



## Division of Health Sciences Centre for Interprofessional Education

# Report of the IPE Centre to the Health Sciences Divisional Executive IPE Centre Annual Evaluation Report 2017

## Summary

This is the second annual evaluation report of interprofessional education (IPE) in the Division of Health Sciences<sup>1</sup>. It builds on a mid-year progress report to the Divisional Executive (22 June 2017).

**Principal achievements** for IPE during 2017 are:

- Consolidation of the IPE Centre during its first year of operation, as a virtual structure with embedded campus leadership and administration.
- Increased awareness and recognition of IPE throughout the Division, with growing understanding of IPE's significance as a health system imperative, a Divisional strategic priority and point of advantage, and a vehicle of curriculum transformation and continuous improvement.
- Increased numbers of academic staff involved in IPE teaching, learning, research and curriculum development and steady accumulation of an institutional evidence base for IPE.
- Accelerated extension of IPE networks within the Division and health professional programmes, across campuses and regional sites, and with institutional and community partners.
- Continuous growth of IPE activities, comprising established and new offerings in the Health Sciences curricula (many supported by the IPE Support Innovation Fund); as well as opportunities to contribute, e.g. input into the MBChB Curriculum Map, and the graduate profiles of health professional programmes.

**Overarching challenges** for the achievement of IPE strategic goals by 2019 remain as stated in earlier reports, notably: sustaining resourcing for IPE; articulating IPE across the health sciences curricula; resolving Divisional alignment issues to support IPE; and developing systems to ensure continuous IPE improvement across the Division.

Interlinked issues intended for **particular focus in 2018** are:

- Consultation and agreement of sustainable IPE funding for Schools/Faculties/Departments and IPE programmes.
- Identification and selection of a stable suite of IPE offerings from exposure through to immersion levels, across sites.
- Consultation and preliminary design of a Divisional framework for comparable student assessment, credit, and progression in interprofessional learning.
- Design of a staff development programme to support IPE-trained academic staff.

During 2017, the establishment of the IPE Centre with core and campus-based governance, leadership and administrative staffing, has accelerated IPE awareness and activity across all Divisional sites. From this base, the focus for 2018 will be on developing curriculum, policy and funding models central to the achievement of 2019 strategic goals.

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<sup>1</sup> Report prepared by the IPE Centre on behalf of the Divisional Interprofessional Education Governance Group (DIPEGG). DIPEGG oversees progress against the Division's IPE strategic goals 2016-19. The IPE Centre is responsible for implementation.

## 1. IPE up to the present

In recent years, IPE has progressively gathered momentum in the Division of Health Sciences, and continues to do so towards the achievement of a first set of strategic goals by 2019. Milestones up to the present have included:

- 2011: First delivery by the Wellington Interprofessional Teaching Initiative of the Long-Term Conditions Management programme: this programme has continued to grow and will be delivered through four iterations in 2018, including with direct input from three higher education institutional partners, and with indirect input from two others, as brokered by two District Health Boards (DHBs).
- 2012: First implementation of the Tairāwhiti Interprofessional Education Programme (Block 1, May), funded by Health Workforce New Zealand (HWNZ): funding is currently committed until end-2018.
- 2014: Establishment of the Divisional IPE Governance Group (March) and the IPE Project in the Office of the Pro-Vice-Chancellor (November).
- 2015: Consultation and stocktake of IPE potential across the Division; ratification (October) of a Divisional IPE vision, strategic goals 2016-2019, and broad work plan, with a focus on IPE in pre-registration health professional programmes until end-2019.
- 2016: Innovation of IPE curricular offerings through the impetus and endorsement of the IPE Project and the IPE Support Innovation Fund; establishment of the IPE Centre (November) with core and campus-based staffing, to support a progressive shift from small and vulnerable IPE activities, to a coordinated and integrated IPE curriculum in health professional programmes.
- 2017: Review of IPE governance by DIPEGG, taking account of the existence of the IPE Centre and leading to the establishment of an executive committee, as well as campus-level structures equipped with an agreed conceptual model to guide IPE development across all sites; further proliferation of IPE curricular offerings, including first roll-out (March-May) of the IPE Smoking Cessation module for 700 students in the Dunedin Foundation Years; and two new regional sites offering IPE programmes (Nelson and Mid-Central/Palmerston North).

