



# Centre for Interprofessional Education

## *Division of Health Sciences*

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### **IPE Centre Annual Evaluation Report 2018 (Report to the Health Sciences Divisional Executive)**

**For Divisional Executive meeting, 28 March 2019**

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#### Summary

This report is 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 and the IPE Centre is responsible for implementation.

**Principal achievements** for the IPE Centre during 2018 are:

- Development - of a Curriculum and Quality Framework for IPE at Otago;
- Continuation - of robust, evaluated IPE offerings within an identified core suite of IPE activities at all campuses and some regional sites;
- Partnerships - new and consolidated partnership arrangements to the benefit of students – notably, completion of a Memorandum of Agreement in respect of IPE activities, between the Division and the Otago Polytechnic;
- Initiation of discussions with health professional programmes in Dunedin (including at the Polytechnic) on the possibilities of dedicated timetabling for IPE activities in the early learning years and/or design of a coordinated programme of interprofessional teaching and learning across shared content in the health professional curricula;
- Profiling - international and national profiling of Otago's IPE programme, and our health professional students, at All Together Better Health IX (Auckland, September 2018).

**Overarching challenges** for the achievement of IPE strategic goals by 2019 and beyond, are:

- Uptake of Framework - successful uptake of IPE Curriculum and Quality Framework, ratification of policy recommendations, completed consultation and implementation planning;
- System and resource alignment - finding solutions to ongoing challenges of system and resource alignment: integrated timetabling, inclusive IPE workload modelling, coordinated clinical placements across the health professional programmes, inclusive student access to teaching and learning spaces at all sites, adequate IPE administrative resource across all campuses and sites, including regional placement sites;
- Faculty development - achieving IPE faculty development to scale and programmatically, according to a range of needs: IPE enculturation, broad-based IPE skills development, tutor readiness for facilitating IP learning in particular activities.
- Focus for 2019 - development of IPE activities needed to fill particular gaps in the identified core suite of IPE activities, e.g. Year 2 activity(ies) in Dunedin, clinical IPE activities across sites;

## 1. Governance and management

The IPE Centre Annual Evaluation Report 2017 formulated a 2018 focus on developing curriculum and funding models central to the achievement of 2019 strategic goals. This course has been duly followed, as IPE has continued to develop steadily in an environment of Divisional and institutional change.

Following review in 2017, the **reconfiguration of IPE governance** to comprise a representative DIPEGG, with local campus structures, has worked well in 2018. DIPEGG now meets fewer times (twice) a year, as fitting its focus on oversight and policy-making. The IPE Leaders Group – IPE Director, academic Leads and Centre Manager – functions as DIPEGG’s executive committee, meeting bimonthly; and local structures meet according to individual schedules.

- UOW established some years ago the Wellington Interprofessional Teaching Initiative/WITI group, which now also incorporates external partner members.
- UOC has successfully established an IPE Networking Group, with project-based task teams.
- In Dunedin, IPE Leads in Dunedin are looking to establish in 2019 a campus-level structure to bring greater coherence to the oversight of Dunedin IPE activities, and to separate oversight and operational matters, now that there are an increasing number of significant partnership initiatives at our largest and most complex campus.

In 2018, **cross-representation between DIPEGG, the Medical Curriculum Committee and its Subcommittees** was achieved. This worked well for the purposes of e.g. embedding interprofessional learning outcomes and levels in the MBChB Curriculum Map, and including IPE perspectives in the documentation and panel sessions of the Australian Medical Council Reaccreditation Review of the MBChB in August 2018.

DIPEGG’s terms of reference provide for the representation of **IPE partner institutions** – other tertiary institutions, District Health Boards, professional and community organisations – on local campus structures. Otago now partners in interprofessional learning activities with approx. 20 institutions/organisations around the country, and with some of these in more than one IPE programme. The IPE Centre is now progressively developing Memoranda of Agreement (MOAs) with partner institutions, and in October 2018 the Division of Health Sciences successfully concluded an MOA with the Otago Polytechnic, which serves as a framework for collaboration in five IPE activities (and likely more than five from 2019). Schedules to these agreements detail resource-sharing arrangements, including joint contributions of e.g. students, tutors, venues/facilities, materials, cost-sharing and cost-recovery. Arising from these agreements, the IPE Centre has projected a small income for the first time in 2019.

