

• Associate Professor Roger Dunston (project lead)
• Professor Ben Canny
• Professor Adrian Fisher
• Adjunct/Visiting Professor Dawn Forman
• Associate Professor Monica Moran
• Matthew Oates
• Professor Maree O’Keefe
• Professor Gary Rogers
• Professor Carole Steketee
• Tagrid Yassine (project manager)
• Australian and New Zealand Association of Health Professional Educators
• Australasian Interprofessional Practice and Education Network
PARTNER UNIVERSITIES

• Central Queensland University
• Curtin University
• Griffith University
• University of Adelaide
• University of Derby (UK)
• University of Notre Dame Australia
• University of Technology Sydney
• Victoria University
SIF WEB SITE

• www.sifproject.com.au
WHAT KIND OF IPE/IPCP HAVE WE BEEN INTERESTED IN?

• Not IPE as a discrete and stand alone area of knowledge and practice – rather, IPE/IPCP as something that is an essential to what effective practice is regardless of its specific profession location.

• We have been interested in a more expansive idea of practice, education and learning where uni-professional and interprofessional are inseparable – both critical, both complex, both having particular capabilities, both underpinned by learning and experience.
WHAT KIND OF IPE/IPCP HAVE WE BEEN INTERESTED IN?

Profession A

Profession B

Profession C

Etc....

interprofessional
As a response to the local focus – and vulnerability - of Australian IPE, a national IPE Governance and Development Framework and System will be established.
A NATIONAL IPE COUNCIL

• ‘The Council will take responsibility for promoting the principles, values, development and visibility of IPE at the most senior level in the areas of higher education, health service provision, the professions, the Australian accreditation system, safety and quality and continuing professional development.

• It will be senior, inclusive and collegial in its approach and decision making. This group would use its collective legitimacy and influence to lobby, promote, suggest and advise particularly as this relates to education and health policy and to the development and regulation of Australian health professionals and health professional education.’ (ELC)
IPE/IPCP AS PART OF AUSTRALIAN ACCREDITATION

- The recommendations identified (in the ELC) outline a common approach to the inclusion and development of IPE standards and accreditation as a part of the National Regulatory and Accreditation System.

- Acting on these recommendations will be a critical step in enabling a more coherent, coordinated, effective and efficient approach to building an IPCP-capable health workforce and will position Australia as a global leader in this area of health professional education and workforce development. (ASR May 2017:11)
ENHANCING FACULTY CAPACITY IN THE AREAS OF IPE AND PEDAGOGY. A NATIONAL STANDING COMMITTEE WILL BE ESTABLISHED

1. Agreeing on a set of IPCP capabilities that are relevant and meaningful across all areas of health professional practice.

2. Agreeing on the scope and degree of interprofessional practice attainment as a result of participation in IPE and other practice focused learning experiences.

3. Developing new conceptual and practice understandings about interprofessional pedagogy, educational methods and the educational and organizational conditions that will support the achievement of IPP competencies and outcomes (ELC).
AN IPE RESEARCH AND KNOWLEDGE DEVELOPMENT AGENDA

• Two establishment tasks were identified:
  • Scoping the state of IPE/IPP knowledge. Such scoping activity is already being discussed with other global IPE/IPP centres. Australia would develop a particular focus on Australian IPE/IPP activity. It would also contribute to and benefit from being part of a global collaborative.
  • As a result of the above, the working group in consultation with key stakeholders and working closely with the National Leadership Council would develop and seek to implement a number of Australian research priorities.
A REGIONAL IPE/IPCP KNOWLEDGE REPOSITORY AND DISSEMINATION HUB

- Development in this area will build on the work of the Australasian Interprofessional Practice and Education Network. This work will be led and managed by ANZAHPE.
- 5 years of modest funding is available to ensure the web site is maintained
- The design of the web site will be user – you – led.
WHAT DIFFERENTIATES THE SIF PROJECT?

• It is national and structural – a new design pathway

• It aims to be knowledge based, coherent, coordinated and responsive, informed and enabled by its location as part of the Australian accreditation system – we hope

• Methodologically, SIF has been designed as a collective endeavour, with IPE/IPCP being understood as an important element of professional education across all professions.
THEORIES TO GUIDE AND ASSIST THE DEVELOPMENT OF IPE/IPCP?

• What theories would guide and assist with the development of IPE/IPCP, and, more broadly, collaborative and partnership approaches?