In June 2017, DIPEGG presented a record of continuing achievements to the Divisional Executive, while envisaging a need for increased IPE Centre staffing from 2018 to continue this trajectory. This report was followed by a request for strategic project funding for the 2018 year, approved by the Executive in August 2017.

## 2. IPE in 2017

### Governance and management

IPE governance and management have repositioned during 2017 to: support ongoing and new IPE activities in more centres; work around siloed/fragmented systems for the time being, while participating in efforts to resolve these obstacles; and develop the IPE Centre as an effective IPE hub for the Division, consistent with the aims of the University's Support Services Review.

In March-April 2017, DIPEGG reviewed Divisional and campus-level governance, to ensure an **optimal matrix of IPE governance and management arrangements**. This was seen as essential following the establishment of the IPE Centre in November 2016, as a virtual structure with embedded campus leadership and administration. The review resulted in:

- A streamlined, more representative DIPEGG committee membership.
- An executive structure ("IPE Leaders Group") comprising IPE Director, Divisional Lead, Campus Leads and Centre Manager, to maintain good articulation between governance and management.
- Campus-level governance structures amenable to flexible design, to provide IPE leadership aligned to the needs of Dunedin, UOC and UOW campuses, as well as regions affiliated to these campuses for IPE purposes. Regional affiliation is loosely determined by geography, e.g. UOW/Taranaki/Hawke's Bay/Palmerston North/Hutt/Wairarapa; UOC/Nelson/Ashburton/Timaru; Dunedin/West Coast/Central Otago/Southland – without precluding IPE networking across more than one campus or region.

- Agreed conceptual models as common frameworks to guide the content and process of IPE development, wherever this occurs.

These developments have proved effective in 2017 for **increased engagement in IPE and awareness of IPE's significance** as a health system imperative, a Divisional strategic priority and point of advantage, and a vehicle of curriculum transformation and continuous improvement. Particularly through the efforts of campus-based academic leads and structures, there has been accelerated extension of IPE networks in the Division and in health professional programmes, across campuses and regional sites, and with institutional and community partners. For example, at UOW, the Wellington Interprofessional Teaching Initiative serving as the IPE leadership group on campus, now includes academics from UOW and partner institutions (Massey University, Pharmaceutical Society, Victoria University and other). Similarly, UOC has an active networking group involving all health professional disciplines at UOC, as well as representatives of partner institutions (e.g. Ara Institute of Canterbury). In Dunedin, the model followed to date has been to convene task teams related to particular IPE activities, in order to engage health professional programmes and partner institutions as relevant. Preliminary discussions have begun about moving to a position where at least one IPE activity is identified at each year-level for the Foundation Years.

DIPEGG has initiated, and will sustain, efforts to raise IPE's profile through cross-representation between DIPEGG and disciplinary structures, e.g. the Medical Curriculum Committee, its subcommittees, and appropriate structures in Dentistry, Pharmacy, Physiotherapy and other Schools/Faculties/Departments where needed.

## **IPE and curriculum integration**

The first and overarching IPE strategic goal to 2019 is to progressively and seamlessly integrate IPE into the Health Sciences curricula. During 2017, there has been continuous growth of IPE activities, both established and new, fanning out over the Division's various terrains.

Table A1 in Appendix A summarises **intentional IPE curriculum offerings whose objectives and outcomes are dependably IPE-aligned**. The table provides details of their student reach, including by showing the development of IPE activities that have been offered in more than one calendar year. Table A2 in Appendix A estimates numbers of University of Otago health professional students engaged in IPE during 2017 only.

Current and planned intentional initiatives – all consistent with the Division's IPE conceptual model - now extend across Tairāwhiti, Wellington, Palmerston North (new in 2017), Christchurch, Nelson (new in 2017), Timaru, Dunedin and Invercargill. Potential is emerging for IPE to make further regional inroads in 2018, e.g. Ashburton, Hawke's Bay, West Coast. Should the University of Otago fulfil its intentions to be one of the partner institutions in a national school of rural health (or equivalent), underpinned by IPE as its educational model, the potential for IPE development will be further augmented through regional hubs.

