



## Health **IDEAS**

Griffith Health Institute for the Development of Education And Scholarship

# Griffith Health Framework for Interprofessional Learning 2018



## Introduction

In the 21st century almost all health and human services practitioners work in interprofessional teams and 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*** (Participants of the All Together Better Health 5 International Conference, 2010).

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<sup>th</sup>, 2011. Some 35 academics from the Health Group attended this meeting and their deliberations formed the original basis for this framework, which has been refined and updated since. The framework aims to fulfil Article 3 of the *Sydney Interprofessional Declaration* in relation to health professional graduates of Griffith University.

In May 2014, an Australian national forum on interprofessional education in health was held in Sydney as the culmination of a series of national projects in which Griffith University had been deeply involved. This forum brought together representatives from the (then) Australian Government Office of Learning and Teaching, the Australian Health Practitioner Regulation Authority, (the then) Health Workforce Australia (HWA), nine health professions' accreditation councils and national boards, nine health industry peak bodies, three education peak bodies, and 14 universities. It began a process that is expected soon to result in the formulation of a permanent Australia National Council on Interprofessional Education in Health.

In June 2015, the Health Professions Accreditation Councils' Forum conducted a further national workshop in Sydney, at which the implementation of interprofessional education at Griffith University was showcased as an exemplar. The workshop gave rise to a *Position Statement* on interprofessional education from the Forum that included a 'commitment to support good practice interprofessional education' through 'the accreditation councils' roles in setting standards and assessing programs of study' (Health Professions Accreditation Councils' Forum, 2015, p. 1).

The recent *Draft Report* of the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions has similarly emphasised that '[i]nterprofessional practice needs equal recognition in professional competency standards' and noted the importance of accreditation processes in ensuring that effective interprofessional education takes place (Woods, 2017, p. 82).

## Vision and values

The *Griffith University Strategic Plan 2018-2019* states that the institution's mission includes engagement in 'outstanding scholarship that makes a major contribution to society' and providing students with 'the capacity ... to make meaningful lifelong contributions to their communities'. In support of this mission the *Plan* commits the University to '[b]ringing disciplines together to address the key issues of our time' (Griffith University, 2017, p. 3)

The Griffith Health Group (2013) has the following mission:

*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* (p. 1).

The Group recognises that in order for this mission 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 capabilities in interprofessional collaboration. Indeed, the Griffith Health Strategic Plan (2013) emphasises 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 (WHO) *Framework for Action on Interprofessional Education & Collaborative Practice* (2010). The Group recognises that collaborative practice strengthens health care systems and improves health outcomes. It commits itself to ensuring that 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. Given the critical importance of these capabilities for future health care and public health practice, this commitment aligns with the 'employability' focus of Goal 1 of the University's *Academic Plan 2017-2020* (Griffith University, 2017a).

Griffith Health shares the following values.

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, p. 1)
- Works to improve health and 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 patients, clients and communities, ensuring that health is optimised and health care is safe, seamless, holistic and of the highest possible standard
- Focuses on the needs of communities, patients, clients and their significant others  
We put the interests of communities, patients, clients and their significant others at the centre of learning and practice

/... continued.

- 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, and 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.
- Recognises the unique place of First Peoples  
We recognise the unique place of First Peoples in Australian history and culture, as well as the particular health challenges faced by many First Peoples communities. We ensure cultural safety and collaborate in partnership with First Peoples health practitioners and communities.

