Interprofessional Education & Collaborative Practice

A Curriculum Framework

Faculty of Medicine, Dentistry and Health Sciences

September 2010
# Table of Contents

Acknowledgements .................................................................3

Glossary of Terms .................................................................4

FMDHS Interprofessional Interest Group .................................6

Interprofessional Capability as an Aim of Student Learning.................................6

Faculty Generic Outcomes ...................................................7

The UWA Framework for Interprofessional Learning and Collaborative Practice.................................8
Acknowledgements

This Framework has been developed by the Faculty of Medicine, Dentistry and Health Sciences Interprofessional Learning (IPL) Interest Group after consideration of published similar works and consultation with local stakeholders.

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We acknowledge the work of others that have assisted this process. In particular this Framework has been based on:


- Interprofessional Capability Framework: A framework containing capabilities and learning levels leading to interprofessional capability: 2009. Devised by the Combined Universities Interprofessional Learning Unit. www.sheffield.ac.uk/cuilu
Glossary of Terms

Patient/Client/ 
User: Where these terms are used, it should be taken to mean anyone Utilising care or likely to be affected by health services care.

Family: This term not only refers to the patient/client’s relatives but anyone within their social network that may be affected by their care.

Interprofessional: Professionals actively apply their skills and knowledge to ensure collaboration with other professions.

Team: For the purposes of this framework, this term is used to denote either: (a) a group of health professionals who work together around the care of a patient/client in an “informal” way; or (b) a collection of individuals who are interdependent in their tasks, who share responsibility for outcomes, who see themselves and who are seen by others as an intact social entity embedded into one or more larger social systems and who manage their relationships across organizational borders i.e. a “formalized” team.

Collaboration: A process that requires relationships and interactions between health professionals regardless of whether they are members of a formalized team or a less formal or virtual group of health professionals working together to provide comprehensive and continuous care to a patient/client or community

Common Learning: Students across professional programmes follow the same modules to achieve the same learning outcomes

Shared Learning: Mutual learning opportunities within programmes/courses or the workplace which meet the professional standards identified by statutory or national/international bodies


Interprofessional Learning/Education: Occasions when two or more professions learn from and about each other to improve collaboration and the quality of care

Multiprofessional Education: Occasions when two or more professions learn side by side for whatever reasons

Competency/Learning Achievement: A combination of attributes enabling performance of a range of professional tasks to the appropriate standards

FMDHS Interprofessional Interest Group

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. 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).

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 often outside of the common core curriculum of a course. However, the Faculty is aiming to prepare all of its graduates from medicine, dentistry, health science, podiatric medicine and nursing to be interprofessionally capable practitioners.

Interprofessional Capability as an Aim of Student Learning
Interprofessional Education in terms of students learning with, from and about each other is the aim of this Faculty. But what is it that students are required to learn? Barr (2002) as cited in Bluteau & Jackson, argues that capability, rather than competence will better prepare health professionals to respond to the challenges of working in the contemporary health sector. Traditional education and training largely focuses on enhancing competence (knowledge, skills, and attitudes). In today’s complex world, we must educate not merely for competence, but for capability (the ability to adapt to change, generate new knowledge, and continuously improve performance). Individuals and systems change because they learn. If we want our graduates to be capable of collaborative patient/relationship centred interprofessional practice we need to provide opportunities for them to develop these behaviours in the context of real life experiences.

“The overall aim of the Interprofessional Capability Framework is to describe the capabilities that any undergraduate student of health and social care is required to achieve in order to become a capable interprofessional worker.”

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7 Bluteau and Jackson (2009) Interprofessional Education: making it happen, London; Palgrave MacMillan
9 Interprofessional Capability Framework : A framework containing capabilities and learning levels leading to interprofessional capability: 2009. Devised by the Combined Universities Interprofessional Learning Unit. www.sheffield.ac.uk/cilu
Faculty Generic Outcomes
The FMDHS has a set of Generic outcomes that all graduates of the Faculty are expected to develop abilities in. These have been considered when developing the IPE & Collaborative Practice framework.

1. **Effective Communication Skills**
   *Each graduate will recognise the importance of effective communication in all interactions as a tool to further learning and to improve understanding.*

2. **Discipline-Specific Knowledge and Skills**
   *Each graduate will be able to apply discipline-specific knowledge and skills safely and effectively at entry-level competency.*

3. **Information Literacy Skills**
   *Each graduate will have the ability to access and interpret information using appropriate technologies and will be able to apply this information in a range of contexts.*

4. **Critical Thinking and Problem-Solving Skills**
   *Each graduate will be able to think critically, evaluate and apply relevant information to solve problems and make informed decisions.*

5. **Research Skills**
   *Each graduate will be able to contribute to the creation of new knowledge and understanding through the process of research.*

6. **Understanding of Health and Society**
   *Each graduate will be able to contribute to the understanding and/or management of health and ill-health in Australian society and in a range of contexts overseas.*

7. **Understanding of Ethical, Social and Professional Skills**
   *Each graduate will respect, value and uphold the legal, ethical and professional standards of their discipline and be responsible members of local, national and global communities.*

8. **Personal and Professional Skills**
   *Each graduate will be a reflective practitioner capable of self-care, committed to their personal and professional growth and development and who displays initiative and is committed to lifelong learning.*

9. **Creativity and Innovation**
   *Each graduate will be able to think creatively and will seek to generate innovation.*
The UWA Framework for Interprofessional Learning and Collaborative Practice

The framework provides a statement of what students need to learn. The capabilities and learning outcomes contained in the framework are recognised as appropriate and relevant to IPL by each of the courses taught in the Faculty (medicine, nursing, podiatric medicine, dentistry and health science).