Many of the initiatives recorded in Table A1 have been supported by the **IPE Support Innovation Fund**, which in 2017 committed \$31,000 to approved projects (i.e. to an overall total of \$65,000 since December 2015). Seed-funding through the Fund has given invaluable impetus to IPE development in 2016-17, flowing on to 2018-19. However, as IPE moves into a phase of identifying a robust core of activities to scale in the curriculum, compatible with a progression framework, the Fund will no longer be the optimal resourcing vehicle (see the discussion under "IPE challenges and future focus" below).

The **IPE Smoking Cessation module for students in the Dunedin Foundation Years** is the largest IPE activity implemented to date. Planning lead-time was approximately one year: the module was developed under the auspices of a cross-Divisional task team during 2016-17 within the resource allocation of the IPE Project/IPE Centre once established. The module was delivered for the first time during March-May 2017 for approx. 700 Year 3 students in five Health Sciences professional programmes (dentistry, medicine, oral health, pharmacy, physiotherapy), and Master of Dietetics Year 1 students. Student and staff evaluations have been substantially positive, suggesting limited modifications necessary to e.g. first tutorial format, module guides and case studies. Planning is well under way in late 2017 for implementation again in 2018, with routine implementation intended for following years. Notably, the second round of planning has been streamlined by relationships and understandings

developed between IPE and participating programmes in 2017. At a participating programme level, a welcome development within the Centre of Early Learning in Medicine (CELM) has been the appointment of an IPE Convenor who has dedicated time to contribute to refinement of module design, content and delivery, as well as a brief to support integration of IPE into the ELM curriculum more broadly. (The implications of these developments for ongoing resourcing of IPE in the Division are further discussed under “IPE challenges and future focus” below.)

As already signalled, **IPE activities are routinely designed for optimal participation and collaboration**. They involve programmes within the Division and other key intra-Divisional partners (e.g. Bioethics, Māori Health, Pacific Health, Rural Health, Simulation-Based Education), as well as other intra-institutional programmes and partners (e.g. Human Nutrition/Dietetics has been involved in IPE activities for a number of years). Increasingly, IPE activities are involving inter-institutional partners (see Table A1 for details). While inter-institutional IPE entails complexity typically needing to be negotiated and captured in a Memorandum of Understanding, these arrangements are crucial for enabling University of Otago health professional students to learn with, from and about their peers in other disciplines – most especially (although not exclusively) Nursing.

As IPE expands, the breadth of reach of IPE activities needs to be matched by their **careful scaffolding through levels of learning** in the curriculum, from IPE exposure, through full immersion in IPE, and on to mastery of IPE in post-registration programmes. (This is a complex challenge, further discussed under “IPE challenges and future focus” below.) During 2017, attention has been directed to articulation needs in a number of ways.

The IPE Centre has been in discussion with the Director of **Health Sciences First Year (HSFY)** and identified common ground between attributes HSFY aims to cultivate in its students, and IPE competencies identified in the IPE Strategy 2016-19. This suggests potential good opportunities for IPE to be addressed in particular HSFY papers/modules, where priorities for the redesign of the HSFY curriculum allow. The IPE Lead for the Dunedin Foundation Years has served through 2017 as the primary linkage between the two areas.

In May, **common academic year starts** for 2018-2020 were agreed for Year 4 Medicine, Physiotherapy and Radiation Therapy students, facilitating future joint IPE orientation activities for Advanced Years students across all programmes at each campus. A joint Hauora Māori/IPE orientation activity at UOW, which was first offered in 2016, will be reprised in 2018, and discussions have begun about the design of a new Year 4 IPE activity on the Dunedin campus also.

To aid comparable **evaluation of IPE** across the Division – and without proscribing other approaches, the IPE Leaders Group developed a bank of online IPE evaluation items, including customisable and non-customisable questions. The questionnaire has been offered since August 2017 through the Higher Education Development Centre’s online Otago InFORM interface, and IPE teaching teams are beginning to report its use.

