Interprofessional Learning and Collaborative Practice – continuing the conversation

Professor Sandra Carr – Associate Dean, Teaching and Learning

Background
Contemporary health care practice requires practitioners to have developed skills in collaboration. Many errors in patient care occur due to ineffective communication and/or the lack of integrated care provision.¹ Patients are increasingly demanding carers communicate effectively with them and with other members of the health care team. A Cochrane review of the impact of interprofessional collaboration on professional practice and health care outcomes found that practice-based interprofessional collaboration interventions can improve health care processes (patient satisfaction) and outcomes (professional competence).²

Rationale
Undergraduate Interprofessional Education (IPE) in health is known to be difficult to implement systematically on a wider scale due to logistical and often political barriers. There are many examples of small projects being run within the FMDHS at UWA. However, the Faculty is aiming to prepare all of its graduates to be interprofessionally capable practitioners.

Faculty Interprofessional Learning Interest Group (IPLIG)
The Faculty Teaching and Learning Committee recommended the formation of the Interprofessional Learning Interest Group (IPLIG) in January 2010. The IPLIG has representatives from each of the pre-registration courses taught in the Faculty and Health Science. In its formation the IPLIG determined five fundamental commitments for the Faculty to strengthen and enhance IPE as an integral component of training, research and faculty development.

These were to:
1. Develop an IPL curriculum framework for the Faculty of Medicine, Dentistry and Health Sciences to ensure that IPL is embedded and integrated throughout all Courses
2. Create infrastructure within the Faculty to enable and strengthen effective intra-faculty and inter-institutional IP curricular activities
3. Enhance faculty development programs in the knowledge and utility of IPL
4. Establish dedicated time within the curricula for students to engage in IPE with students from other health professions
5. Promote and support qualitative and quantitative research in IPE through established programs including PHMER.

To date the IPLIG have focused on development of an IPL Curriculum Framework, creating infrastructure for IPE activities to occur and promoting research activities. There are several examples of Curriculum Infrastructure already present or being developed to support IPL practices in the Faculty’s pre-registration courses. Some of these have been funded through internal sources but many have been funded through external sources such as HWA.

With the current cycle of curriculum development that is underway in the medical, dental and podiatric medicine courses, now is the time to ensure that the existing curriculum infrastructures are reviewed and strengthened in the new MD, DMD and DPM and that these processes are inclusive of Nursing as an existing Masters level course and, Social Work and Pharmacy as they join the Faculty in 2012. The collaborative work that has taken place between courses and across Schools needs to be continued and built upon.

The UWA Framework for Interprofessional Learning and Collaborative Practice

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Lunchtime seminars: Using ICTs for learning

A series of lunchtime seminars about ICTs will be run throughout the year by Dr Diana Jonas-Dwyer, Associate Professor, Medical Education (Managed Learning System). Venue: Education Centre Meeting Room, 1st Floor, 10 Stirling Highway, Nedlands.

To register your attendance, and for catering purposes, please email: astrid.davine@uwa.edu.au

Note: In order to run the seminars a minimum of 5 participants is necessary. A light lunch will be provided.

Mon 16 April 12:30 – 13:30
How to facilitate online discussions
Moodle provides the opportunity for staff to set discussion activities for students as learning activities or assessments. Come and learn about ways to facilitate discussions for either small or large groups. Research into some effective techniques for facilitating discussions will also be presented.

Tues 29 May 12:30 – 13:30
Creating videos and using synchronous video technologies
There are a variety of tools available for creating videos for your students. These range from simple to more complex tools. This seminar will demonstrate several ways to create videos.

Wed 4 July 12:30 – 13:30
Using Twitter in your teaching
Twitter is a free synchronous technology that can be effectively used in teaching and learning. Come and learn about how you might be able to use twitter in your teaching.

Thurs 9 August 12:30 – 13:30
Technologies for active learning
Polling can be used to encourage students to be active in face to face environments and online. Come and learn about some of the different ways to ask your students questions in these environments.

Mobile apps
With the increasing adoption of smartphones and tablets and the availability of wireless access on university campuses comes an increased opportunity for educators to recommend relevant apps to students. There are many types of apps that are available and students in the Faculty of Medicine, Dentistry and Health Sciences are already using them. Last year at the Education Centre Expo students from medicine, dentistry and podiatric medicine all spoke of their use of mobile technologies. For example, the dental student presenting showed the following apps on his phone, DentalComp, DentalExpert, DentistryPro, CavityFree3D, DentalForKids and DentistryEncyclopedia; the podiatric medical student mentioned the Medscape, Netter’s Anatomy and iPodiatrist apps and the medicine student showed several medical apps that he used. These were, Medscape, Eponyms, Skyscape, Dynamed, AFPByTopic and MediBabble. There is an opportunity for educators to add value by providing advice about the credibility and relevance of discipline specific apps. Mobile apps can also be used for productivity and social networking for example, Associate Professor Diana Jonas-Dwyer uses the following apps on her smartphone, Keynote, DocsToGo, iMovie, POLLdaddy, Dropbox, Twitter, Camera+ and Photogene2, ooVoo, mTouch, CreativeBookBuilder and Statistics 1.