• We were also wanting to develop each of our projects in ways that demonstrated an interprofessional approach to development and change.
SOCIO-CULTURAL AND SOCIO-MATERIAL

• We found ourselves looking outside traditional theories of practice and learning that emphasized practice as primarily an individual achievement mediated through cognitive activity and demonstrated via behavioural competencies.

• A number of us were already using a group of theories referred to as ‘socio-cultural’, ‘socio-material’ and ‘practice theories’ – cultural historical activity theory, actor network theory, practice theory, realist theory, communities of practice theory and variations of complexity theory. We saw these as having much to offer.
• These theories provide a very different view of professional practice – all professional practice and have major implications for how we think about health professional education, IPE, IPCP and the design of change programs.
CHARACTERISTICS OF PRACTICE

• Practice is a collective accomplishment - Hager
• Practice is relational - Edwards
• The site and interpersonal dynamics of practice shapes practice – it is negotiated
• Practice is an assemblage – always
• Practice involves a range of knowledges – always
• Practice is embodied and emotional – a lived experience as well as a cognitive experience
• Practice is about identity – Bourdieu’s habitus
HOW YOU CAN HELP

• Become part of the SIF community
• Sign-up
• Share information about SIF
• Contribute to one of the Standing Committees
• Identify ways that the work of the SIF project could be of use to your team/organisation, network ....
• .....
SECURING AN INTERPROFESSIONAL FUTURE FOR AUSTRALIAN HEALTH PROFESSIONAL EDUCATION AND PRACTICE

Transitions in our understanding of interprofessional learning and its assessment
• Summary of some of the theoretical and practice work we have been undertaking in parallel, informed by, and in conversation with, the national studies and processes
Health and community service professionals working together using complementary knowledge and skills, to provide care to patients, clients and communities, based on trust, respect and an understanding of each others’ expertise. 

Utility for explaining the concept to the ‘initially unconvinced’:

- Emphasises within-team collaboration for a shared, noble, purpose, without between-team competition imagery
- Balance between mentored practice on your own instrument and experiential ensemble rehearsal to learn collaborative skills

• Timing: can only benefit from learning to play together after developing some rudimentary skills on your own instrument, but from the very beginning need to know how other instruments work and roughly what they sound like – ‘health professions literacy’

• No particular instrument is the ‘natural’ conductor – depends on the task of the particular performance

• Different groups at different times

• Current skills important, rather than long-past qualifications

PROGRMMATIC APPROACH TO IPE

Phase I: Health professions literacy

Phase II: Simulated IPCP experience

Phase III: Real patient or client care IPCP experience

Professional Registration

Health professional program

Bloom suggested that all learning has three domains:

- Certainly true of IPCP capabilities
- Cognitive understandings of ‘HP literacy’ and team interactions
- ‘Psychomotor’ taken to include skills
- Affective component – focused on acquisition of interprofessional values – is particularly important

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ASSessment of Interprofessional Learning Outcomes

• Critical that interprofessional learning be assessed:
  • To verify that it has occurred for the community’s welfare
  • To provide learners with feedback on their progress
  • To message its importance to learners and the community (also requires that it be compulsory)
• Recent global consensus process on the assessment of interprofessional learning outcomes²

ASSESSMENT OF INTERPROFESSIONAL LEARNING OUTCOMES

<table>
<thead>
<tr>
<th>Domain</th>
<th>Assessment methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>Conventional written, scenario-based MCQs</td>
</tr>
<tr>
<td>Psychomotor-behavioural</td>
<td>Direct observation in practice or simulation (+/- observer rating tools)</td>
</tr>
<tr>
<td>Affective</td>
<td>Traditionally regarded as very difficult to assess. Developed a phenomenologically informed tool to identify and determine the ‘level’ of affective learning in reflective journals completed after emotionally impactive learning experiences in simulation or practice</td>
</tr>
</tbody>
</table>

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INTERPROFESSIONAL LEARNING IN THE AFFECTIVE DOMAIN

It was good to have some guidance from the pharmacists at this point as a drug interaction would have been a lot lower on my list of differentials than it should have been ... I enjoyed being able to interact with the pharmacists today and liked that they were all very encouraging of us contacting them. I think today helped me to realise that we are not alone and that, in general, pharmacists don’t mind helping us out if we aren’t sure on things. I think I will definitely be using them as a resource when I’m an intern.

