



IPE: global stories, implementation & lessons learned

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Outline & outcomes

- ◆ My journey
- ◆ Definitions
- ◆ Major milestones
- ◆ Evidence
- ◆ Australia
- ◆ USA
- ◆ Around the world
- ◆ What is needed
- ◆ Lessons learned



Darwin to Perth	4396km
Perth to Adelaide	2706km
Adelaide to Melbourne	726km
Melbourne to Sydney	887km
Sydney to Brisbane	972km
Brisbane to Cairns	1748km



Fraser Island
Noosa
Brisbane



Area size comparison of Australia and Europe

Australia's area = 7,706,168 sq km
Europe's area as shown = 3,483,066 sq km



Definitions





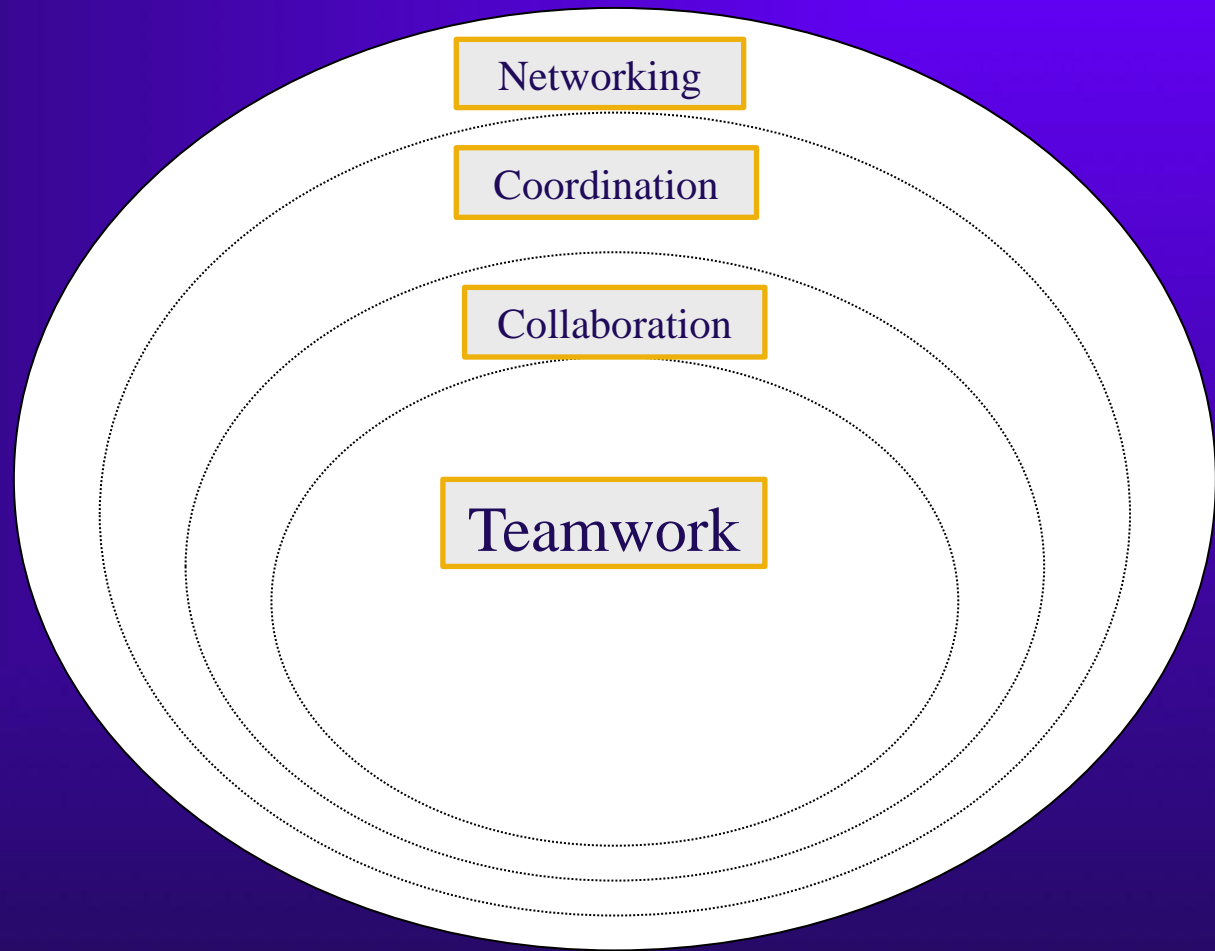
Definitions

- ◆ Multiprofessional: occasions when two or more professions learn side by side
- ◆ IPE: occasions when two or more professions learn **from, with and about** each other to improve collaboration and the quality of care (CAIPE; WHO)

The 's' word



Differing forms of interprofessional work (Reeves et al, 2010, p 44)



