Health IDEAS

Griffith Health Institute for the Development of Education And Scholarship

An implementation framework for **interprofessional learning** at Griffith Health 2011 – 2014

Introduction

In the 21st century almost all health and human services practitioners work in interprofessional teams.

Arguably, the ability to work interprofessionally has become a core competency for all graduates in the health professions.

Article 1 of the 2010 *Sydney Interprofessional Declaration* states that :

> *All users of health and human services shall be entitled to fully integrated, interprofessional collaborative health and human services,*

while Article 3 places an explicit responsibility on university health faculties, as follows:

> *Health worker education and training prior to practice shall contain significant core elements ... of interprofessional education. These ... shall contain practical experiences ... [and] ... will be formally assessed.*

In order to respond to this challenge, the Griffith Health Institute for the Development of Education and Scholarship (Health IDEAS) conducted a symposium on Friday March 18, 2011. Some 35 academics from the Health Group attended this meeting and their discussions, expertly facilitated by Prof Alf Lizzio, formed the basis for this framework.

The framework aims to see Article 3 of the *Sydney Interprofessional Declaration* fulfilled in relation to health professional graduates of Griffith University by 2014.

Vision and values

The Griffith Health Group has the following vision:

> *Griffith Health will, through leadership and innovation in teaching, research and community engagement, create sustained improvements in all aspects of health and health care for the local, national and international communities.*

The Group recognises that in order for this vision to be achieved and for human health to continue to improve in the 21st Century, it will be essential for health care workers to develop and utilise high level competencies in interprofessional collaboration. Indeed, both the Griffith Health Strategic and Operational plans emphasise the Group's commitment to this area through identifying it as one of the priority programs areas within Health IDEAS.

Griffith Health endorses the 2010 *Sydney Interprofessional Declaration* and the World Health Organization *Framework for Action on Interprofessional Education & Collaborative Practice.*

The Group recognises that collaborative practice strengthens health care systems and improves health outcomes. It commits itself to ensuring that by 2014, all health professionals trained at Griffith University will learn about how to work in interprofessional teams and upon graduation will be competent to do so.

Griffith Health shares the following values, developed from those enumerated by the UK Centre for the Advancement of Interprofessional Education in 2007.

Griffith Health:

- Adopts a broad definition of health
  We see health as a state of 'physical, mental and social wellbeing, not merely the absence of disease or infirmity' (WHO, 1948)
- Works to improve the quality of health care
  We recognise that no one profession, working in isolation, has the expertise to respond adequately and effectively to the complexity of the needs of many patients and clients, ensuring that care is safe, seamless, holistic and of the highest possible standard.
- Focuses on the needs of patients, clients and their significant others
  We put the interests of patient, clients and their significant others at the centre of learning and practice.
- Encourages professions to learn with, from and about each other
  We recognise that interprofessional learning enables health students to share concepts, skills, language and perspectives that establish common ground for interprofessional practice. It explores respective roles and responsibilities, skills and knowledges, powers and duties, value systems, codes of conduct, opportunities and constraints. It cultivates mutual trust and respect, acknowledges difference, dispels prejudice and rivalry, while confronting misconceptions and stereotypes.
- Respects the integrity and contribution of each profession
  We endorse an approach to interprofessional learning where participants are equal as learners, irrespective of traditional differences in their status. We seek to celebrate and utilise the distinctive experience and expertise that participants bring from their respective professional fields.

Graduate capabilities

The University's statement of *Griffith Graduate Attributes* outlines the characteristics that the institution 'seeks to engender in its graduates'. In the context of the health professions, this existing University policy shows remarkable alignment with the capabilities that will render graduates competent for effective interprofessional practice.

Under the broad heading of 'Knowledgeable and Skilled in their Disciplines', the statement asserts that Griffith graduates will have an '**interdisciplinary perspective**'. This describes an ability to consider and address problems from multiple frames of reference that is highly congruent with the orientation required for effective interprofessional healthcare practice.

Under the heading of 'Effective Communicators and Team Members', the statement affirms that Griffith University graduates will have the '**capacity to communicate effectively with others**' through a range of modalities and will have the '**capacity to interact and collaborate with others effectively, including in teams, in the workplace and in culturally or linguistically diverse contexts**'.

In the domain dubbed 'Socially Responsible and Engaged in Their Communities', Griffith graduates will also possess '**ethical awareness (personal and professional)**' as well as the '**capacity to apply disciplinary knowledge to solving real life problems in relevant communities**'.

Taken together, these elements of the *Griffith Graduate Attributes* statement are completely aligned with the aims of interprofessional learning and describe Griffith graduates in the health professions who will be 'collaborative practice-ready' (in the words of the WHO *Framework for Action on Interprofessional Education & Collaborative Practice,* 2010 – see diagram below).