The framework has been developed using a patient or user-centred approach with an emphasis on safety and continuous quality improvement.

The framework consists of twelve areas of capability and is centred on four key domains:

- Inter-professional working and practice:
- Knowledge in interprofessional practice;
- Ethical practice and
- Reflection

These four domains are the same as those developed and validated by Sheffield University in the UK. The capability statements have been adapted to suit the Western Australian context.

The framework aims to draw attention to learning opportunities that promote inter-professional working. The capabilities within the framework have the potential for developing the interprofessional focus of the practice context within courses. For example learning a clinical skill such as history taking may now be seen as a topic that is an interprofessional and collaborative working issue relevant to inter-professional learning.

The capabilities have been mapped against the unit level and graduate learning outcomes of medicine, dentistry, health sciences and podiatric medicine to demonstrate current related teaching and assessment activities. This process will assist development of future teaching and learning activities that align with the twelve capabilities.
Figure 1. Domains of the UWA Interprofessional Collaborative Practice Framework

**Domain 1: Interprofessional working & practice**

*Interprofessional working and practice* captures participation, assessment and communication strategies, patient/user centred; developing the skills to identify and working towards mutual adaptation between patient/user and the team. This domain also identifies co-mentoring activities across professions and the importance of this aspect of work to successful interprofessional teams.

**Capabilities**

The inter-professional team member is able to:

**IW1.** Lead or **participate in inter-professional teams** to ensure a responsive and integrated approach to care/service is focused on the needs of the patient/client.

**IW2.** Consistently communicate sensitively in a responsive and responsible manner, **demonstrating effective interpersonal skills in** the context of patient/client-focused care or service delivery.

**IW3.** **Share uni-professional knowledge** with the team in ways that contribute to and enhance service provision.

**IW4.** **Provides a co-mentoring** role to peers of own or other professions in order to enhance service provision and personal and professional development.
Domain 2: Knowledge in Interprofessional Practice

**Knowledge in Practice** captures awareness of “others’” professional regulations in the interprofessional team, the structures, functions and processes of the team in the specific area of practice and how anti-discriminatory, non-judgemental practice informs a patient/user-centred participatory service.

**Capabilities**

The inter-professional team member is able to:

**KP1.** Integrate understanding of the legal frameworks and statutory and regulatory requirements of the professions that make up the practice team.

**KP2.** Brings knowledge of team structures, group dynamics and professional roles to promote effective team functioning.

Domain 3: Ethical Practice

**The Ethical Practice** component of the framework, focuses on the promotion of patient/user participation in the decision making processes; the need for practitioners to be sensitive both to the demands made in law of the other professions, with regard to their duty of care, and the underpinning ethos of the different professional groups.

**Capabilities**

The inter-professional team member is able to:

**EP1.** Share knowledge of other beliefs, cultures and value systems to inform patient/user centred care and promote good practice.

**EP2.** Consistently promotes and supports patient/user participation and autonomy.

**EP3.** Engages with other members of the interprofessional team to ensure informed decision-making by the patient/user.

**EP4.** Critically evaluates policy and practice in relation to – patient focused care, changing role boundaries of IP team, making recommendations to improve the quality of service and care for users.
Domain 4: Reflection

The Reflection (learning) component promotes the development of a reciprocal reflective approach across professions, along with the utilisation of evidence based practice and an integration of continuous professional development.

Capabilities

The inter-professional team member is able to:

R1. Utilise reflective processes in order to work in partnership with patients and colleagues ensuring a patient/user focus, and integrated service provision.

R2. Respond to the needs of the service and clients by utilising problem-solving approaches and evidence based practice to identify, anticipate and plan for future changes in interprofessional team and its roles.

Interprofessional Capability Framework aligned with MBBS outcomes

Appendix A outlines how the draft IPL Capability Framework aligns with the unit level learning outcomes within the MBBS. This illustrates how the IPL Capabilities are currently being addressed and assessed with the medical course. It is the intention of the Faculty IPL interest group to repeat this mapping exercise with the Dental, Podiatric Medicine, Nursing and Health Science degree programs.

Learning activities to advance Interprofessional education within the Faculty

There are many learning experiences currently available within the courses in the Faculty that are assisting students to develop capability to practice collaboratively with and alongside other health professionals on graduation. Several projects are being developed and will be piloted during the second half of 2010 ready for implementation in 2011. These projects have been established with external funding and through much active collaboration. The focal point of these projects will assist development of capabilities IW1-Participation in IP teams and R1- Utilise reflective processes in order to work in partnership with patients and colleagues

Examples of these projects include:
- Year 3 Medicine with the ECU – Ambulatory Clinic- Chronic Disease Management
- Year 5 Medicine with Nursing, Dentistry and Podiatric Medicine- IPL Simulated Ward Placement
• Year 6 Medicine with UWA Nursing, Curtin and Brightwater- IPL fieldwork placements
• Year 6 Medicine with UWA Nursing, Curtin and Silver Chain- Ambulatory Care Placements
• Year 6 Medicine with Curtin and RPH- IPL Ward Placement

Assessment strategies to advance IPE and Capability with Collaborative Practice

Both assessment of IPL capabilities and evaluation of the IPL/P learning events and projects is the current focal point for the Faculty IPL Interest group. There are several published tools that are being adapted for use in the local setting. Assessment strategies will include direct observation of students’ performance or practice in interprofessional settings and evaluation of knowledge surrounding IPL before and after the learning experiences.

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