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‘CAPSTONE’ PHASE III ACTIVITY UTILISING CONVENTIONAL CLINICAL PLACEMENTS

- Described in detail yesterday
- Phase III involves real patient or client care IPCP experience
- Linköping model – student service teams – very difficult to implement at scale
- Critical assessment activity, individually completed
- Learners asked to critique the IPCP of an interprofessional practitioner team that they have had the opportunity to observe during conventional clinical placement
- Appears to consolidate learning from whole program

As a junior medical student, I remember thinking that interprofessional learning seemed intuitive and unnecessary to focus on as a teaching point. I was under the impression that all disciplines understood and respected one another, and everyone knew their place in the hospital system. However, after experiencing both ends of the interprofessional collaboration ‘spectrum’, I know now that the difference between good and poor communication across disciplines can often also be the difference between good and poor patient outcomes. I feel as though being a medical student offers a very unique opportunity to observe interprofessional teams from a third-person perspective. Many interactions I have witnessed in the hospital have been ones where I was able to sit back and examine the dialogue between different roles, which has helped to develop a gauge of what constitutes good interprofessional collaboration, and where it can be improved.

Interprofessional collaborative process to develop an agreed Framework in 2011

Implementation led and coordinated by a small team at faculty level, supported by an advisory committee comprised of:

- An official representative from each health school, nominated by the DHoS (L&T)
- IPL ‘champion’, enthusiast academics invited to join the committee by the chair
- Has the characteristics of a community of practice, as well as a governance and advisory body

OPERATIONALISATION OF ACCREDITATION AS A DRIVER FOR IPE AT INSTITUTIONAL LEVEL

• Currently considering instituting a two-pillar approach to encourage remaining programs to implement IPE fully:
  • ‘Credentialling’ of learners as IPCP capable, in addition to their degree award
  • Internal IPE accreditation system for health programs
TRANSITIONS IN OUR UNDERSTANDING OF INTERPROFESSIONAL LEARNING AND ITS ASSESSMENT
SECURING AN INTERPROFESSIONAL FUTURE FOR AUSTRALIAN HEALTH PROFESSIONAL EDUCATION AND PRACTICE

The Policy and Practice landscape and where we fit
TO RECAP

• Project is funded to lead and develop a whole of system approach to Australian IPE
• Goes beyond the academy to the practice area
• Focus on capabilities for life long professional practice
HOW CAN WE GAIN TRACTION AND INFLUENCE PRACTICE ARENA?

It is already happening...

• The demand for integrated team based care has never been stronger
• Particularly lead by primary health where the majority of Australians have their health needs met
• Influenced by international trends:
  • Canadian Integrated Chronic Disease program
  • UK Integrated Chronic Disease program
  • Vic Health program
  • WA Integrated Chronic Disease program
  • The-person-centred-health-system-and-the-health-home
MAJOR POLICY INITIATIVES AT FEDERAL AND STATE LEVEL DRIVING DEMAND FOR NEW SERVICE DELIVERY MODELS CHARACTERISED BY

- Integrated joined up care
- Patient/client/family focused
- Supporting the most vulnerable populations
- Interprofessional team based delivery
- Innovate use of new and old technology
- Transparency in outcomes
- Collaboration across sectors – public/private
COMMISSIONING ACTIVITIES

• Competitive selection
• Cost Contained
• Collaboration between service providers the norm
CURRENT CHALLENGES TO WORKING IN NEW SYSTEMS

Old ways of working

- Health professionals not prepared for new world of commissioned, integrated team based care
- Limited negotiation and collaboration skills
- Inflexibility around hot boundaries of professional practice
- Lacking a world view around this new reality of service funding, delivery and evaluation
HOW CAN THE SIF PROJECT ASSIST?

Top down and bottom up approaches

• National council to lead a national agenda on IPECP from highest level including consumer representation

• Informing the Credentialing, Accrediting and Professional Standards Bodies that dictate educational and practice capabilities

• Collaboration with educational institutions to support development, evaluation, research and dissemination of best educational practice
IN SUMMARY...

• Our responsibilities as educators go beyond the installation of technical or academic excellence. We must prepare our students (at any stage of their careers, whether it be undergraduate, graduate entry or post graduate) to work within a health practice environment that now demands integrated, team based care with the patient in the centre of the mix. Funding models are based around these offerings. Professions that do not play in the sandpit will not be invited to the party.
• Governance frameworks to support national cohesion across the educational and professional practice sectors that go beyond ad hoc responses provide us with the best chance to meet this 21c space.

• The SIF project can provide such a framework as it draws on years of analysis of the Australian health and professional education environment, informed by theory and with broad support from a range of stakeholders, and following years of relationship building.