



## Health Sciences Interprofessional Education Project

# Report of the Divisional Interprofessional Education Governance Group (DIPEGG), to the Health Sciences Divisional Executive: IPE Annual Evaluation Report 2016

## Summary

This first annual evaluation report (2016) of interprofessional education (IPE) in the Division of Health Sciences, has been prepared by the Divisional Interprofessional Education Governance Group (DIPEGG), as part of overseeing progress against the IPE strategic goals 2016-19.

The report highlights IPE achievements and challenges, building on DIPEGG's progress report to the Health Sciences Divisional Executive (23 June 2016), and recommendations arising (28 July 2016).

Principal achievements for IPE during 2016 are:

- Securing approval to establish an IPE Centre and some campus-specific staffing from 2017.
- An expanded set of IPE activities in the Health Sciences curricula.
- Collaborative design and planning of a core IPE activity for all foundation years' students from 2017 (IPE Smoking Cessation module).
- Establishment and productive work of the Dunedin Foundation Years Champion Network Group which has developed the IPE Smoking Cessation module.
- A detailed plan to sustain and boost IPE staff development efforts, with resources approved to capacitate this from 2017.
- Ongoing extension of IPE networks in the Division.
- Relationships established with groupings engaged in systems alignment congruent with IPE strategic goals, e.g. coordinating Divisional/University timetabling, and Divisional clinical placements.

Key challenges to be addressed as IPE is consolidated during the next three years are:

- Sustaining resourcing for IPE accomplishment at all levels (exposure, engagement, immersion), and especially in respect of complex IPE immersion activities.
- Developing a robust Divisional framework for the comparable assessment, credit, progression and records of students' IPE learning components.
- Agreeing mechanisms to monitor IPE's progress and continuous improvement across the Division, including monitoring progress in addressing Divisional alignment issues (e.g. timetabling and clinical placements) which are necessary to sustain gains in IPE innovation.

## 1. Background and Overview

IPE is widely endorsed among the health professions for preparing graduates who are oriented around collaborative and patient-centred practice, consistent with the needs of sustainable health systems.

DIPEGG promotes the concept and practice of IPE across the Health Sciences Division, maintaining strategic oversight of IPE activities and offering strategic support as required.

During 2015, DIPEGG focused on consultation and stocktake activities. These culminated in the IPE Strategic Plan 2016-19 ratified by the Divisional Executive on 22 October 2015. A 2016 IPE work plan was approved as part of this.

During 2016, DIPEGG focused on stimulating IPE activities in pre-registration health professional programmes. Principal efforts were directed to grant-funding IPE innovation; fostering the establishment of IPE Champion Network Groups across sites; continuing staff networking and development activities, and designing an overall approach to sustaining these; and planning a Dunedin Foundation Years IPE Smoking Cessation module, to reach over 700 students in 2017.

In June 2016, DIPEGG submitted a progress report to the Divisional Executive (for the period November 2015–June 2016). This report made the case that, if IPE were to move from a situation of smaller, still vulnerable programme components, expanded resourcing would be required for IPE curriculum innovation, development and continuous improvement, staff development, and other support activities.

In July 2016, DIPEGG formulated accompanying recommendations and resource needs. As a result, the Divisional Executive has agreed an IPE Centre will be established from the beginning of 2017, with expanded resourcing to be co-funded by the Divisional Office and by Schools (for campus-specific staffing, i.e. fractional roles).

## 2. IPE Achievements in 2016

Securing **approval to establish the IPE Centre and campus-specific staffing**, as a means of mobilising ongoing Divisional commitment and resources, is a significant achievement of 2016. The IPE Centre's purpose from 2017 will be to work with, and support, all Schools, Faculties, Centres and Groups within the Division, as they develop IPE teaching and learning activities and build the evidence-base for these.

