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Developing sustainable and embedded interprofessional education: threshold learning outcomes as a potential pathway

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Developing sustainable and embedded interprofessional education: threshold learning outcomes as a potential pathway

Extension to Strategic Priority Project *'Harmonising higher education and professional quality assurance processes for the assessment of learning outcomes in health'*

Extension final report 2015

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We thank the Round Table attendees for their generous participation in the refinement of the two major outputs of this project, the Best Practice Checklist and the Interprofessional Learning Competency Statement.

List of acronyms used

AHPRA	Australian Health Professions Regulation Agency
ALTC	Australian Learning and Teaching Council
HERDSA	Higher Education Research and Development Society of Australia
IPE	Interprofessional education
IPL	Interprofessional learning
LTAS	Learning and Teaching Academic Standards
OLT	Office for Learning and Teaching
TLO	Threshold learning outcome

Executive summary

This final project activity has brought a number of diverse strands together into a coherent and much needed set of resources for the health education sector.

A review of international interprofessional learning (IPL) literature was conducted. The individual component competencies from six national and international IPL/interprofessional education (IPE) curriculum/competency frameworks were mapped against Threshold learning outcomes (TLOs) for Health, and then aggregated to create a single set of IPL competency statements. A Good Practice Checklist was also developed.

A panel of invited key national stakeholders from health services, government, discipline groups, professional accreditation councils and higher education institutions attended a Round Table to review and refine these documents with consensus that both could usefully guide implementation of IPL in Australia.

The competency statement describes what a graduating student from any health profession can do. Each component has been deliberately described so as to be observable and measurable through standard assessment processes.

Table of contents

Contents

List of acronyms used	3
Executive summary.....	5
Table of contents	6
1. Aims and Rationale	7
2. Activities.....	8
3. Outcomes and Deliverables	9
4. Dissemination and impact	10
References	11
Appendix A.....	12
Appendix B.....	13
Appendix C.....	14

1. Aims and Rationale

The body of work to date captured in the *Harmonising higher education and professional quality assurance processes for the assessment of learning outcomes in health* (Harmonising strategic priority project) SP10-1856 main report and appendix (2013); and the subsequent *Learning outcomes: Constructing a bridge between professional accreditation and higher education quality assurance requirements in health* extension report (2014) has provided clear evidence of the ways in which the TLOs for Health can assist in implementation of IPL into curriculum.

This final project activity has brought a number of diverse strands together into a coherent and much needed set of resources for the health education sector. It links closely with, and complements the work undertaken in the National Teaching Fellowship by Professor Maree O’Keefe, *Collaborating across boundaries: A framework for an integrated interprofessional curriculum*.

2. Activities

A review of international IPL literature was conducted. The individual component competencies from six national and international IPL/IPE curriculum/competency frameworks were mapped against TLOs for Health, and then aggregated to create a single set of IPL competency statements.

A number of individual institutions, including each of the partner organisations of the original Harmonising project, were contacted regarding their experiences of approaches to maximising the potential for 'serendipitous learning opportunities' in clinical practice. Workshops were conducted at four different universities. The lack of clearly defined and agreed IPL learning outcomes was identified as a factor in the limiting scalability and sustainability of many IPL initiatives.

A panel of invited key national stakeholders from health services, government, discipline groups, professional accreditation councils and higher education institutions attended a Round Table on May 22 2015 in Sydney. At this Round Table the IPL competency statements and a good practice checklist were tabled. Participants reviewed and refined both documents IPL competency statements with consensus that both could usefully guide implementation of IPL in Australia.

3. Outcomes and Deliverables

The following two key resources have been developed.

- An IPL competency statement (Appendix B)
- A good practice checklist to maximising IPL opportunities in clinical environments (Appendix C)

The competency statement is articulated in a format that is consistent with the threshold learning outcomes, that is described what a graduating student from any health profession can do. Each component has been deliberately described so as to be observable and measurable through standard assessment processes.

4. Dissemination and impact

The Round Table event in May provided an ideal high level stakeholder dissemination opportunity.