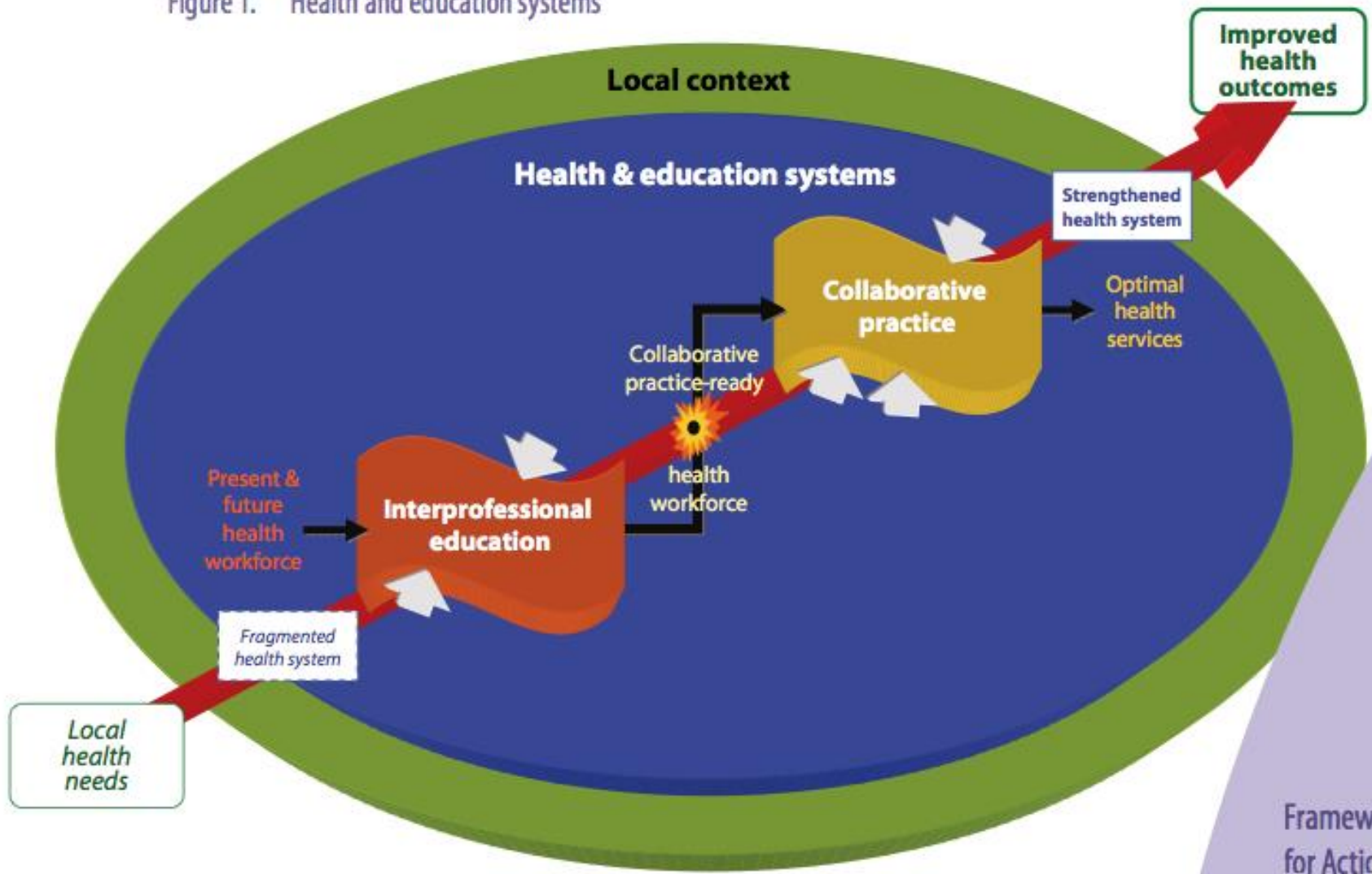


Health Professions Networks
Nursing and Midwifery
Human Resources for Health

Framework for Action on Interprofessional Education & Collaborative Practice



Figure 1. Health and education systems



Framework
for Action on
Interprofessional
Education and
Collaborative
Practice




Lancet Commission 2010

- ◆ ‘a slow burning crisis’ due to the ‘mismatch of professional competencies to patient and population priorities because of fragmentary, outdated and static curricula producing ill-equipped graduates’



USA

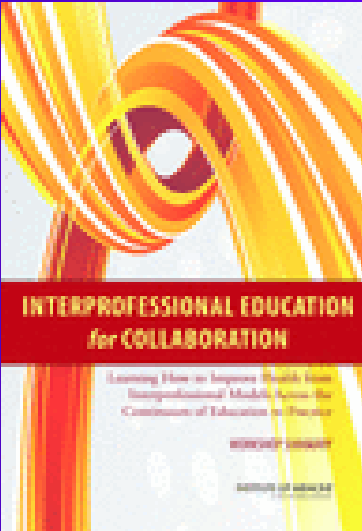
- ◆ Recent Institute of Medicine (IoM) reports in the US supporting interprofessional education (IPE) and practice (IPP) in health
- Health Professions Education: A Bridge to
 - ◆ Quality (2003)
- Retooling for an Aging America: Building the
 - ◆ Health Care Workforce (2008)
- ◆ Primary focus has been on quality improvement to avoid medical errors and mistakes
- ◆ Wanting evidence of effectiveness
- ◆ Macy Foundation