Particular forms of comprehensive evaluation are likely to inform the process of identifying a stable suite of articulated IPE activities in the health sciences programmes. For instance, the IPE Support Innovation Fund has made grant-funding available for evaluation during 2018-19 of the INTERact IPE model. INTERact has been developed since 2015 in Timaru, was piloted during 2017 in Nelson and will be run again there four times in 2018, and will likely be piloted at Burwood Hospital, Christchurch, in 2018 as well. This real-time, clinically-based immersion activity appears to offer strong potential for replication across sites, adding an interprofessional element to clinical learning as it occurs.

Most IPE activities at Otago continue to include research and publication components, as contributions to the IPE evidence base institutionally, nationally and internationally.

## **Staff and organisational collaboration**

The second IPE strategic goal 2016-19 is to build a sustainable ethos of staff and organisational collaboration. Through the establishment of the IPE Centre, 2017 has seen a refreshed approach to this goal. Rather than relying on component elements of a broad plan (as developed in 2016), the Centre permits staff and organisational collaboration to be an embedded and dynamic part of a distributed effort.

In the IPE Evaluation 2016, it was noted that so-called “champion network groups” were active in the Dunedin Foundation Years and at UOW, but not yet in the Dunedin Advanced Years or at UOC. The appointment of academic IPE Leads on all campuses, charged with establishing governance structures suitable for their needs, means **IPE networks and current/planned activities are now successfully active on all campuses**, as already discussed above. These arrangements are flexible for particular campus needs, while also amenable to coordination through attention by the IPE Leaders Group and DIPEGG.

**Broad online support to staff development** continues through the IPE web site. Development of the IPE OURDrive initiated in August 2016 was deferred, first while the OURDrive platform was reviewed by the University, and then as the Health Sciences Divisional Administration prioritised the sequence of rollout. Since late-May 2017, the IPE Centre Manager and the Tairāwhiti Programme Manager have worked closely with Corporate Records to develop respectively the core IPE Centre site, and the Tairāwhiti programme site as a priority. The work of extending the IPE OURDrive to incorporate other programme areas (e.g. WITI, INTERact, UOC) is still to begin at time of writing this report. The design, migration and preliminary curation of OURDrive materials is time-consuming, for both Corporate Records and IPE staff, and each needs to attend to other priorities at times. Moreover, it is becoming clear that OURDrive may not be ideal as a broadly-accessible tool for staff development, e.g. because of necessary controls upon permissions and requirements for training and competent usage. However, the continuing effort is well warranted, because OURDrive has obvious advantages as a team management tool for a virtual Centre in an institution now committed to a shared services model.

**IPE forums/networking opportunities** continue to be offered in a variety of forms across all sites to boost staff knowledge and participation. Most recently, the IPE Centre has organised a series of workshops and meeting opportunities (November-December 2017) with visiting scholar Professor Bente Norbye, Professor of Health Care Education, Faculty of Health Sciences, UiT The Arctic University of Otago.

The IPE Centre coordinates **contributions to a range of institutional needs and reporting**. These include: departmental reviews; meetings with professional bodies; developing knowledge of requirements by regulatory authorities to include IPE competencies; accreditation reports; efforts to develop graduate profiles and frameworks for learning, e.g. the MBChB Curriculum Map; and Divisional policy and framework development, e.g. Course and Programme Scheduling Project, Framework to Support Student Success.

## **IPE resourcing**

The third IPE strategic goal 2016-19 is to identify, develop and optimise IPE resources. DIPEGG and the IPE Centre **advocate consistently for policy, system and process alignment** in a range of areas, including:

- Common academic year calendar: As already noted, progress has been made in respect of Year 4 students.
- Integration of timetabling and clinical placements: The IPE Smoking Cessation module has shown that, with cooperation, it is possible to find timetable opportunities to deliver IPE activities to large numbers of students. However, this process is time-consuming and fallible. Transparent, aligned systems for timetabling and clinical placements across the Division remain a priority.
- Streamlined information and communications technology/eLearning support: Increasing use of Blackboard for IPE activities has highlighted particular technical issues and needs which the IPE Centre discusses from time to time with the ITS eLearning team.
- Equitable pastoral and liaison support across all Schools/Faculties/Departments, campuses and regional sites: DIPEGG’s June 2017 report highlighted this issue and the Division’s creation of a role (Associate Dean: Student Experience) to support these objectives is welcomed.
- Equitable pastoral and liaison support across all Schools/Faculties/Departments, campuses and regional sites: DIPEGG’s June 2017 report highlighted this issue and the Division’s creation of the role of Associate Dean Student Experience, to support these objectives, is welcomed.