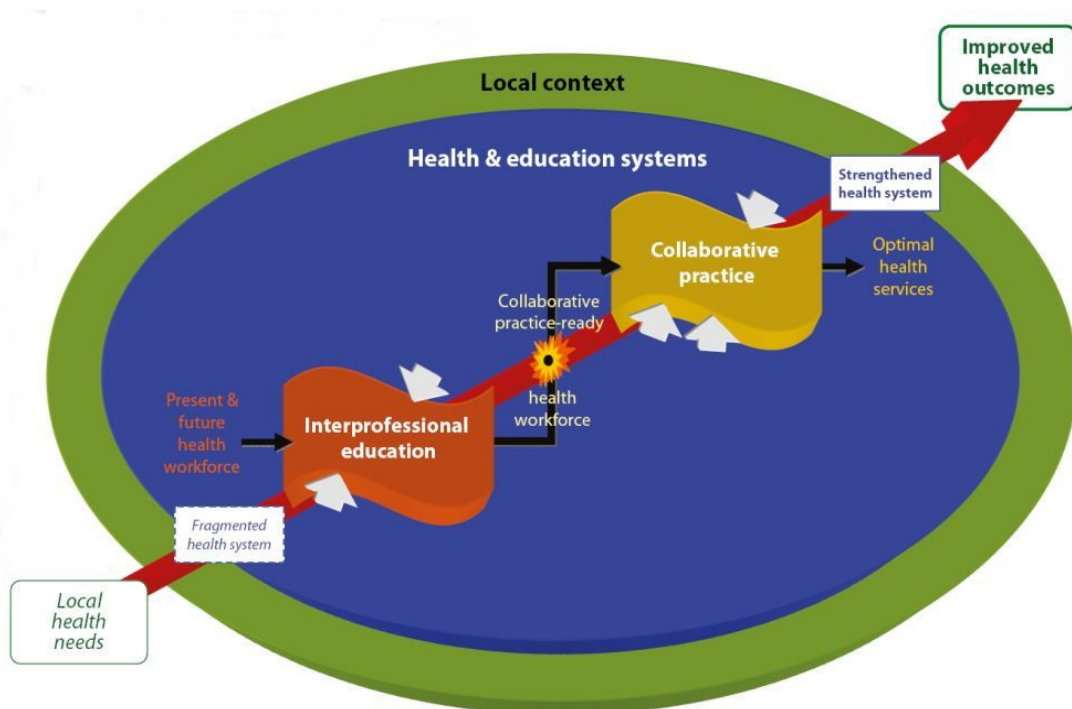


Figure 1: Diagram from WHO *Framework for Action on Interprofessional Education & Collaborative Practice* (WHO, 2010, p. 18).

## Graduate capabilities

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

Under the attribute 'Knowledgeable and skilled with critical judgement', the statement asserts that Griffith graduates will have '**facility with interdisciplinary perspectives**'. 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 practice.

Under the 'Effective communicators and collaborators' attribute, 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 in the workplace**'.

In the domain dubbed 'Socially responsible and engaged in their communities', Griffith graduates will also possess '**ethical awareness**' as well as the '**capacity to apply interdisciplinary knowledge to solve real problems**'.

The attribute 'Culturally capable when working with First Australians' also aligns closely with the primacy afforded collaboration toward improving and sustaining the health of First Peoples in this framework. Further, the 'Effective in culturally diverse and international environments' attribute connects with the capacity to recognise that each health profession has a history and culture that must be recognised and respected as a prerequisite to effective interprofessional collaboration.

Taken together, these elements of *The Griffith Graduate* 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 also the diagram on page 3 of this document).

## Organisational principles

On the basis of an extensive review of the literature, the WHO has suggested a range of educational ‘mechanisms’ that are critical for effective interprofessional learning programs (WHO, 2010). In order to fulfil its commitment to ensure that health professional graduates from Griffith University are ‘collaborative practice-ready’, Griffith Health endorses the following principles, developed from the WHO’s proposed mechanisms, as a basis for ongoing implementation of its interprofessional learning programs:

1. The leadership of the Group is committed to implementing fully and sustaining an effective program of interprofessional learning
2. The Group’s policy framework and resource allocation decisions will support the implementation of interprofessional learning
3. The Group will ensure the development of leaders in each school and support their efforts to implement and maintain interprofessional learning activities
4. The Group will provide appropriate professional development activities to support educators who undertake to create, facilitate and sustain interprofessional learning activities under this framework
5. Educators across the schools of the Group will work collaboratively to support the development and maintenance of interprofessional learning programs
6. Members of the Group will work cooperatively to maintain a shared understanding of the benefits of interprofessional learning and effective collaborative practice, as well as ongoing support for their implementation and continuation
7. The Group will support an ongoing program of internal accreditation to ensure that its health programs meet the standards described in this framework and facilitate the demonstration of this achievement to the community and to external parties, including professional accreditation bodies.

## Scope and application

Full internal accreditation through complete fulfilment of the Griffith interprofessional learning standards is required for programs that lead directly to qualification for practice as a health professional. Where pathways to professional qualification involve the articulation of more than a single qualification, the standards and threshold learning outcomes may be met across the entire pathway rather than necessarily within a single academic program.