**Transforming Patient Care:
Aligning Interprofessional Education
with Clinical Practice Redesign**

*Proceedings of a conference chaired by
Malcolm Cox, MD and Mary Naylor, PhD, RN, FAAN
January 2013 | Atlanta, Georgia*

June 2013



**INTERPROFESSIONAL EDUCATION
for COLLABORATION**

*Learning How to Improve Health Care
Interprofessional Multidisciplinary
Continuum of Education in Practice*

WORLDWIDE LEARNING
WORLDWIDE LEARNING



**Core Competencies for
Interprofessional Collaborative Practice**



Interprofessional Education
June 2013

- 1. Patient-Centered Care
- 2. Teamwork and Collaboration
- 3. Communication and Collaboration
- 4. Professionalism and Ethics
- 5. Leadership
- 6. Quality Improvement
- 7. Population Science
- 8. Systems-Based Practice
- 9. Research and Evidence-Based Practice
- 10. Informatics
- 11. Global Health
- 12. Cultural Competence
- 13. Health Equity
- 14. Public Health
- 15. Health Policy
- 16. Health Law and Ethics
- 17. Health Economics
- 18. Health Services Research
- 19. Health Systems Research
- 20. Health Services Administration



What is the evidence?

- ◆ Over-reliance on randomised controlled trials
- ◆ Emerging evidence around teamwork
- ◆ Emerging evidence about work-based training to enhance teamwork
- ◆ Paucity of evidence in terms of prequalification – similar to other educational innovations

Five interested parties....



Educators

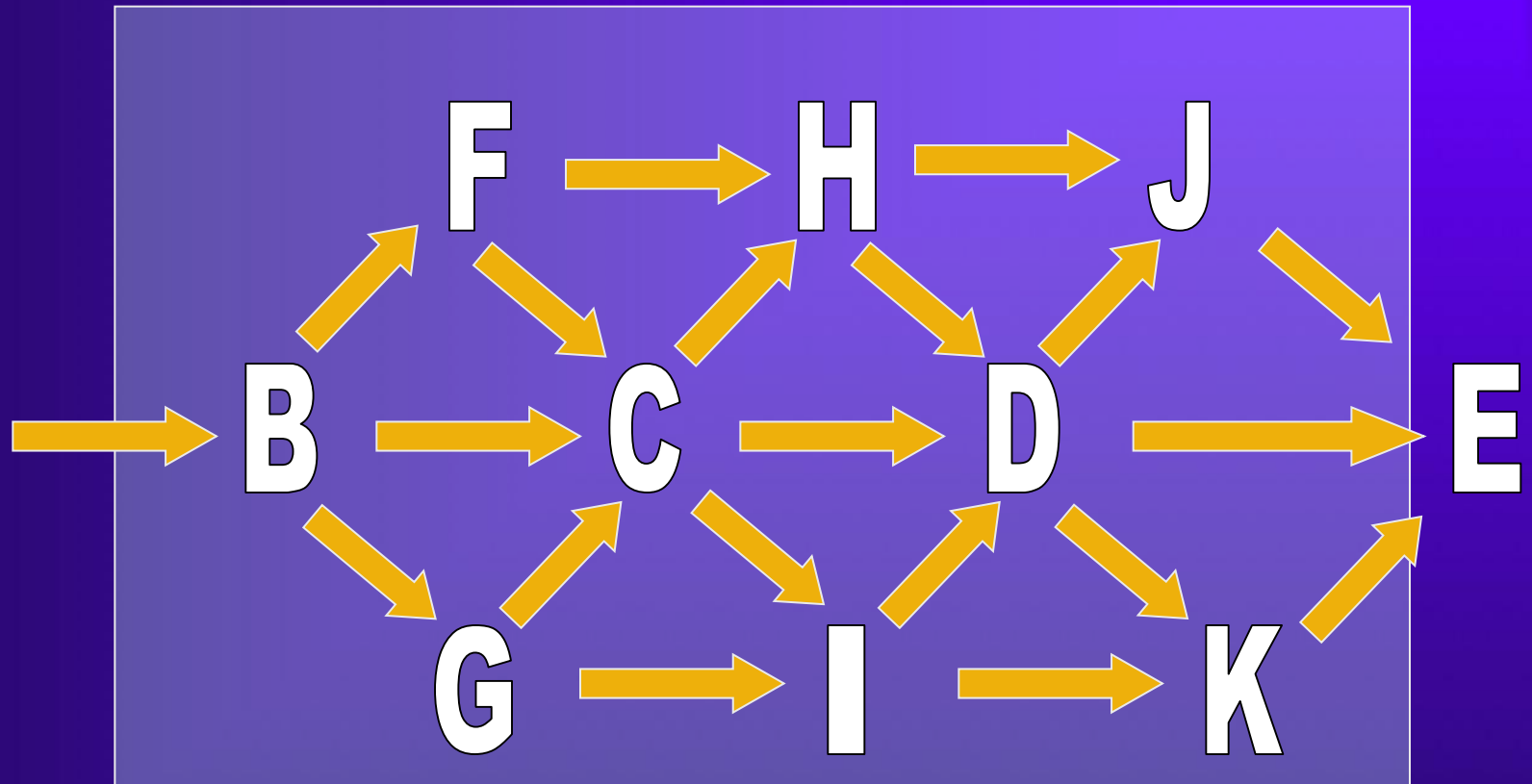
Clinicians

Funders & policy makers

Society: patients, families
and communities

Students/learners

A 'complex' intervention



Intervention

Multiple components; Causal chain; Non-linear

Evaluation: Typology for Outcomes of Education

(Kirkpatrick adapted by Freeth et al)

