



Interprofessional health education in Australia: Three research projects informing curriculum renewal and development



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ABSTRACT

Purpose: This paper reports on three interrelated Australian studies that provide a nationally coherent and evidence-informed approach to interprofessional education (IPE). Based on findings from previous studies that IPE tends to be marginalized in mainstream health curriculum, the three studies aspired to produce a range of resources that would guide the sustainable implementation of IPE across the Australian higher education sector.

Method: Nine national universities, two peak industry bodies and a non-government organization constituted the study team. Data were gathered via a mixture of stakeholder consultations, surveys and interviews and analyzed using quantitative and qualitative methods.

Results & Conclusion: An important outcome was a curriculum renewal framework which has been used to explore the implications of the study's findings on Australian nursing. While the findings are pertinent to all health professions, nursing is well placed to take a leading role in establishing IPE as a central element of health professional education.

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Australian health service providers are becoming increasingly receptive to interprofessional practice (IPP) as a means of addressing the challenge of delivering high quality, safe and patient-centred health care in a service environment that is changing constantly. Rising costs, an ageing population and increases in the prevalence of

chronic and complex illnesses are making traditional uni-professional approaches to health care less viable (Dunston et al., 2009). IPP is a partnership between a team of diverse health professionals who work together in a collaborative, patient-focused and coordinated fashion to share in the decision making and overall care of the patient (Canadian Interprofessional Health Collaborative, 2010). The literature suggests that this form of practice leads to a more effective, efficient and safer model of patient care (Greiner & Knebel, 2003).

The overarching aim of interprofessional education (IPE) is to equip health practitioners across all professions with a range of competencies that enable well developed and effective IPP. For example, communication, collaboration and teamwork skills, problem solving and quality improvement skills, patient and family centred care and an understanding of and respect for others' roles and responsibilities are integral to sharing patient care (Interprofessional Education Collaborative Expert Panel, 2011). The Centre for the Advancement of Interprofessional Education (2002) defines IPE as occurring when 'two or more professions learn with, from and about

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each other to improve collaboration and the quality of care'. This definition emphasizes the central place of collaboration as the mediating factor in producing improved patient care outcomes.

Whilst IPP is promoted globally as essential to the delivery of safe and effective patient care and, more broadly, to health system effectiveness and sustainability, a recent study reporting on IPE within Australian health professional education noted that it tended to be locally developed and, more often than not, exist with vulnerability on the margins of a curriculum (Dunston et al., 2009; Matthews et al., 2011). Examples of where it did exist were often as a result of ad hoc and often heroic initiatives to locate IPE within an already crowded curriculum. The need for a nationally coherent, better coordinated and evidence-informed approach to the development of IPE has been identified in Australia (and internationally) as critical in shifting IPE from its precarious curriculum position to one where it is accepted as fundamental to mainstream health professional practice, education and learning.

This paper reports on three interrelated Australian studies that were conceived as a direct response to these findings. They are:

- Curriculum renewal in interprofessional education in health,
- Interprofessional education for health professionals in Western Australia: perspectives and activities, and
- Interprofessional education: a national audit.

Nine national universities, together with two peak industry bodies and one non-government organization, (the Australasian Interprofessional Practice and Education Network), became the overarching study team. A national and international reference group comprising leading scholars in the area of IPE was also established as a point of advice and feedback. The three studies produced a range of conceptual and practical resources that aim to guide and inform the development of IPE curriculum across the Australian higher education sector.

While the findings and implications of the three studies are presented as relevant to all health professions, the final section of this paper explores the implications of the findings to IPE in Australian nursing. It is apparent that the ways in which the nursing profession position themselves to the idea and practice of IPE and IPP will, given its size, status and location within the higher education and health service sectors, have a significant impact on the future shape of IPE (Barnsteiner, Disch, Hall, Mayer, & Moore, 2007).