In mid-2018, the Divisional Executive considered the optimal **resource and funding model for sustaining IPE** into the future. It was agreed to maintain the IPE Centre in its current configuration for the time being, as this offers a lean model for supporting achievement of IPE strategic objectives. From 2019, this funding model will include budgeted discretionary funds (rather than contestable grant funds), for application by the IPE Leaders Group to established IPE activities across campuses and sites, as well as new initiatives endorsed by local structures.

At the end of 2018, the IPE Centre therefore remained virtual and distributed, with academic Director and Leads located across campuses, and Centre Manager situated in the Health Sciences Divisional Administration. The Support Services Review has brought changes for IPE administration, now provided by Administrators Client Services appointed within the Shared Services Division. Close day-to-day relationships between Leads, Manager and administrators continue in practice.

## 2. Curriculum integration

### ***Strategic goal 1, 2016-19: to progressively and seamlessly integrate IPE into the Health Sciences curricula.***

In its 2017 annual evaluation (pp.6-7), the IPE Centre provided an outline of an emerging **stable suite of IPE activities**, with the intention of clarifying this further during 2018. As a related matter, the Centre signalled that 2018 would see preliminary consultation and design of 'a Divisional framework for comparable student assessment, credits, and progression in interprofessional learning' as central to the strategic goal of integrating IPE into the health sciences curricula.

This has taken shape steadily through the year as a Curriculum and **Quality Framework**, developed by the IPE Centre, reviewed within DIPEGG, and shared/discussed with others for input from across the Division (e.g. Medical Curriculum Committee, Dean of Pharmacy and colleagues, etc). The framework is intended to guide the next phase of IPE development at Otago, specifically as the basis for consultation on detail, policy recommendations and Divisional agreement on a plan and approach to quality in IPE over the next five to ten years. A framework that clearly articulates an agreed, common IPE curriculum across degree programmes is seen by the IPE Centre as critical, given Otago's number of health professional degree programmes and the consequent complex matrix of professional and student expectations, regulatory requirements, societal contexts, community expectations, varying lengths of programmes, and the historic programmatic structures. Broad foundations for the framework have been laid by the IPE Strategic Plan 2016-19 (ratified October 2015), and the IPE Conceptual Model (April 2017, reviewed March 2018). The Curriculum and Quality Framework gives specificity for a system of IPE quality; policy recommendations have been formulated.

The value and significance of a Quality Framework for IPE at Otago, as ultimately agreed, is suggested by the particular progress of IPE in 2018. This is a moment in a much longer trajectory, when IPE is embarking on a decisive shift from smaller IPE activities and pilots, to IPE activities to-scale and routine implementation of IPE programmes that evaluation has shown to be robust. At the same time, IPE development continues to contend with limits and impediments within its institutional and wider contexts, needing on the one hand to assist in facilitating congruence across contexts, systems and processes, and on the other to pace itself to what is realistic and achievable for all.

Positive progress in 2018 includes:

- Numbers - The numbers of Otago health professional students engaged in one or more IPE learning activities at Otago has increased from fewer than 30 students in 2011; to 1091 in 2017, 241 of whom engaged in more than one IPE activity in the same year; and increased again (by estimate as at 31 December 2018) to 1466 in 2018, with approx. 152 students engaging in more than one IPE programme in the same year. In 2018, 337 students from 11 partner institutions and 7 disciplines participated alongside Otago students in IPE; 220 of these were nursing students (in 2017, totals were: 8 partner institutions, 5 disciplines, 187 students, and 174 nursing students). This represents an enormous increase in activity across the arc of IPE activities at Otago, from the IPE Module now introducing the majority of health professional students to formal IPE, to the complex-immersion opportunity of the Tairāwhiti Interprofessional Education Programme. While not all IPE learning activities cater for large numbers as the IPE Module does, it is true that, collectively from 2019, increasing numbers of students will be progressing from the Module to a second (and third) learning activity at the engagement and/or immersion level(s) in their next stage(s) of study.
- IPE Smoking Cessation Module – 2018 saw the second successful implementation and positive evaluation of the IPE Smoking Cessation Module. This is an exposure-level activity compulsory for Year 3 dentistry, medicine, oral health, pharmacy and physiotherapy students, and Year 1 Master of Dietetics students, in Dunedin. Routine implementation of this module is agreed by all programmes and, in 2019, the module will incorporate approx. 120 x Year 2 Nursing and approx. 50 x Year 3 Occupational Therapy students from the Otago Polytechnic. In response to student and staff feedback, the module in 2019 will be further optimised for interprofessional learning, by using students' learning about the management of smoking cessation as a point of departure for

collaborative learning and small group work on the theme of managing chronic/non-communicable diseases in the New Zealand context.