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 regularly to optimise students' achievement of the threshold learning outcomes and so attain and maintain internal accreditation.

For other Griffith Health programs, fulfilment of many of the threshold learning outcomes listed on page 7 will provide valuable capabilities that will enhance graduates' employability through equipping them to work more effectively in teams in a wide range of settings.

For undergraduate programs that do not lead directly to qualification as a health professional, a modified range of interprofessional learning activities may be appropriate. In such cases, foundational activities in Phase I of the framework (see page 9) will be compulsory but additional activities may be offered on a voluntary basis.

For stand-alone postgraduate programs that are undertaken primarily by already-practicing health professionals, prior learning may be recognised such that a modified range of interprofessional learning activities may again be appropriate. In this case, activities may be confined to Phase III (see page 9) and focus on individual critique of collaborative practice observed in the learner's real practice settings.

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 health professional 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' (between students in just two programs) interprofessional learning activities will be appropriate and others where 'multilateral' activities 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 begin 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 standards require a matrix of different activities situated at different points in learners' professional development. Each activity is designed to be appropriate for their stage of development at that point.



## Threshold learning outcomes

Achievement of the following threshold (minimum) learning outcomes in relation to interprofessional practice will be required of all health professionals graduating from Griffith Health. The original version of this list was among the documents synthesised by O’Keefe and colleagues (2017) into their proposed ‘common interprofessional learning competencies’. The Griffith outcomes continue to align closely with them.

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

1. articulate the purpose for effective interprofessional practice in relation to optimising the quality, effectiveness and person-centredness of health and social services, in order to enable patients, clients and communities 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 potential barriers to effective teamwork and strategies through which they may be overcome
4. articulate the roles, responsibilities, practices, values and expertise of effective members of their own profession
5. describe the roles, practices, values and expertise of each of the health professions with whom they will interact, including the uniqueness of Aboriginal and Torres Strait Islander Health Practitioners and health professionals
6. recognise and challenge stereotypical views in relation to the roles, practices, values 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. engage with the opinions of other health professionals, effectively and respectfully, reflecting on the value of each contribution in relation to its usefulness for patients, clients and communities
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 providedwhile 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. demonstrate cultural capability when working collaboratively with Aboriginal and Torres Strait Islander patients, clients, communities and health professionals in order to provide culturally safe health care and health promotion
11. recognise and respond to the impact of personal and other professionals’ health and wellbeing on individual and team performance
12. reflect critically and creatively on their own, and their teams’, performance in health professional practice settings.



## Three-phase interprofessional pedagogy

Griffith University's unique three-phase interprofessional pedagogy is summarised in Figure 2 and presented in detail on the following page.