The first IPE strategic goal 2016-19 is **to progressively and seamlessly integrate IPE into the Health Sciences curriculum**. In 2016, key achievements have been the development of an expanded set of authentic IPE activities; and the collaborative design and planning of a core IPE activity for all foundation years' students from 2017.

In its mid-year progress report, DIPEGG showed how new and expanded IPE activities were being steadily introduced into the curriculum during 2016, through the initiative of established IPE teaching teams; other staff members wanting to leverage the benefits of IPE for their students; the fledgling IPE Champion Network; and the IPE Support Innovation Fund. During 2016, the IPE Fund has disbursed \$35,000 to support nine IPE activities across all sites (three of these begin in 2017). These activities involve students in both foundation and advanced years, incorporate evaluation processes, and in almost every case have obtained (or will obtain) Ethics approvals for research and publication components.

These developments are a substantive step forward from the 2015 IPE stocktake (see Appendix 6 of the IPE Strategic Plan). This listed established IPE offerings (e.g. Tairāwhiti Interprofessional Education Programme (TIPE) for final-year students since 2012; and the Wellington Interprofessional Teaching Initiative (WITI)); small-scale but significant IPE innovations (e.g. Timaru INTERact programme); and an eclectic mix of activities in Schools/Departments which afforded serendipitous and other opportunities for IPE, and drew on staff and student enthusiasm, while not always precisely matching core IPE characteristics and purposes.

Table 1 summarises curriculum offerings in 2016 whose objectives and outcomes are dependably IPE-aligned, together with details of their student reach.

**Table 1: Summary of IPE Offerings in 2016**

Level / Activity	Details	University of Otago								Other institutions	
		Dent	Diet (MDiet)	Med	Nurs	OralH	Pharm	Physio	RT	Nurs	OT
*To continue 2017 +IPE Fund grant awarded											
<b>Exposure:</b> Precursor activities to lay IPE foundations											
WITI: IPE Hauora Māori	1.5 hours Orientation (new to campus students)			Y4 108				Y4 60	Y1 24		
<b>Engagement:</b> Activities with IPE learning objectives, action, assessment and outcomes											
+DAY: Financial barriers to healthcare	5 hours Mandatory	Y3 80	Y2 30			Y3 25	Y3 140				
*DAY/UOC: Timaru INTERact	3 days Optional, clinical rotations			Y4 9				Y4 5			
*+WITI: Long-term conditions management	11 hours Selected (by aligned curricula)		Y2 3	Y4 18				Y4 25	Y3 18		
+WITI: Determinants of health	10 hours Selected (by availability)		Y2 3	Y4 18				Y4 10	Y2 25	Y2 Nurs/MU 11	
<b>Engagement/Immersion:</b> Activities with mixed/progressive aspects of engagement and immersion definitions in table, above and below)											
*+DFY/DAY: Māra Rongoā at Ōtakou Mārae	Design and planning in process			Y2 (300), Y5 (80)				Y2 (140), Y3 (140), Y4 (140)			
*DAY: Southland: IPE training days/simulation	6 hours Optional (clinical rotations, availability)		Y2 2 (pilot)	Y6 30						Y3 Nurs/SIT 95	
*+UOC: Interprofessional teams in complex healthcare environments	20 hours? (workshop, combined session, various simulation activities) over 12 months (start Semester 2 year 1, end Semester 2 year 2)  Mandatory (quality/safety/professional practice learning)			Y4-5 100	Y1-2 6					Y3 Nurs/Ara 5-10	

Level / Activity	Details	University of Otago								Other institutions	
*To continue 2017 +IPE Fund grant awarded		Dent	Diet (MDiet)	Med	Nurs	OralH	Pharm	Physio	RT	Nurs	OT
<b>Immersion:</b> Collaborative IPE activities in a practical/workplace setting											
*Tairāwhiti Interprofessional Education Programme (TIPE)	5 weeks Clinical rotations	Y4 10	Y2 10	Y6 12		Y3 6	Y4 13	Y4 10	-	Y3 Nurs/EIT 10	Y3 OT/OP 5
+TIPE: National Healthcare Team Challenge	Preparation over 4 weeks; conference presentation Optional (self-selected)		Y2 1	Y6 1			1 x Pharm TIPE grad (UO)	Y4 1		1 x Nurs TIPE grad (EIT)	