As more inter-institutional partners are drawn into IPE, new challenges arise and are being addressed. For example, resource arrangements need to be negotiated and agreed for non-Otago IPE-participating students on release from

DHBs. During 2018, the IPE Centre envisages developing “principles of external engagement” to guide these and other issues.

### 3. IPE challenges and future focus

Overarching challenges for the achievement of IPE strategic goals by 2019 remain as stated in earlier reports:

- Sustaining resourcing for IPE accomplishment at all levels, including complex IPE immersion activities.
- Integrating and coordinating IPE through an articulated curriculum in the health sciences.
- Participating to resolve Divisional alignment issues necessary to sustain gains in IPE innovation.
- Establishing agreed mechanisms to monitor IPE’s progress and continuous improvement across the Division.

This set of challenges requires progressive attention, including sequencing and interlinking as needed. Issues intended for particular focus in 2018 are:

#### **Consultation and agreement of sustainable IPE funding for Schools/Faculties/Departments and IPE programmes:**

- There is a need to consult and agree the optimal funding model for sustained IPE into the future – acknowledging that IPE is moving from a set of newly established activities to a scaled and stable suite of activities, whose funding and support needs should be more predictable.
- IPE development has been made possible since 2016 by Divisional allocations through the budget of the IPE project/IPE Centre, and through the IPE Support Innovation Fund.
- However, within Schools/Faculties/Departments, resources and funding for IPE remain limited and uneven. This means grant-funding has often been applied to e.g. coordination and administration, and support for research and evaluation components – a model which is not sustainable
- Increased staffing of the IPE Centre as approved for 2018 allows the Centre to absorb some of these components, particularly as the Divisional Executive has signalled a preference that the IPE Fund draw to a close.
- During 2018, the IPE Centre aims to give substance to proposals for an optimal funding model for sustained IPE, linked to proposals for a sustained suite of IPE offerings, and a framework for IPE assessment, credits and progression (see next items). At this stage, two potential options seem to present themselves: a “central” model whereby all funding for IPE activities is channelled through the IPE Centre budget; and a “distributed” model whereby funding is also channelled through Schools/Faculties/Departments. Whatever funding model is deemed optimal, it will also need to be amenable to multiple partnership arrangements, e.g. with healthcare providers and other educational institutions.

#### **Identification and selection of a stable suite of IPE offerings from exposure through immersion levels, across sites:**

- The broad outline of what such a suite of IPE offerings may look like is emerging (see Table 1 below).
- Currently this suite represents a mix of activities – including as to their source of funding – whose first implementation and evaluation is complete, those whose first implementation and evaluation is still in progress, and those still in various stages of planning.
- The ultimate selection of a stable suite of activities depends on their optimal integration as an IPE set and within the curricula of health professional programmes: achieving this is a substantive exercise of consultation, analysis, decision-making and forward planning.
- During 2018, the IPE Centre will more clearly define and select the suite of IPE activities for ongoing implementation, in tandem with a framework as per next point.