If you have reviewed or are using an app and believe it is relevant to your subject area, please let us know by emailing your comments to diana.jonas-dwyer@uwa.edu.au

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Priorities for 2012
There are three priority areas for 2012.

1. Dedicated time within curricula for students to engage in IPE with students from other professions to be established in all NEW courses or expanded in existing courses using the IPL Curriculum Framework as a guide. The IPLIG will liaise with the curriculum developers of Medicine, Podiatric Medicine, Dentistry, Nursing, Social Work and Pharmacy to establish a process to develop and promote IPE within each pre-registration course of the Faculty. It is anticipated that this process will enhance and strengthen effective intra-faculty curricular activities.

2. Faculty members need to be provided opportunities to enhance their understanding of IPE and their skills in facilitating IPE in clinical and classroom settings. To this end, a website and online modules are being developed by the Faculty Education Centre to support IPE for both students and teachers. Additionally, a one day workshop, developed by the IPLIG, will also be offered for staff in Semester 1, 2012:
  » Interprofessional Teamwork
  » Facilitating Interprofessional Learning
  » Facilitating Collaborative Clinical Practice

3. Current and future IPE related projects need to be evaluated in a methodical, scholarly manner. The IPLIG with support from the Faculty Education Centre aims to provide advice and support around methodological approaches to evaluation and educational research of IPE related projects. Project leaders will be contacted to invite a conversation around evaluation strategies being employed.

Faculty is encouraged to contact any member of the IPLIG to discuss these priority areas for 2012. Members are: Sandra Carr, Paula Johnson, Pamela Nicol, Jane Heyworth, Rosemary Saunders, Gillian Cleary, Laurie Foley, Vivien Bower and Paul Ichim.
The second MD Curriculum Development Retreat was held at the Sebel Hotel, Mandurah on December 8 and 9 2011. This retreat was attended by 80 academics from across the University as well as senior clinicians from the Faculty Advisory Board. Participants interacted well in various discussions and decisions were made to assist in further development of the curriculum.

The key decisions ratified and made included the confirmation of the Phases of the new MD curriculum:

**Proposed Curriculum Template**

<table>
<thead>
<tr>
<th>YEAR</th>
<th>SEMESTER 1</th>
<th>SEMESTER 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Foundations</td>
<td>Systems 1</td>
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<tr>
<td>2</td>
<td>Systems 2</td>
<td>Clinical Placements</td>
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<tr>
<td>3</td>
<td>Clinical Placements/ Scholarly Activity</td>
<td>Clinical Placements/ Scholarly Activity</td>
</tr>
<tr>
<td>4</td>
<td>Clinical Placements/ Selectives/ Scholarly Activity</td>
<td>Clinical Placements/ Selectives/ Scholarly Activity</td>
</tr>
</tbody>
</table>

- There was clear articulation of the objectives of the first 2 weeks of the course (Introductory Program). These include to:
  - Provide a broad overview of the profession of medicine from a variety of perspectives;
  - Introduce the art & science of medicine;
  - Introduce students to a collaborative learning environment (with other health professionals);
  - Clarify the goals and expectations of students/staff;
  - Emphasise the importance of the patient as a person and addressing their concerns and those of their families/carers in the best ways possible.

Patients, and the public, are central to medicine. Medical education should stimulate new ideas and better ways of improving the care that is given to patients and the public.

The subsequent weeks of the Foundations of Medical Practice include covering a general introduction to the relevant scientific disciplines, an overview of the human body, the “language/terminology of basic, applied and clinical sciences”, and homeostasis. These concepts will start at the molecular level and progress to cells, tissues, organs, systems and the body as a whole. This will prepare the students for the next Phase of study that of Systems Based Learning.

The chronological order of the systems was made based on developing an overall ‘road map’ followed by the fine details. Hence the selected order is Skin, Musculoskeletal System, Neurosciences, Haematology and Immunology, Cardiovascular and Respiratory, Gastrointestinal and Nutrition, Renal and Endocrine, Reproduction and Life course, and Multisystems integration. The theory and practical elements will be consolidated by clinical teaching and learning sessions relevant to the systems studied and cases illustrating important learning issues.

The Clinical Phase will consist of 4 parts:

1. Year 2 Semester 2: Introduction to Clinical Practice with rotations in General Medicine, General Surgery, Psychiatry, Geriatric Medicine and Rheumatology. The learning of clinical medicine will be consolidated by seminars, case-enhanced learning, attachments to General Practices and multidisciplinary environments.
2. Year 3: Core Clinical Placements in Medicine, Surgery, Psychiatry, Women’s Health, Paediatrics and Child Health and General Practice. There will also be formal rotations in Ophthalmology and time for ongoing work on Scholarly Activities.
3. Year 4: Both core and selective rotations including Emergency Medicine, Anaesthetics, Pain Medicine, Oncology and Palliative Care, Surgical Specialties, Rural Community Practice, Interprofessional Health Practice and a Selective in any discipline of the student’s choice.
4. After completion of the Scholarly Activity and Final assessments, students will have clinical placements in another Selective and Transition to Practice provided all other elements are completed satisfactorily.