1	Reaction	Learners' views on the learning experience
2a	Modification of attitudes/perceptions	Changes in reciprocal attitudes or perceptions of participants <i>Attitudes about other disciplines or about working with other professions (CIHC, 2012)</i>
2b	Acquisition of knowledge/skills	Relating to interprofessional practice
3	Behavioural change	Identifies individuals' transfer of learning to their practice setting and changed professional practice
4a	Change in organisational practice	Wider changes in the organisation and services / delivery of care
4b	Benefits to patients/clients, families and communities And staff	Improvements in health or well-being of patients/clients, families and communities Patient and staff satisfaction



But we also need to know...

- What works in what contexts?
- Why does it work?
- Would it work elsewhere?
- What is the minimum input to improve outcomes?
- What can we learn from other disciplines?

Contexts:

- Team composition
- Tutor
- Prior experience/exposure etc.

What is happening globally?






The scope of the problem: Australia

Manidis, M. et al (2009). *Emergency Communication: Report for Prince of Wales Hospital*. Sydney: UTS. An ethnographic study.

- ◆ Between 8 and 15 staff were involved in a patient's care.
- ◆ One patient, whose face-to-face interactions with staff lasted 47 minutes in total, had 62 separate encounters in that time.
- ◆ While a number of different professionals were involved in care delivery (mainly doctors and nurses of various grades), there was very little interaction between them at the bedside and few interprofessional handovers.
- ◆ This resulted in the information gathered about and given to the patient becoming fragmented.



*Curriculum Renewal for
Interprofessional Education in Health*



**Repositioning IPE from the
margins to the centre of health
professional curriculum:
a national and global challenge**



The Project Team

- ◆ University of Technology, Sydney; University of Sydney; University of Notre Dame; University of Western Australia; Curtin University; Edith Cowan University; Griffith University; Central Queensland University; University of Queensland
- ◆ Australasian Interprofessional Practice & Education Network – AIPPEN

A national/international Project Reference Group comprising international leaders



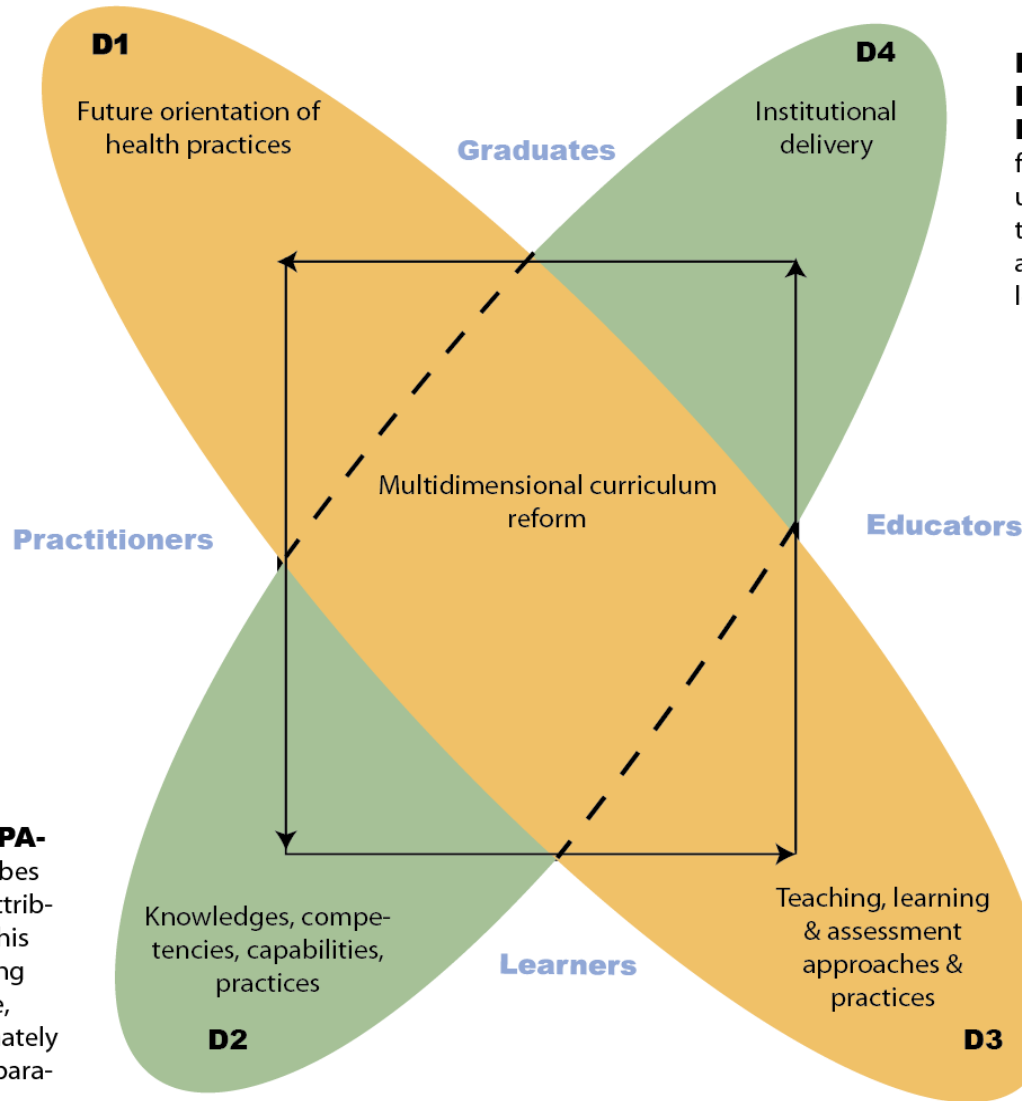
Four-Dimensional Curriculum Development Framework