This was followed by the launch of the IPL competency statement at the national workshop on interprofessional education, June 9 2015, Melbourne, hosted by the Australian Medical Council, in collaboration with the Australian Pharmacy Council, the Australian Nursing and Midwifery Accreditation Council and the Council on Chiropractic Education Australasia, and with support and input from the Professional Accreditation Councils Forum. 120 delegates attended this forum representing the regulated health professional boards and accreditation authorities, self-regulating health profession education providers, the Australian Health Practitioner Regulation Agency (AHPRA), government health departments and academics working in this field. The workshop was followed by a meeting of the regulated health professions' accreditation councils and national boards to consider the outcomes of the workshop in relation to future accreditation processes.

The project outcomes, and in particular the IPL competency statement and the best practice checklist, will be presented at the HERDSA conference in Melbourne July 6 -8, 2015.

Both documents are provided in this report and as separate elements to assist ease of use and dissemination.

References

O'Keefe, M. 2015. *Collaborating across boundaries: A framework for an integrated interprofessional curriculum*. Office for Learning and Teaching
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Appendix A

Certification by Deputy Vice-Chancellor (or equivalent)

I certify that all parts of the final report for this OLT grant provide an accurate representation of the implementation, impact and findings of the project, and that the report is of publishable quality.

Name: Philippa Levy  Date: 12.06.15

Appendix B

Interprofessional learning competency statement

The principles of interprofessional learning encompass understanding, valuing and respecting individual discipline roles in health care. Interprofessional practice places the interests of patients and populations at the centre of health care delivery. A key element of interprofessional practice is the recognition and use of the skills of other health professionals in health care delivery. It is supported by interactions that clarify perspectives, and enable insights and learning from other health professions.

On completion of their program of study, graduates of any professional entry level healthcare degree will be able to:

- Explain interprofessional practice to patients, clients, families and other professionals
- Describe the areas of practice of other health professions
- Express professional opinions competently, confidently, and respectfully avoiding discipline specific language
- Plan patient/client care goals and priorities with involvement of other health professionals
- Identify opportunities to enhance the care of patients/clients through the involvement of other health professionals
- Recognise and resolve disagreements in relation to patient care that arise from different disciplinary perspectives
- Critically evaluate protocols and practices in relation to interprofessional practice
- Give timely, sensitive, instructive feedback to colleagues from other professions, and respond respectfully to feedback from these colleagues

Appendix C

IPL Best practice checklist

Planning and managing interprofessional learning in student health care placements: Best Practice Checklist

Key Principle: Interprofessional learning during health care placement is a core activity. Learning occurs through student participation in routine interprofessional practice. It is based on authentic experiential learning rather than 'extra' or 'contrived' activities.

UNIVERSITY

1. Health care teams are diverse.

In planning student placements have we:

Identified where interprofessional practice occurs in each placement?

In our information to students have we:

- identified the range of health professionals?
- described how interprofessional practice occurs?

2. Clinical work is broad in its scope.

In planning student placements have we:

Identified the types of interprofessional activities that comprise routine/ regular work?

In our information to students have we:

- identified appropriate work activities/clinical practice for student learning?
- described how the student can engage with the activity/ies?

3. Workplace cultures vary in how health professionals interact.

In planning student placements have we:

Identified the ways in which health professionals collectively develop and progress client health care regimes?

In our information to students have we:

- articulated specific learning outcomes for the specified work setting?
- ensured assessment is appropriate to the work setting?

4. Students from different disciplines are placed concurrently.

In planning student placements have we:

Asked the placement host who students can 'go to' with questions about interprofessional practice?

Provided timely information to the placement host on the discipline, year level, and scope of practice of the student/s being placed?

Coordinated placement rosters to facilitate interprofessional learning and mixing of students?

In our information to students have we:

- encouraged them to share their knowledge and experience with other students?

TIPS FOR PLACEMENT HOSTS

In managing student placements have we:

- considered ways to facilitate student participation in routine work?
- 'sign posted' interprofessional learning opportunities?
- considered creating a single student induction package?
- assigned a health care staff member or team to oversee/organise student supervision?
- told students what we do?