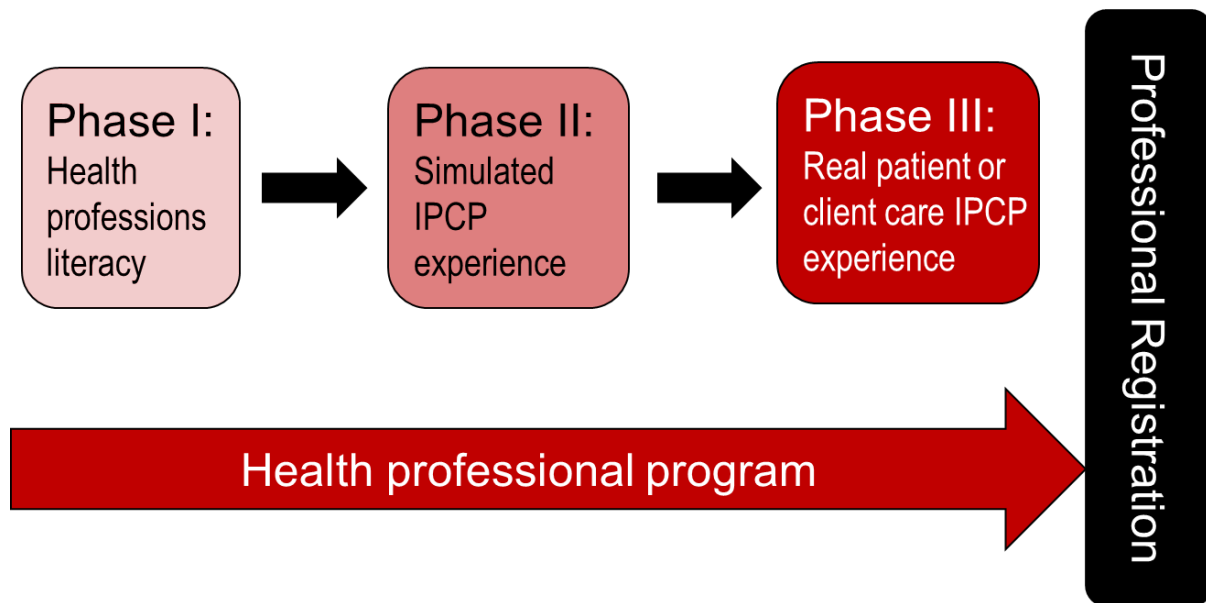


Figure 2: Griffith University three-phase interprofessional pedagogy (modified from Teodorczuk et al., 2016). (IPCP = Interprofessional collaborative practice).

Phase	Point in program	General description of activities
I	Early in the program	<p><u>Introduction to the health professions</u></p> <p>Activity aimed at providing <b>health professions literacy</b>, that is, an understanding of the history, theoretical underpinnings, roles, philosophy and contributions of the major health professions, including the participants' own.</p> <p>Ideally this is undertaken through an interprofessional collaborative activity such as one or more problem-based learning cases. However, for larger programs it <b>need not</b> be undertaken interprofessionally (i.e. with students from other professions) but should at least involve academic input from multiple professions. Often, it takes 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 are invited to ask the speakers about their day to day roles. To improve interactivity, students work through simple scenarios and are invited to consider which professions might appropriately contribute at each point, and why.</p> <p>Where the live approach is impractical, the activity may be replicated online.</p> <p>This activity needs to be formally assessed in a way that is integrated with existing assessment for the relevant program.</p>
II	Mid-program	<p><u>Simulated professional team experience</u></p> <p>Activity aimed at providing students with a realistic experience of working in an interprofessional team but in a controlled and safe environment. This involves creating interprofessional student teams who would work together on the assessment and management of (trained) simulated patients and clients.</p> <p>Ideally student teams are able to work together for a sufficient period to allow them to experience a range of team dynamics and interactions. This is achieved by a single extended simulation or through a series of regular simulated experiences over a longer time.</p> <p>Scenarios for this activity are 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.</p> <p>Where live interprofessional simulation experience is impossible for logistic reasons, it may be acceptable to emulate some features of a Phase II experience to some extent using sophisticated online learning approaches.</p>
III	Towards the end of the program	<p><u>Real service professional team experience</u></p> <p>Activity aimed at providing students with a real life, work-integrated, learning experience of practice in an interprofessional team, under supervision. Ideally 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. For some programs, existing placements into interprofessional practitioner teams may be utilised with consolidation of interprofessional learning achieved through the use of an assessment item that requires students to critique the interprofessional practice of a team into which they have been placed.</p>

## Curricular and pedagogical standards

1. The program includes interprofessional learning activities from all three pedagogical Phases of this framework, which are located at points in the learning pathway appropriate to students' stage of professional development and must be completed successfully prior to graduation
2. The program's interprofessional learning activities are based on sound pedagogical practices, for which there is evidence of effectiveness in optimising the learning of adults
3. The program includes a requirement for learners to reflect in writing on the meaning of their interprofessional learning experiences in relation to their professional development and future practice
4. The program's interprofessional learning activities include interaction between students from different health professions
5. The program's interprofessional learning activities all have clear learning outcomes that are summatively assessed according to the standard below
6. The program's interprofessional learning activities are facilitated by staff who have a deep understanding of this framework and have developed interprofessional facilitation expertise
7. The program can verify that its graduates have met the threshold learning outcomes in this framework.

## Assessment standard\*

The following forms of summative assessment of interprofessional learning outcomes are included across the program, as a minimum:

- A. Cognitive learning assessment of the student's health professions literacy (see page 9)
- B. Observational assessment of the student's performance in an interprofessional team in a simulated or real practice environment
- C. Assessment for the presence and quality of affective learning evident in student's reflective journals related to simulated or real practice, utilising a methodology such as the Griffith University Affective Learning Scale (Rogers et al., 2018).