Dimension One: IDENTIFYING FUTURE HEALTH-CARE PRACTICE NEEDS.

This dimension seeks to connect health professionals' practice needs to new and changing workplace demands in all health sectors. Curriculum considerations take into account global health and educational reforms; how these link to the development of knowledges, competencies, capabilities and practices; as well as local institutional delivery conditions.

Dimension Two: DEFINING AND UNDERSTANDING CAPABILITIES.

This dimension describes the knowledges, capabilities and attributes health professionals require. This component addresses how changing health services impact on expertise, identities and practice, which ultimately impacts upon the training and preparation of future health professionals.



Dimension Four: SUPPORTING INSTITUTIONAL DELIVERY.

This dimension focuses on the impact of local university structure and culture on the shaping of curriculum design and delivery, such as timetabling, logistics and entry requirements.

Dimension Three: TEACHING, LEARNING & ASSESSMENT.

This dimension pertains to the development of appropriate learning, teaching and assessment experiences, all of which have been guided by the messages inherent within D1 and D2.



Dimension 1: Project findings

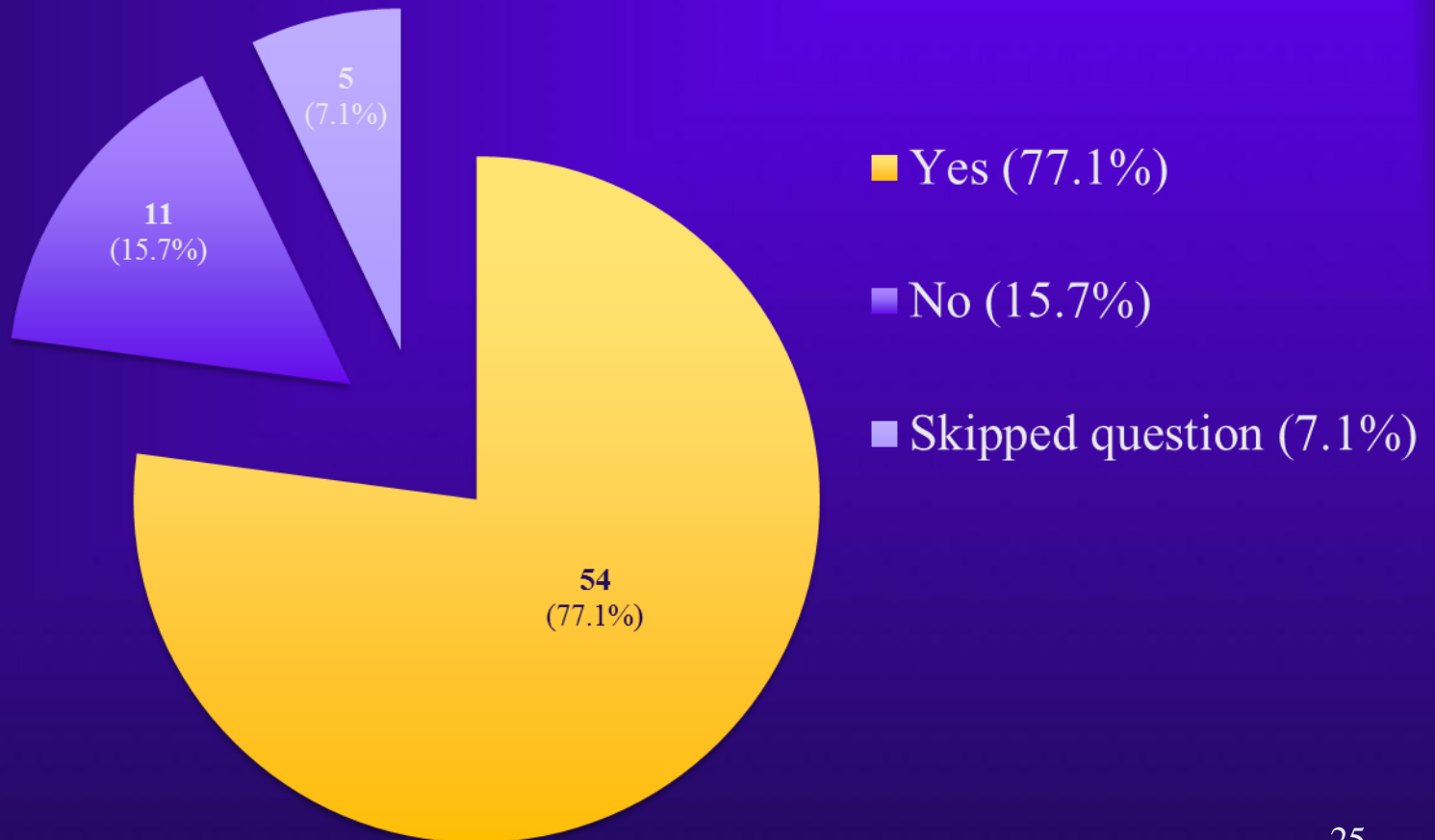
Challenges:

- ◆ a lack of curriculum space
- ◆ a lack of familiarity in educators with IP practice and IPE pedagogy
- ◆ resource constraints
- ◆ the challenge to well embedded cultural practices within education and health
- ◆ a lack of research evidence – a dominant theme in consultations – and robust evaluation
- ◆ a lack of mechanisms to support knowledge dissemination and shared learning...



Dimension 2 – Project findings

Q.19 Are learning outcomes specified for this IPE Activity?






Dimension 2 – Project findings

Five distinct themes emerged from the survey data on learning objectives and capabilities. The five domains are as follows:

- Teamwork
- Understanding roles and respecting other professions
- Role clarification
- Understanding of IPE
- Reflection



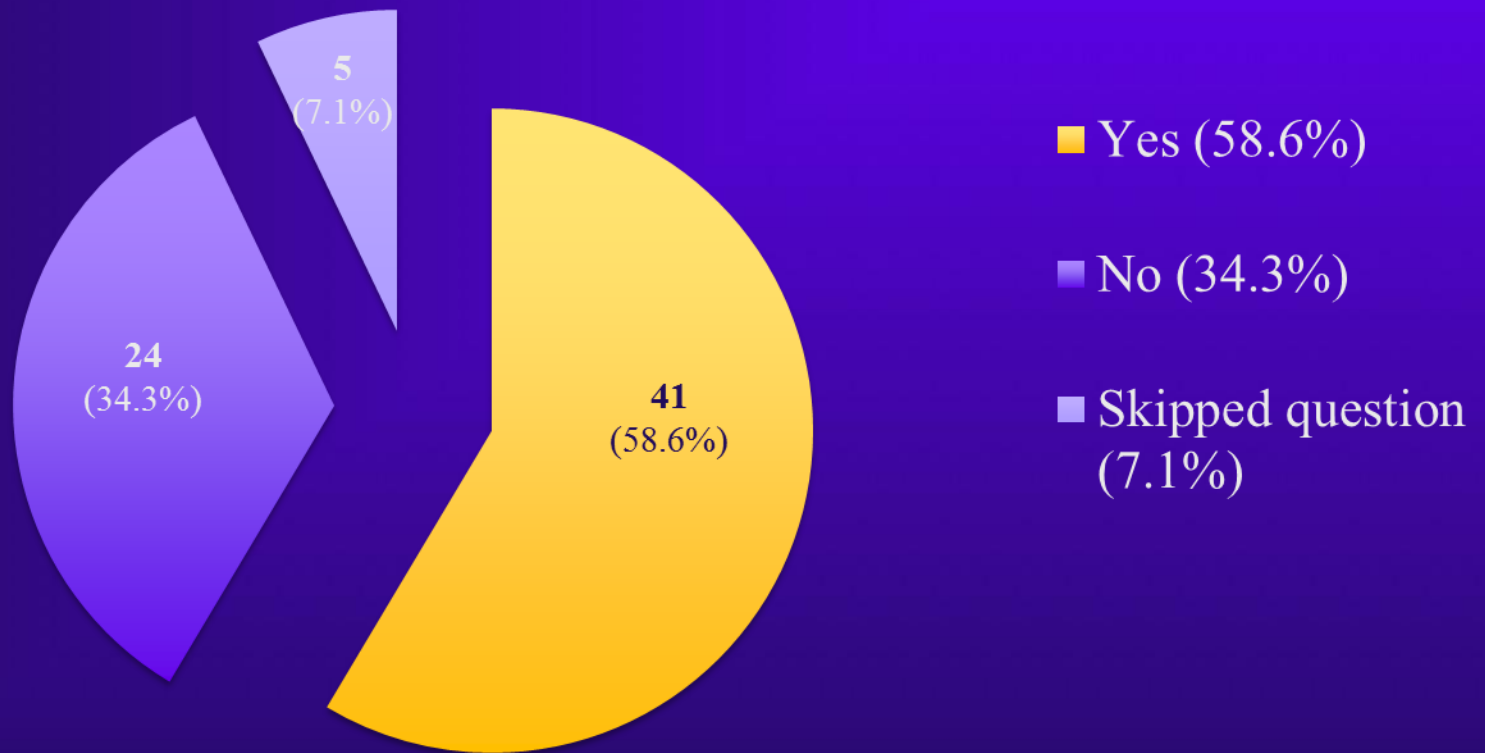
Core competencies for interprofessional collaborative practice