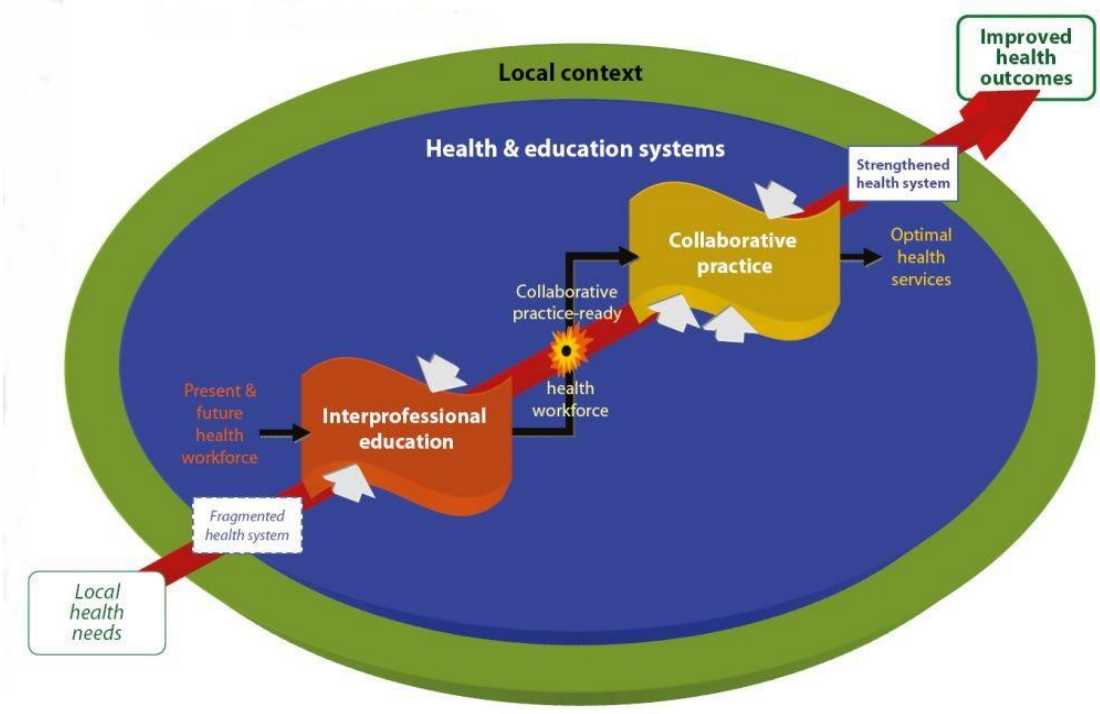

Diagram from WHO (2010) *Framework for Action on Interprofessional Education & Collaborative Practice* World Health Organization, Geneva, Switzerland, p18.

Educational principles

On the basis of an extensive review of the literature, the World Health Organization has suggested a range of educational 'mechanisms' through which an effective interprofessional learning program should be built. In order to fulfil its commitment to ensure that health professional graduates from Griffith University are 'collaborative practice-ready', the Griffith Health endorses the following principles, developed from the WHO's proposed mechanisms, as a basis for the development of its interprofessional learning programs.

Educator-related principles

1. The leadership of the Group is committed to implementing an effective program of interprofessional learning
2. The Group's policy framework and resource allocation decisions will support the implementation of interprofessional learning
3. Educators across the schools of the Group will communicate with each other clearly and openly to support interprofessional learning programs
4. Members of the Group will work cooperatively to develop a shared understanding of the benefits of interprofessional learning and effective interprofessional practice, as well as a shared sense of enthusiasm about these developments
5. The Group will foster the development of champions in each school and support their efforts to implement interprofessional learning activities
6. The Group will provide appropriate professional development activities to support educators who undertake to create and facilitate interprofessional learning activities under this framework

Curricular and pedagogical principles

1. Interprofessional learning activities will be based on sound pedagogical practices, for which there is evidence of effectiveness in optimising the learning of adults
2. Most interprofessional learning activities will include or accurately simulate real world practice experience
3. Most interprofessional learning activities will include interaction between students from different professional disciplines
4. Interprofessional learning activities will ultimately be incorporated as compulsory components in health professional programs
5. Interprofessional learning activities will have clear learning outcomes that ultimately will be summatively assessed in health professional programs
6. Health professional students will participate in interprofessional learning activities at multiple points during their educational programs and activities at each level will be appropriate to both their competence and their degree of professional identity formation at that point.

Scope

Interprofessional learning activities will be a core element of all programs leading directly to practice as a health professional.

For new professional programs, interprofessional learning activities and fulfilment of the *Threshold learning outcomes* outlined in this document will be written into curricula as they are developed. In relation to existing professional programs, Griffith Health schools will need to review curricula to incorporate and build upon existing interprofessional learning activities.