Using Bloom’s Taxonomy, the educational progression for students undertaking the UWA MD will be as shown:

**Educational progression in MD program**

<table>
<thead>
<tr>
<th>Year</th>
<th>Phase</th>
<th>Student level</th>
<th>Curricular Theme/Bloom’s Taxonomy</th>
<th>Phase</th>
<th>Student level</th>
<th>Curricular Theme/Bloom’s Taxonomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Foundations of Medical Practice</td>
<td>Novice</td>
<td>Comprehensible Knowledge, Comprehension, Application</td>
<td>Systems based learning 1</td>
<td>Learner</td>
<td>Comprehensible Knowledge, Comprehension, Application</td>
</tr>
<tr>
<td>2</td>
<td>Systems based learning 2</td>
<td>Learner</td>
<td>Comprehensible Knowledge, Comprehension, Application</td>
<td>Clinical 1</td>
<td>Competent</td>
<td>Comprehensible Knowledge, Comprehension, Application</td>
</tr>
<tr>
<td>3</td>
<td>Clinical 2</td>
<td>Competent</td>
<td>Contextual Knowledge, Comprehension, Application, Analysis</td>
<td>Clinical 3</td>
<td>Competent</td>
<td>Contextual Knowledge, Comprehension, Application, Analysis</td>
</tr>
<tr>
<td>4</td>
<td>Clinical 4</td>
<td>Competent</td>
<td>Contextual Knowledge, Comprehension, Application, Analysis, Evaluation</td>
<td>Clinical UTTP</td>
<td>Capable</td>
<td>Capability Knowledge, Comprehension, Application, Analysis, Evaluation</td>
</tr>
</tbody>
</table>

Participants at the retreat

Professor David A Kandiah
Faculty’s revised assessment policy

The Faculty Board has recently endorsed the revised Assessment policy which is now in effect for all courses taught by coursework. The salient features of this policy include that:

1. All units must provide formative assessment activities for students. While students are encouraged to complete formative assessment activities, it is not barrier assessment and remains an optional activity for students.
2. No single summative assessment component should contain a weighting of more than 60% or less than 10% in units which include more than four weeks of teaching.
3. Objective test item assessments should not be weighted more than 50% for any unit in the Faculty.
4. Negative marking in objective test items is not to be used, although it is acceptable in Modified Essay Questions (MEQs) and Performance based Assessments where dangerous answers are given and fatal errors are made provided students were advised prior to the event.
5. Students are required to pass all barrier assessments, including clinical/workplace attachment obligations in order to progress to the next year of the course, or, in the case of the final year, to graduate.
6. Marking guides for assessments such as case discussions, assignments, oral presentations, and portfolios must be available to students and markers prior to the summative assessment event.
7. When releasing marks of the assessments the anonymity of students should be preserved.
8. Written examination should range from a minimum of two hours to a maximum of three hours for all the examinations administered centrally by the Examination office. A ten minutes reading time is to be provided except in timed examination.
9. A sample examination should be provided on the web for formative purposes for written assessments, with model answers available at the beginning of the unit. This exam should mirror the exam format for the written summative assessment.
10. Avoid repeating assessment items in written examinations e.g. objective test items and essay questions etc. Each exam should have at least 20% new items and not more than 20% should be used from immediate past examination.
11. To remove elements of bias where feasible the assessments should be scored anonymously, or by two markers independently. In cases where there is a disagreement of more than 25% between two independent markers a third examiner who will be the Head of school or his/her delegate will mark the paper according to the model answer provided by the item writer. The mark given by the third examiner will stand final.
12. Timely and transparent feedback to students is to be provided on all returnable items (e.g. assignments) of assessment within four weeks of deadline for submission. This need not follow summative examination at the end of a unit as the purpose of assessment is then certification that learning outcomes have been achieved by the students.
13. In cases where reassessment is required or a student is asked to repeat the year, the said student is allowed to see the examination papers and to discuss areas where they need improvement.
14. The students should be advised through unit guide what feedback mechanisms are included in the unit however it is essential that for all assessment components all students are informed of the Class average and range of marks so they know of their performance in relation to their colleagues.

Asst/Professor Zarrin Siddiqui

Welcome to New Health Professional Education students 2012

Unit coordinators and staff of the Faculty’s postgraduate courses in Health Professional Education were delighted to welcome the new student cohort for 2012 at a recent student orientation session on 27 February.

The event commenced with an official welcome and introduction to key staff by the Director of Postgraduate Studies, Professor Sandra Carr, and provided an opportunity for students to become acquainted with the myriad of resources and support services available to assist students throughout their studies.

The student intake for health professional education courses has grown steadily from year to year with new enrolments for 2012 at thirty two. The students who join this year are mostly working professionals whose occupations reflect the diversity of the health professions including nursing, dentistry, occupational therapy, midwifery and medicine.

We welcome our new students on board for 2012 and wish them every success in their studies.