**Table 1: Emerging outline of IPE suite of activities**

Component	Selected Examples (see Appendix A for more details)	Level of IPE learning
IPE components of HSFY learning	Potential to be determined within scope of HSFY strategic review	Exposure: Precursor activities to lay IPE foundations, e.g. intentional group work with group learning outcomes
Mix of IPE activities in the Dunedin Foundation Years	Year 2 activity (to be determined) IPE Smoking Cessation module (Year 3) Economic Barriers to Health Care (Year 3)	Exposure/Engagement: Activities with mixed/progressive aspects of exposure and engagement
IPE Year 4/orientation activity on all campuses	UOW Hauora Māori / IPE orientation day activity Dunedin Y4 health professional resilience activity (under discussion)	Engagement: Activities with IPE learning objectives, action, assessment and outcomes, not in a clinical or workplace setting
Mix of IPE simulation and/or clinically-based activities in the Advanced Years	UOW Long-Term Conditions Management Clinical IPE focus on Oncology (Palmerston-North) (pilot under evaluation) UOC Interprofessional Teams in Complex Healthcare Environments (first implementation completes 2017) UOC Admission/Discharge Planning Simulation sessions (in planning for 2018) INTERact (Nelson, UOC, Timaru) Southland Interprofessional Training Days Dunedin SECO-based Journey of a Prescription IPE activity (pilot under evaluation)	Engagement/Immersion: Activities with mixed/progressive aspects of engagement and immersion
Complex immersion opportunities for final year students	Tairāwhiti Interprofessional Education Programme (exemplar, ultimately for a more widespread rollout)	Immersion: Collaborative IPE activities in a clinical or workplace setting

### Consultation and preliminary design of a Divisional framework for comparable student assessment, credits, and progression in interprofessional learning:

- Alignment between IPE and some health professional programmes is already evident – see IPE Strategy 2016-19, Appendix 7. However, there is a need for more systematic alignment of all graduate competencies and profiles, with due consideration of optimal levels of IPE learning and learning outcomes.
- There is also a need to analyse curriculum content of the health professional programmes in terms of IPE learning levels/outcomes, to gauge how best IPE can efficiently become “curriculum business as usual”.
- These considerations need to be translated into a framework for comparable student assessment across IPE activities, as well as criteria to credit IPE learning and map potential pathways for students’ progression through levels of interprofessional learning. This will be a focus of IPE Centre work in 2018.

### Design of a programme to support IPE-trained academic staff:

- Growing numbers of academic staff are involved in IPE in the Division: this trend needs to continue to support IPE integrated within the health sciences curricula.
- Challenges include that there tends to be consistent feedback from academics that involvement in IPE can be demanding when juggling other priorities. In addition, IPE opportunities may not be prioritised when academic workload for the year is determined in Schools/Faculties/Departments.
- A programme to train and support staff would assist in developing a core set of teachers whose expertise is recognised in the University and formally acknowledged as part of workload, and who can mentor/induct others. At UOW, WITI has developed a model for some aspects of this.
- During 2018, the IPE Centre intends to explore development of a comprehensive IPE training programme on the Dunedin campus.

## 4. Conclusion

During 2017, the establishment of the IPE Centre with core and campus-based governance, leadership and administrative staffing, has accelerated IPE awareness and activity across all Divisional sites. From this base, the focus for 2018 will be on developing curriculum, policy and funding models central to the achievement of 2019 strategic goals.

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## Appendix A: Details of intentional IPE activities

**Table A1: Intentional IPE Opportunities Available to Health Professional Students 2011-2018 (geographical listing north to south; as at end-October 2017)**

Activity	Level/Details	Host Campus / Location	Year(s) + funding * continuity	University of Otago Students, year and number (by health professional discipline)									Other Institutions Students, year and number (by health professional discipline)						
				Dent	Diet (MDiet)	Med	MELS	Nurs (PG entry)	OralH	Pharm	Physio	RT	ClinPsy	Nurs	OT	Pharm	SW		
Tairāwhiti Interprofessional Education Programme	Immersion 5-week clinical rotations	UOW / Tairāwhiti	2012	Y5 - 6		Y6 TI - 5					Y4 - 4	Y4 - 6			EIT *Y3 - 6				
			2013	Y5 - 8	Y2 - 10	Y6 TI - 13					Y4 - 9	Y4 - 10			EIT *Y3 - 10				
			2014	Y5 - 10	Y2 - 9	Y6 TI - 14					Y4 - 11	Y4 - 8			EIT *Y3 - 15	OP Y3 - 4			
			2015	Y5 - 10	Y2 - 10	Y6 TI - 15				Y3 - 3	Y4 - 14	Y4 - 8			EIT *Y3 - 13	OP Y3 - 3			
			2016	Y5 - 10	Y2 - 10	Y6 TI - 12				Y3 - 6	Y4 - 13	Y4 - 10			EIT *Y3 - 10	OP Y3 - 5			
			2017 *Ongoing 2018	Y5 - 9	Y2 - 10	Y6 TI - 13				Y3 - 6	Y4 - 13	Y4 - 8			EIT *Y3 - 11	OP Y3 - 6		EIT Y3 - 3	
Long-Term Conditions Management	Engagement 10 hours over 5 weeks	UOW	2011		Y2 - 7	Y4 - 7						Y4 - 7							
			2012			Y4 - 14						Y4 - 12							
			2013			Y2 - 2	Y4 - 14						Y4 - 10						
			2014 (1)			Y2 - 4	Y4 - 18						Y4 - 6	Y3 - 13					
			2014 (2)				Y4 - 18						Y4 - 6	Y3 - 14					
			+2016 (1)				Y2 - 4	Y4 - 17						Y4 - 23	Y3 - 19				
			+2017 (1)				Y2 - 3	Y4 - 18						Y4 - 15	Y3 - 23				PSNZ 1 <sup>st</sup>