The complex interconnections between programs and the undergraduate-postgraduate articulation of some pathways to professional qualification (eg dentistry, pharmacy, physiotherapy, clinical psychology, speech pathology) will require careful consideration in the implementation of interprofessional learning activities at Griffith Health.

Fulfilment of the *Sydney Interprofessional Declaration* requires that interprofessional learning activities should be compulsory and should be assessed.

This is critical for programs that lead directly to qualification for practice as a health professional, while for other Griffith Health programs, fulfilment of many of the threshold learning outcomes listed on the next page will provide valuable capabilities that will equip graduates to work effectively in teams in a wide range of settings. Nonetheless, it may be that for programs that do not lead directly to qualification as a health professional, a modified range of interprofessional learning activities will be appropriate, of which some may be undertaken on an elective basis.

Threshold learning outcomes

Achievement of the following threshold (minimum) learning outcomes in relation to interprofessional practice, developed from those suggested by the WHO, will be required of all health professionals graduating from Griffith Health following full implementation of this framework.

Upon graduation, Griffith-trained health professionals will be able to:

1. articulate the purpose for effective interprofessional practice in relation to optimisation of the quality, effectiveness and person-centredness of health and social services, in order to assist patients and clients to maximise their health and wellbeing
2. work effectively in a team, both in the role of team member and of team leader
3. describe the potential barriers to effective teamwork and strategies through which they may be overcome
4. describe the roles, responsibilities, practices and expertise of effective members of their own profession
5. describe the roles, practices and expertise of effective members of each of the other major health professions
6. recognise and challenge stereotypical views in relation to the roles, practices and expertise of particular health professions in their own thinking and in the communication of others
7. express their professional opinions competently, confidently and respectfully to colleagues in any health profession
8. listen to the opinions of other health professionals effectively and respectfully, valuing each contribution in relation to its usefulness for the patient, client or community concerned, rather than on the basis of the professional background of its contributor
9. for individual level care:
    - synthesise the input of multiple professional colleagues, together with the beliefs, priorities and wishes of the patient or client and their significant others, to reach consensus on optimal treatment, care and support and how it should be provided

    while for community level health activity:

    - synthesise the input of multiple professional colleagues, together with the values and priorities of the community concerned, to reach consensus on optimal interventions and how they should be implemented
10. reflect critically and creatively on their own performance in health professional team settings.

General schema

The Group recognises that 'one size does **not** fit all' in relation to interprofessional learning activities for professional programs. Clearly, the needs of students in different programs are somewhat distinct and a range of solutions will be required to ensure that they are all interprofessional practice-ready on graduation.

There will be circumstances where 'bilateral' (ie between students in just two programs) interprofessional learning activities will be appropriate and others where 'multilateral' activities (ie involving students in a wide range of programs simultaneously) will be required.

Ideally, a program to engender the values, understanding and skills that are necessary for effective interprofessional practice would occur at a point when students have already developed some sense of professional identity in relation to the profession in which they are training, but before they have been fully acculturated to existing practices and values within their profession that undermine optimal teamwork. In order to achieve this balance, the Group's approach will include a matrix of different activities situated at different points in students' professional development. Each activity will be designed to be appropriate for their stage of development at that point.

The detailed content of these activities will accord with the proposed national curriculum framework for interprofessional education in the health professions that is currently under development through the project *Curriculum Renewal for Interprofessional Education in Health*, funded by the Australian Learning and Teaching Council. Health IDEAS is deeply involved in this project and will contribute significantly to the final form of the framework. For the present, a broad schema for interprofessional learning activities in Health Group professional programs is offered on the next page on the basis of the existing scholarly literature and of discussions at the recent Griffith symposium. Each core activity needs to be compulsory and appropriately assessed.

In addition to the 'core' activities outlined on the next page, the Group will continue to encourage and support the implementation of the excellent existing, elective, interprofessional learning activities developed by Schools, as well as other initiatives developed in the future, on a 'bilateral' or 'multilateral' basis, to enrich the learning experience of students.

All activities supported under this framework will be evaluated for their effectiveness in accord with the *Educational principles* elucidated in this document.