1. Research methods

1.1. Study design

The design of three studies, and the overarching methodology, was shaped to address four major issues. Firstly, we believed it would be critical to develop a coherent and meaningful way of discussing the many and complex issues involved with IPE and its development across a diverse range of Australian universities. While we would be engaging with health provider organizations, government bodies, the professions and health consumers, our central focus was higher education and those involved with curriculum development.

From an earlier study (Dunston et al., 2009), we were aware of major gaps and ambiguity in the ways in which IPE curriculum and IPP capabilities were conceptualized. If our work was to be relevant, meaningful, and have impact, it was clear to us that we needed a way to communicate with key stakeholders. This led to the development of what we termed the *four dimensional curriculum framework* (4DF). The 4DF has had great utility as a way of uniting the discrete work of the three studies. It has provided a meaningful framework and language through which all study activities have been mediated and interpreted. Additionally, the four dimensions of the framework have been used to design the national survey, to focus consultations, to organize and analyse data and to communicate with all stakeholder groups. This development activity and

the overall management of the three studies was taken on as part of the curriculum renewal study and funded by a peak national government body in Australian higher education, the Office for Learning and Teaching (www.ipehealth.edu.au). Summary details of this study and the development of the 4DF are presented and discussed below.

Secondly, the studies aimed to be responsive to what was already occurring within Australian IPE, to build on strengths and address deficits. The problem we faced was a superficial understanding of what was occurring in each university. We knew little about design features, about the ways in which IPE and IPP were being conceptualized, about linkages between curriculum elements, and about assessment and evaluation. This major information deficit shaped what became one of the major foci of the studies – to produce a detailed profile of IPE activity in Australian universities during 2011 and 2012 (ICRC, 2013). The primary method through which this information was gathered was a national survey together with focused interviews with professional health, consumer and government stakeholders. A collection of exemplars of innovative and well-developed interprofessional practice and a broad-based review of the relevant literature provided additional data. A total of 26 Australian universities participated with 83 discrete interprofessional activities reported, two-thirds of which included activities for nursing students. The national audit was funded by a peak national body, Health Workforce Australia (www.hwa.gov.au). A substantial report detailing aims, methodology, data, findings and recommendations can be accessed at www.ipehealth.edu.au. Summary details of the national audit, its findings and recommendations are presented and discussed below.

Thirdly, the information gathered by the national audit was clearly a critical point of departure. However, as we worked at the design of a major national survey it was clear to us that what this could not produce was an in-depth and narrative view of how IPE curriculum was being developed in local Australian universities. Our position as a study team is that curriculum is a socio-cultural formation, shaped by many social, cultural and historical factors. We felt it important to understand IPE as it currently exists through a socio-cultural lens. As such, four of the five universities in the state of Western Australia (WA) agreed to conduct a qualitative, ethnographically informed study of the development of IPE across their universities. This study aimed to develop a coordinated approach to mapping existing, and building future IPE activity in Western Australian universities and to examine and make visible cultural, logistical and strategic factors that impact on the development and delivery of IPE. This study has proved invaluable in building our understanding of the complex mix of factors intersecting in relation to IPE, its place and development within individual universities. Like the national audit, this study also provided us with an understanding of trends, patterns, challenges and opportunities in IPE. It was funded by the peak state government health body, Western Australian Health. A substantial report detailing aims, methodology, data and findings can be accessed at www.ipehealth.edu.au. Summary details of the WA qualitative study and its findings are presented and discussed below.

Fourthly, our wish that the work of the studies have impact beyond the delivery of a number of reports led us to design in as much face-to-face consultation and discussion with key stakeholders as was possible. This work was designed to supplement the data from the national audit and the WA qualitative study. However, it differed in focus. Consultations sought to engage all key bodies in a process of collective and future orientated design. Our aim here was to strengthen and connect members of what might be termed an Australian IPE community of interest and practice.

1.2. The 4DF – Designing for change

Project partners recognized early in the design of the studies that there was a need for a conceptually coherent understanding of, and

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