Activity	Level/Details	Host Campus / Location	Year(s) + funding * continuity	University of Otago Students, year and number (by health professional discipline)									Other Institutions Students, year and number (by health professional discipline)					
				Dent	Diet (MDiet)	Med	MELS	Nurs (PG entry)	OralH	Pharm	Physio	RT	ClinPsy	Nurs	OT	Pharm	SW	
																		year Interns - 4
			+2017 (2)  +*Ongoing 2018 (planned x 4)		Y2 – 3  Y2 - 6	Y4 – 16  Y4 - 72					Y4 – 16  Y4 - 50	Y3 - 50	VUW Y5 – 11 VUW PGDip /Masters/PHD – 10-12	Masse y Y2 - 30			PSNZ 1 <sup>st</sup> year Interns - 7	
Orientation: new UOW students	Exposure  2 hours Hauora Māori / IPL	UOW	2016 +*Resuming 2018			Y4 – 108					Y4 – 60	Y1 – 24						
Determinants of Health	Engagement  8 hours	UOW	+*2016 only		Y2 - 3	Y4 – 18					Y4 – 10	Y2 – 25		Masse y Y2 - 11				
<i>Teamwork in Prescribing Medicines</i>	<i>Engagement / Immersion</i>  <i>2 hours, clinical scenarios, presentations</i>	UOW	+*2018			Y5 - 18											PSNZ 1 <sup>st</sup> year Intern - 7	
Clinical IPE Focus on Oncology	Engagement/Immersion  3 sessions IPL / collaborative care planning	UOW / Palmerston North	+2017 *Likely 2018		Y2 - 2	Y6 TI - 9					Y4 6 - 7	Y2 & Y3 2					PSNZ 1 <sup>st</sup> year Intern - 1	
Nelson-Marlborough: INTERact programme	Engagement/Immersion  11-12 hours over 3 days; ward-based	UOC / Nelson Hospital	2017 (pilot)  +*2018 (plan post-pilot)			Y6 TI – 1  Y6 TI - 4					Y4 – 1  Y4 - 4			NMIT Y3 – 1  NMIT Y3 – 4	OP Y3 – 2			
Interprofessional Teams in Complex Healthcare Environments	Exposure/Engagement	UOC	+2017 * 2018 intended		Y2 – 3	Y5 - 100			PG – entry Y2 – 7		Y4 – 7			Ara Y3 - 67				