\*This standard was adapted from the International Consensus Statement on the Assessment of Interprofessional Learning Outcomes (Rogers et al., 2017)

## Accreditation process

Programs seeking internal accreditation under this framework will advise the Group's Program Lead for Interprofessional and Simulation-Based Learning, who will assemble an assessment panel of three experts appropriate for the purpose. This team will comprise members with sufficient expertise in interprofessional education and a nuanced understanding of accreditation processes and standards.

As a first step, the Program Director will complete a self-assessment template for the program, which specifies how the standards have been met. This template would also make reference to interprofessional standards applicable to the particular profession's external accreditation requirements. The assessment panel will then meet with the Program Director and key course convenors to verify that the standards have been met. The assessment panel may interview students in the program and observe the conduct of particular learning activities if this is found to be necessary in order to complete their assessment.

Programs that are found to meet all of the standards would be accredited for three years, subject to annual reports on any changes, such as changes of course convenor or program structure, that may impact on their accreditation status.

Programs that do not yet meet all of the standards completely may be provided with interim accreditation and feedback on what needs to be done in order for the standards to be met fully. They would then report on the implementation of the proposed measures at a later stage and full accreditation may be conferred at this point.

## References

- Griffith University. (2017). *Strategic Plan 2018-2019*. Retrieved from [https://www.griffith.edu.au/\\_\\_data/assets/pdf\\_file/0029/186572/2018-2019-Strategic-Plan.pdf](https://www.griffith.edu.au/__data/assets/pdf_file/0029/186572/2018-2019-Strategic-Plan.pdf)
- Griffith University. (2017a). *Academic Plan 2017-2020*. Retrieved from [https://www.griffith.edu.au/\\_\\_data/assets/pdf\\_file/0033/169872/academic-plan1.pdf](https://www.griffith.edu.au/__data/assets/pdf_file/0033/169872/academic-plan1.pdf)
- Griffith University Health Group. (2013). *Group Strategic Plan 2014-2017*. Retrieved from <https://www.griffith.edu.au/planning-support/planning/core-activity-and-supporting-plans>
- Health Professions Accreditation Councils' Forum. (2015). *Position Statement*. Retrieved from: <http://d17pp7yftmoi0l.cloudfront.net/wp-content/uploads/2017/04/Forum-Website-Nov-2015.pdf>
- O'Keefe, M., Henderson, A., & Chick, R. (2017). Defining a set of common interprofessional learning competencies for health profession students. *Medical Teacher* 39(5), 463-468. doi: 10.1080/0142159X.2017.1300246
- Participants of the All Together Better Health 5 International Conference. (2010). *The Sydney interprofessional declaration*. Retrieved from <http://www.cihc.ca/files/The%20Sydney%20Interprofessional%20Declaration.pdf>
- Rogers, G.D., Thistlethwaite, J.E., Anderson, E.S., Abrandt Dahlgren, M., Grymonpre, R., Moran, M., & Samarasekera, D.D. (2017). International consensus statement on the assessment of interprofessional learning outcomes. *Medical Teacher* 39(4), 347-359. doi:10.1080/0142159X.2017.1270441
- Rogers, G.D., Mey, A., Chan, P.C., Lombard, M., & Miller, F. (2018). Development and validation of the Griffith University Affective Learning Scale (GUALS): A tool for assessing affective learning in health professional students' reflective journals. *MedEdPublish*. doi: 10.15694/mep.2018.000002.1
- Teodorczuk, A., Khoo, T.K., Morrissey, S., & Rogers, G.D. (2016). Developing Interprofessional Education: putting theory into practice. *The Clinical Teacher* 13, 7-12. doi:10.1111/tct.12508.
- Woods, M. (2017). *Australia's Health Workforce: strengthening the education foundation – Draft Report of the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions*. Retrieved from [https://www.coaghealthcouncil.gov.au/Portals/0/Accreditation%20Review%20Draft%20Report\\_U.pdf](https://www.coaghealthcouncil.gov.au/Portals/0/Accreditation%20Review%20Draft%20Report_U.pdf)
- World Health Organization [WHO]. (1948). *Constitution of the World Health Organization*. Retrieved from [http://www.who.int/governance/eb/who\\_constitution\\_en.pdf](http://www.who.int/governance/eb/who_constitution_en.pdf)
- WHO. (2010). *Framework for Action on Interprofessional Education & Collaborative Practice*. Retrieved from [http://www.who.int/hrh/resources/framework\\_action/en/](http://www.who.int/hrh/resources/framework_action/en/)