As flagged in Table 1 (marked\*), many of these IPE activities will continue in 2017, with new activities being added, e.g. through a final round of IPE grants-in aid in late 2016 (three further grants-in-aid); and through grant-funding resources allocated in the IPE Centre budget in 2017. Also, as noted, many of these IPE activities include – or have already yielded - research and publication components, meaning they are contributing to the growing evidence-base for IPE, at the University of Otago, nationally and internationally. The number of peer-reviewed publications and conference contributions flowing from the Division’s IPE activities is steadily growing. In 2016, six peer-reviewed journal articles have been published, and a seventh submitted; and a range of conference contributions have been made (keynote addresses and other: Auckland, Adelaide, Canberra, Oxford, Barcelona).

A significant addition in Semester 1 of 2017 will be the IPE Smoking Cessation module, an engagement activity delivered to students in the foundation years of study: Year 3 Dentistry (72), Medicine (300), Oral Health (40), Pharmacy (140), Physiotherapy (125), Year 1 (Masters) Dietetics (35). The design and planning of this module is an important achievement for IPE in 2016. It represents a successful collaborative effort by the Dunedin Foundation Years Champion Network Group (DFYCNG), with the endorsement of the Pro-Vice-Chancellor and Deans, and involving negotiation of the timetable and the volunteering of tutors, and other resources, across the Division.

The second IPE strategic goal 2016-19 is to **build a sustainable ethos of staff and organizational collaboration**. DIPEGG is attending to this by two main routes: the establishment of a Champion Network, and the encouragement of staff development activities. In 2016, key achievements have been the productive work of the DFYCNG; the detailing of a plan to sustain IPE staff development efforts; and the ongoing extension of IPE networks in the Division.

As 2016 draws to a close, progress towards establishing IPE Champion Network Groups (CNGs) across all sites has been uneven. The DFYCNG is now fully operational. At UOW, it has been decided that WITI – which already has a strong track-record of promoting and implementing IPE - will play the CNG role and co-opt important others (e.g. Hauora Māori members). For the moment, Dunedin Advanced Years, and Christchurch, CNGs are not operational. This is due to a variety of circumstances which DIPEGG is monitoring with sensitivity, but the greatest constraining factor is the staff time needed to address competing priorities; examples of other factors were alluded to in DIPEGG’s mid-year progress report.

The IPE staff development programme, whose elements have been taking shape in 2016, is ready for consolidation from 2017. A clear plan has been drawn up for this, with additional resource capacity approved for 2017. DIPEGG recognises that if IPE is to be “business as usual” curriculum-wise, it needs also to be part of staff networking and development as usual. Staff development elements include:

- Web-based resources: in place and periodically updated since November 2015.
- A closed-access knowledge repository: OURDrive criteria have been met and the development of IPE’s OURDrive began from end-August 2016. From 2017, this platform will begin to serve the integrated functions of IPE toolkit-store, knowledge base, evidence-base and archive.
- IPE forums/networking opportunities across all sites to boost staff knowledge and participation: these opportunities already occur in a variety of forms, e.g.:
  - In July 2016, TIPE’s first-time entry to the national Healthcare Team Challenge positively profiled IPE at the University of Otago, while winning the People’s Choice award. DIPEGG is currently assessing possibilities for using the Healthcare Team Challenge as a vehicle for IPE development among staff and students alike.
  - Also in July, DIPEGG arranged the visit to the University of Otago of Margo Brewer, an IPE expert from Curtin University, whose contributions ranged from a videoconference open to staff across the Division, with a focus on staying practical and flexible in IPE, to a meeting with University and DHB staff in Wellington about clinical IPE issues.
  - In August 2016, invited guests from inside and outside the University, were invited to observe a WITI/Massey IPE session in action; this experience has been a positive support to the development of IPE activities in the regions (Nelson and Palmerston North).