Activity	Level/Details	Host Campus / Location	Year(s) + funding * continuity	University of Otago Students, year and number (by health professional discipline)									Other Institutions Students, year and number (by health professional discipline)					
				Dent	Diet (MDiet)	Med	MELS	Nurs (PG entry)	OralH	Pharm	Physio	RT	ClinPsy	Nurs	OT	Pharm	SW	
	5-6 hours; 2 x workshops, 1 x simulation																	
Admission/Discharge Planning Simulation sessions	Engagement/Immersion	UOC / Burwood Hospital	*2018 in planning															
Burwood ward-based clinical activity	Engagement/Immersion	UOC	*2018 in planning															
Timaru: INTERact programme	Engagement/Immersion  11-12 hours over 3 days; ward-based	UOC / Timaru Hospital	2017 (2015/16 – Med/ Physio only) *Ongoing 2018		Y2 – 2	Y4 - 7						Y4 - 5						
Economic Barriers to Healthcare	Engagement  1.5-hour timetabled session, small group presentations	DN (foundation years)	+2016	Y3 - 86	Y1 – 31					Y3 - 30	Y3 – 135							
			+2017 *2018 intended	Y3 – 90	Y1 – 29					Y3 - 18	Y3 – 130							
IPE Smoking Cessation Module	Exposure/Engagement  Self-directed learning, 2 x facilitated tutorials, group work and group presentation	DN (foundation years)	2017 * 2018 and ongoing intended	Y3 – 76	Y1 - 31	Y3 - 292				Y3 - 39	Y3 – 134	Y3 - 125						
SECO-clinic: Journey of a Prescription	Engagement  Pilot: SECO-clinic-based (extended), with potential	DN (advanced years)	+2017 (pilot) * Likely 2018			Y4 – 18					Y4 - 8							

Activity	Level/Details	Host Campus / Location	Year(s) + funding * continuity	University of Otago Students, year and number (by health professional discipline)									Other Institutions Students, year and number (by health professional discipline)					
				Dent	Diet (MDiet)	Med	MELS	Nurs (PG entry)	OralH	Pharm	Physio	RT	ClinPsy	Nurs	OT	Pharm	SW	
	for regular teaching / other disciplines																	
Community Multi-morbidity Management	Engagement/ Immersion	DN (advanced years) / Caversham Te Kaika	2017 (mini-pilot) * 2018 intended								Y4 - 2	Y4 - 2						
Māra Rongoā / Māori Medicine Garden	Exposure/ Engagement  Pilot, marae-based, with potential to expand to include other disciplines	DN (foundation and advanced years)	+2017 (pilot in progress)  * 2018 intended			Y2 – 300 Y5 - 80					Y2/Y3/ Y4 – 135 (in each year)							
<i>Working Together in Clinical Pathology</i>	<i>Engagement 9 hours, clinical cases, presentations</i>	<i>DN (foundation and advanced years)</i>	<i>+*2018 (pilot)</i>	Y4 - 6			Y3 - 6		Y2 - 6									
Southland Interprofessional Training Days	Engagement/ Immersion  6-hour day of simulation scenarios	DN (advanced years) / Invercargill	2017 (2015/16 – Med/Nurs only) *2018 and ongoing intended		DIET Y2 - 2	Med Y6 TI - 30								SIT Y3 - 95				

**Table A2: UO Students Engaged in IPE in 2017**

	Dent	Diet (MDiet)	Med	Nurs (PG entry)	OralH	Pharm	Physio	RT
Y1		31						
Y2		25 estimated		7				1
Y3	90		292		39	134	125	24
Y4			77 estimated			23	61 estimated	
Y5	9		100 estimated					
Y6			53 estimated					
Estimated Total	99	56	522	7	39	157	186	25
Estimated Grand Total = 1,091								

Note to table A2: Estimated figures may include a small percentage of duplication, i.e. where the same student has participated in more than one IPE activity, this may not have been counted. Other figures equate to the total cohort for that programme year, meaning all students have participated in at least one IPE activity, and some may have participated in more than one activity.

**Key to tables A1 and A2:**

- + = activity supported by IPE Support Innovation Fund
- \* = indications re continuation of activity / intended new activity
- University of Otago Campus: UOW (University of Otago Wellington); UOC (University of Otago Christchurch); DN (Dunedin)
- Disciplines: ClinPsy (Clinical Psychology); Dent (Dentistry); Diet (Dietetics, Master of Dietetics); Med (Medicine); MELS (Medical Laboratory Science); Nurs (Nursing); OH (Oral Health); OT (Occupational Therapy); Pharm (Pharmacy); Physio (Physiotherapy); RT (Radiation Therapy); SW (Social Work)
- Other institutions: Ara (Ara Institute of Canterbury); EIT (Eastern Institute of Technology); Massey (Massey University of NZ); NMIT (Nelson-Marlborough Institute of Technology); OP (Otago Polytechnic); PSNZ (Pharmaceutical Society of New Zealand); VUW (Victoria University of Wellington); SIT (Southland Institute of Technology)