Phase	Point in program	General description of activities
I	First year	<u>Introduction to the health professions</u> Activity aimed at providing an understanding of the history, theoretical underpinnings, roles and contributions of the major health professions, including participants' own. Ideally this would be undertaken through an interprofessional collaborative activity such as one or more problem-based learning cases. However, for larger programs it **need not** be undertaken interprofessionally (ie with students from other professions) but should at least involve academic input from multiple professions. As a minimum, it could take the form of interactive large group sessions involving guest speakers from multiple professions, supported by video resources where practitioners from the major health professions are interviewed and seen 'in action' in their professional roles. Students would be invited to ask guest speakers about their day to day roles. To improve interactivity, students might work through simple clinical scenarios and be invited to consider which professions might appropriately contribute at each point, and why. This activity would need to be formally assessed in a way that is integrated with existing assessment for the relevant program.
II	Mid-program	<u>Simulated professional team experience</u> Activity aimed at providing students with a realistic experience of working in an interprofessional team but in a controlled and safe environment. This would involve creating interprofessional student teams who would work together on the assessment and management of simulated patients and clients (played by trained actors). Ideally student teams would be able to work together for a sufficient period to allow them to experience a range of team dynamics and interactions. This might be achieved by a single extended simulation (eg over a week) or through a series of regular simulated experiences over a longer time. Scenarios for this activity would be crafted to enable students from each of the participating programs to draw upon - and demonstrate to their colleagues - the skills and understandings that are particular to their profession.
III	Final year	<u>Real service professional team experience</u> Activity aimed at providing students with a real life, work integrated, learning experience of practice in an interprofessional team, under supervision. This would involve working with senior students from other health professions in the direct assessment and provision of care to patients and clients. Students should, as far as possible, assess patients and clients themselves, then discuss and plan their care and support in interprofessional student teams, under the supervision of qualified practitioners, before personal involvement in the direct service provision. This might take the form of placement in 'student training wards', as have been developed in Sweden, 'student led clinics' like those that have been trialed in North America and Rockhampton in Queensland or any of a range of other possible models or combinations of models.

Issues

The following have been identified as particular issues to which solutions will need to be found in order for this framework to be implemented:

1. How will the threshold learning outcomes will be achieved and proposed core activities implemented within the course structure of each professional program?
    - Will each core activity be incorporated into existing courses or offered as a separate course, perhaps in intensive mode?
    - What components, if any, will be removed from existing programs to make way for interprofessional learning activities?
    - How will this impact on professional accreditation of courses? (though it should be recognised that interprofessional practice is increasingly being regarded as a core competency by professional accrediting bodies)
2. How will proposed core learning activities be organised and delivered?
    - Which Schools will deliver what activities for which programs?
    - Will there be an ongoing central organising unit (eg formal school of interprofessional learning, a 'virtual school', a Health IDEAS program, or a Group-level committee with dedicated academic time and professional support)?
3. Which 'bilateral' and 'multilateral' groupings of professions for interprofessional learning will be most realistic in terms of students future professional lives and optimise achievement of the threshold learning outcomes?
    - Should most activities include all programs leading directly to professional qualification or do smaller groupings make more sense?
    - If so, which professions should group with which others for what activities?
4. How should each phase level in the general schema be positioned within each professional program?
    - How should undergraduate-postgraduate professional programs (eg dentistry, pharmacy, physiotherapy, clinical psychology, speech pathology) be managed in this schema?
5. How will mismatches in cohort size between professions be managed?
    - How can interprofessional learning be organised between large cohort programs like nursing and small cohort programs like clinical psychology?
6. How will interprofessional activities be managed across campuses?
    - Some programs are only offered at particular campuses. How will equivalent interprofessional experiences be achieved for students on campuses that do not offer a wide range of health programs?
7. How will timetabling and logistical issues be overcome, particularly for programs whose academic year lengths and configurations do not accord?
    - What potential do blended learning approaches have to overcome some of the difficulties described under issues 6 and 7?

Timetable and responsibilities

The following draft schedule will guide implementation of this framework:

Time line	Activity	Responsibility
May 2011	Consideration of draft framework by Health Group Executive	Health Group Executive
	Comment on draft framework by IPL Symposium attendees, school learning and teaching committees and other interested parties, with revision of document as required	IPL Symposium attendees, school L&T committees
June 2011	Consideration of finalised framework by Health Group Board	Health Group Board
Second half 2011	Consultations with schools to resolve issues highlighted on page 9	Health IDEAS IPL Program
	Engagement of project officer to support further development of interprofessional learning programs	Health IDEAS IPL Program
	Development and finalisation of organisational structure of central organising unit (cou*)	Health Group Executive, Health IDEAS IPL Program incl. project officer
	Development and endorsement of a detailed, budgeted, implementation plan in collaboration with the Office of Planning and Financial Services (PFS)	Health IDEAS IPL Program /cou, schools, Health Group Executive, PFS
	Development of curriculum, pedagogy and logistical plans for phase I activities	Schools, assisted by cou
2012 academic year	Initial implementation of phase I activities	Schools, assisted by cou
	Development of curriculum, pedagogy and logistical plans for phase II activities	Schools, assisted by cou
	Initial development and piloting of clinical units for phase III activities	Schools, assisted by cou
2013 academic year	Initial implementation of phase II activities	Schools, assisted by cou
	Development of curriculum, pedagogy and logistical plans for phase III activities	Schools, assisted by cou
2014 academic year onwards	Full implementation	Schools, assisted by cou

* See second dot point of issue 2 on p9.