- IPE mentoring: during 2016, this has operated informally as IPE-expert academics have been consulted by others looking to develop IPE activities in their own areas. From 2017, this will be capacitated through the formal appointment of IPE Mentors (fractional roles) at all sites.

The third IPE strategic goal 2016-19 is to **identify, develop and optimize IPE resources**. IPE's particular focus areas here are systems to align timetabling, space usage and clinical placements, all of which are essential in the long run to leverage IPE opportunities.

Given IPE's limited resources in 2016, as well as other progress in the Division and University congruent with IPE goals, DIPEGG has been cautious of tackling systems solutions on its own. Instead, relationships have been established with other groupings engaged in coordinating Divisional/University timetabling (notably, the Senate-approved Course and Programme Scheduling Project), and Divisional clinical placements; as well as with ITS for eLearning and other resources.

It can be noted that – in a can-do spirit, and in the absence of ready system alternatives - IPE's most significant achievement in this area in 2016 has been *manual* timetabling for the 2017 IPE Smoking Cessation module. The DFYCNG has mobilised cooperation to make possible approx. 216 small-group sessions for +700 students and +30 tutors from six programmes, during a six-week period in Semester 1 of 2017.

### 3. IPE Challenges Ahead

AS DIPEGG continues to work towards achievement of the IPE strategic goals 2016-19, multiple complexities inevitably arise as a healthy part of this dynamic endeavour. This section of the evaluation report draws brief attention to selected challenges central to strategic success, and requiring comprehensive attention by DIPEGG and the Division.

First, sustaining resourcing for IPE accomplishment is, and will be, a continuous challenge. Certainly, the potential susceptibility of IPE offerings launched from a low resource base – whether at exposure, engagement or immersion levels - is to be mitigated by boosted Divisional/Schools resources from 2017. It may prove that further expansion of these resources is appropriate over time, if sustainability and continuous improvement are to be assured.

Moreover, there is a particular case in respect of complex IPE immersion activities such as TIPE, whose current Health Workforce NZ funding stream is committed only until 2018. Also, it should be remembered that TIPE is currently one-of-a-kind for the University of Otago, while ideally there would be three such centres, with a South Island counterpart as a minimum additional need in the short-term. With the external resourcing it has secured, TIPE has yielded convincing evidence of IPE's positive contribution to both staff (onsite) (Pelham et al, 2016) and students' grasp of collaborative and patient-centred practice as essential to contemporary healthcare needs. It also represents a rare model in the international IPE landscape for achieving multiple learning objectives, including rural and indigenous health learning (Pullon et al, 2016). These gains must be consolidated and expanded upon.

Second, to be fully integrated into Health Sciences curricula, IPE learning components need to be delivered within a robust Divisional framework for comparable assessment, credit, progression and records of these activities. While DIPEGG has never intended (it seems neither possible nor desirable) that every student should follow an identical IPE programme, it does intend that every student should graduate with verifiable IP competencies. Some impetus for a framework of this kind will come from the bottom up, as IPE activities proliferate; but a consultative process across Schools – that also takes account of existing systems, such as Medicine's Curriculum Map, and Pharmacy's plan for Entrustable Professional Activities (EPAs) – will be essential.

Third, DIPEGG holds itself accountable for ensuring there are mechanisms in place to monitor IPE's progress and continuous improvement across the Division, e.g. key performance indicators, reporting formats, evaluation criteria and feedback loops. Clearly it is crucial to monitor and follow through on innovation successes – such as those achieved in 2016 - when core pragmatic challenges persist around timetables and other alignment in the Division. Development and consultation efforts towards these ends will be embarked upon in 2017.

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