- 
- ◆ - produced by an expert panel convened in 2009 by the Interprofessional Education Collaborative (IPEC), a unique partnership of six associations—the American Association of Colleges of Nursing, the American Association of Colleges of Osteopathic Medicine, the American Association of Colleges of Pharmacy, the American Dental Education Association, the Association of American Medical Colleges, and the Association of Schools of Public Health.

1. Values/ethics
2. Roles/responsibilities
3. Communication
4. Teams and teamwork

Dimension 3: Project findings

Q21. Is the IPE Activity assessed (i.e. learner/ student performance)?





Dimension 3: Project findings

Teaching and learning

- ◆ Great diversity: the majority of activities were clinically based, with little activity around the ‘why’, “practice context” and “theoretical underpinnings”.

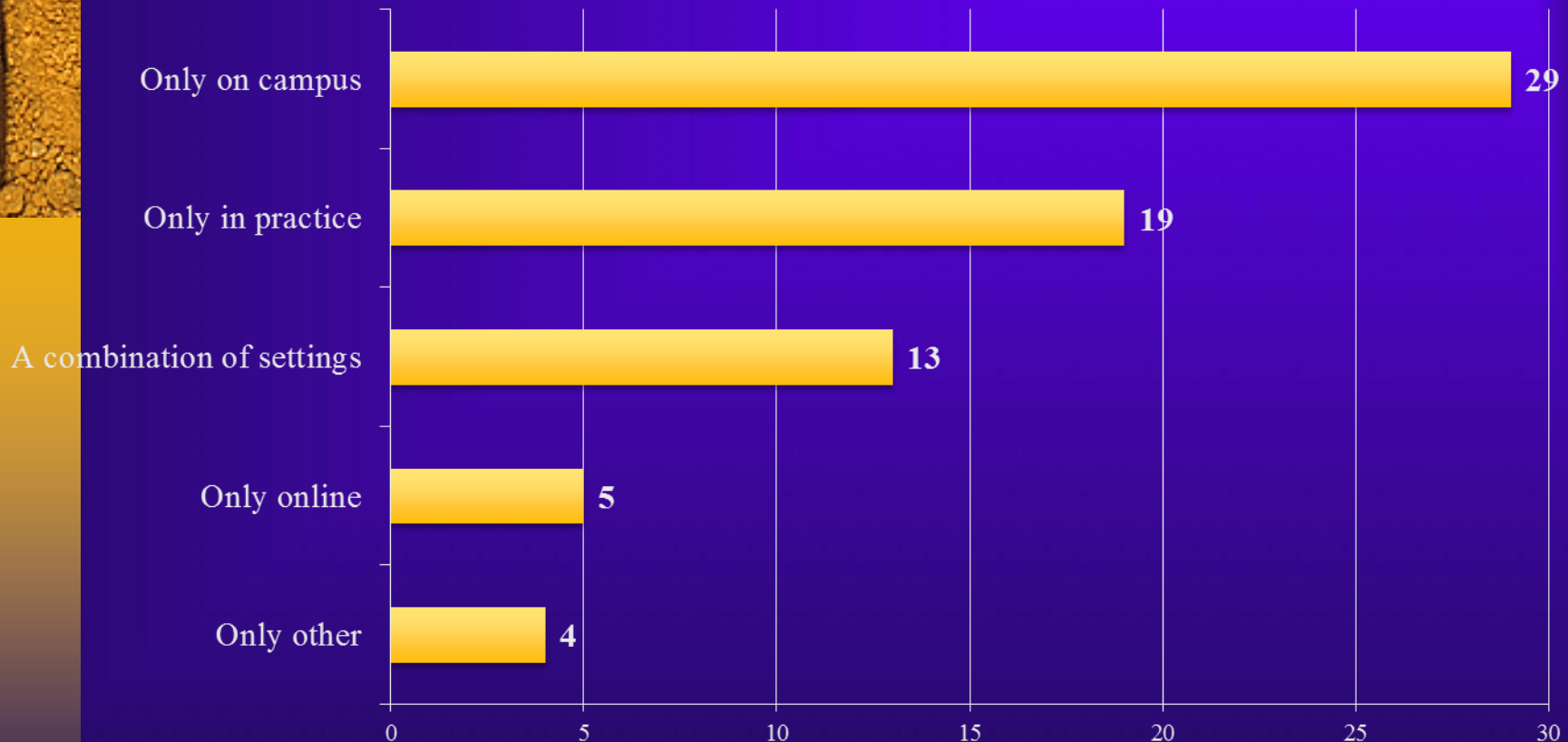
Assessment

- ◆ Diversity of assessment
- ◆ Mostly participation /attendance
- ◆ Summative assessment less likely in simulation learning activities

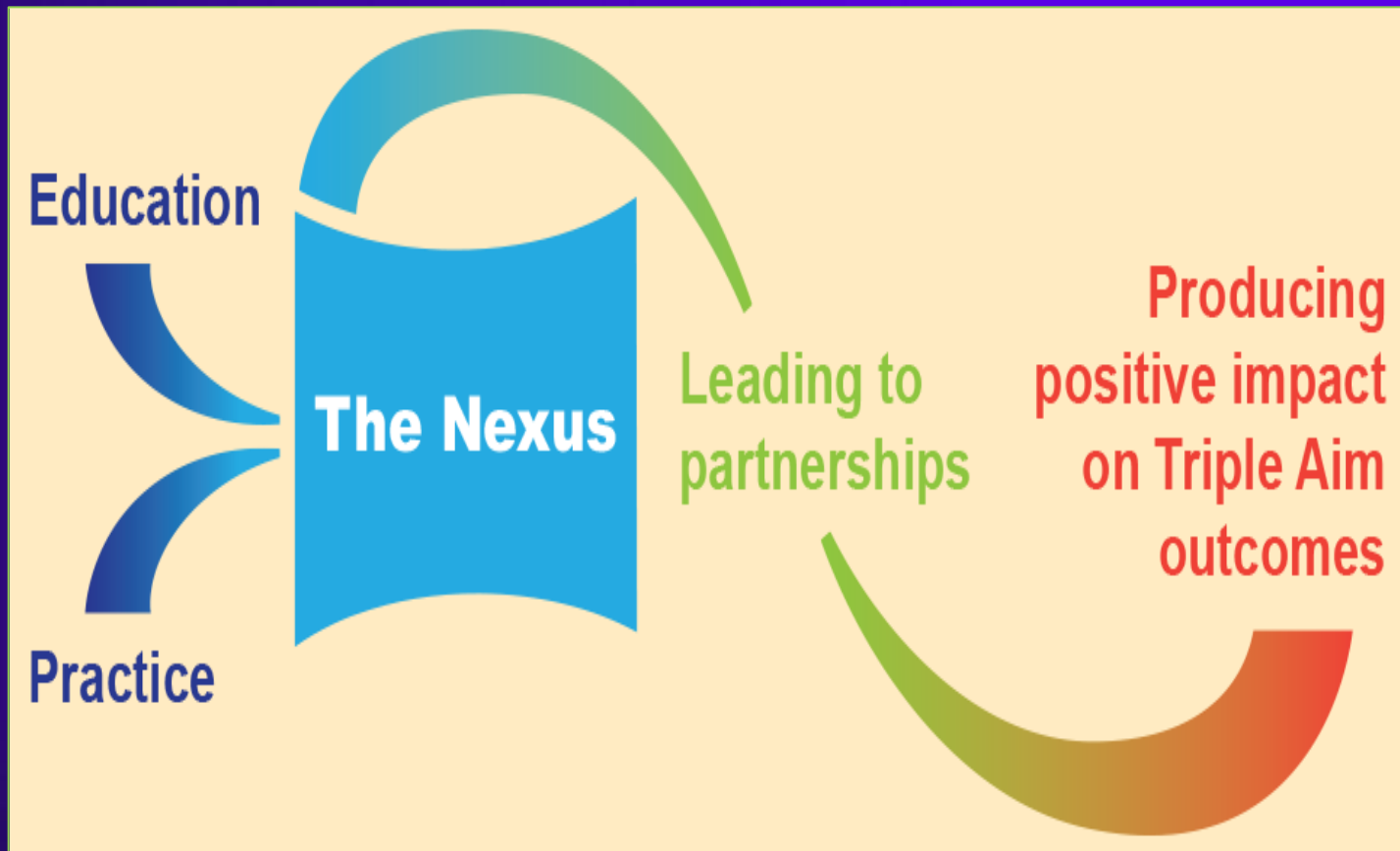


Dimension 4: Supporting institutional delivery

Q6. Where is the IPE Activity offered? (Please click ALL boxes that apply)



National Center for Interprofessional Practice & Education: Our vision for health



National Center for Interprofessional Practice and Education Nexus Innovations Incubator





LEADERSHIP DEVELOPMENT FOR INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE



EDITED BY DAWN FORMAN,
MARION JONES
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Indonesia

Kenya

Japan

Malaysia

South Africa

Philippines



Japan

- ◆ JIPWEN – Japan IP Working and Education Network – June 2008 & JAIPE
- ◆ Advanced Initiatives in IPE in Japan (2010) – 10 partner HEIs – show diversity of activities
- ◆ Demographics and disasters

What is needed...







Champions!

From each profession



Changing a college curriculum is like moving a graveyard--you never know how many friends the dead have until you try to move them!

Calvin Coolidge or Woodrow Wilson



Lessons learned

- Identify champion
- Identify funding
- Involve accreditators
- Integrate into curriculum
- Plan for sustainability
- Practice
- Work integrated learning
- Involve patients & students





Questions....