- Early years - Initiation of discussions with health professional programmes in Dunedin – including at the Polytechnic - on the possibilities of dedicated timetabling for IPE activities in the early learning years and/or design of a coordinated programme of interprofessional teaching and learning across shared content areas in the health professional curricula. From December 2018, a process of mapping of common topic areas has begun. This will analyse e.g. type/complexity of learning currently in the health professional curricula and potentially suitable for interprofessional learning opportunities; as well as potential timetable synergies for interprofessional groupings of students, and aligned to suitable learning themes.
- Continuation - Growing suite of evaluated and replicated/replicable engagement, simulation and clinical/immersion IPE activities – these include:
  - INTERact ward-based clinical activity - first introduced at Timaru Hospital in 2015; piloted in Nelson in 2017, implemented in 2018, and scheduled for 2019; piloted in Hawke's Bay and Christchurch (Burwood Hospital) in 2018, with plans for continuation in 2019;
  - IPE in Acute Oncology clinical activity at Palmerston North Hospital – implemented and evaluated over two years, and intended for extension into palliative care in 2019;
  - INVOLVE (Interprofessional Visits to Learn interprofessional Values through patient Experience) long-term conditions management programme – implemented, evaluated and researched at UOW since 2011
  - IPE Teamwork in Heart Failure Simulation activity in Dunedin – piloted in 2018, to be implemented again in 2019, and with potential for piloting at UOC in 2019.
- Tairāwhiti Interprofessional Education Programme – complex-immersion IPE programme in Gisborne/Wairoa, incorporating principles of rural health care, hauora Māori, chronic conditions management and interprofessional health care. Health Workforce New Zealand has funded the programme under contract since 2012, and during 2018 the funding was successfully renewed until the end of 2021.

Changes/evolutions of direction and challenges that have been encountered include:

- The Health Sciences First Year (HSFY) strategic review has not been able to extend to including IPE components in its revised curriculum. (During 2017, preliminary discussions between HSFY and IPE leadership had considered the potential for doing so, in light of Otago's strategic vision of an IPE curriculum progressing longitudinally from health professional students' early learning years to the end of their clinical learning years.)
- Optimally, a Year 2 (exposure-level) IPE module would therefore be introduced across the health professional programmes in Dunedin, to provide sound foundations for all health professional students as they spread out across campuses and clinical sites in their advanced learning years. In late 2017, first discussions around this possibility identified that health professional communication and resilience could potentially be suitable themes for such an activity. Further developments in 2018 have surfaced quality and safety as another excellent potential theme for interprofessional learning at this level. However, it has also become clear that the health professional programmes, under current resourcing arrangements/models/constraints, would potentially struggle to staff a second early-learning-years module at this time. By way of comparison: the Year 3 module entails an academic staff workload of approx. 12 hours for tutors of each IPE group; approx. 65 such groups are envisaged in 2019; some tutors may facilitate more than one group; and provisions for reserve tutors also need to be made. Related, ongoing discussions around timetable alignment and/or curricular integration across the health professional programmes may potentially provide a solution in the medium and longer term.
- The Dunedin Hospital New Build has invigorated the IPE and interprofessional collaboration environment in Dunedin, especially with the planned construction of an Interprofessional Learning Centre as part of the

development. The IPE Centre is linked into this planning, and also into other partner initiatives being developed in 2019, including those initiated by Otago (e.g. the piloting of a student-led IPE Ward in 2019, as a joint initiative of the university, polytechnic and Southern District Health Board) and those initiated by partners (e.g. the SDHB primary and community care initiative, looking at developing urban interprofessional clinical placement hubs).

- During much of 2017, Otago dedicated considerable energy – in partnership with the University of Auckland – on proposals for a National School of Rural Health which would take IPE as its education model and create substantially increased interprofessional learning and (rural) clinical placement opportunities with fit-for-purpose resourcing. Changes in national political leadership and priorities have delayed development of this initiative during 2018.

### 3. IPE staff and organisational collaboration

#### ***Strategic goal 2, 2015-19: to build a sustainable ethos of staff and organisational collaboration.***

During 2018, as in previous years, the IPE Centre has:

- Organised and participated in staff development activities at various campuses – e.g. arranged guest lectures and staff interactions by and with visiting academics; taken up the opportunity of staff forums on campus to share information about IPE; made IPE site visits to campuses and regional sites; continued to develop the IPE website and OURDrive repository, etc;
- Provided custom training for tutors in particular IPE activities – e.g. for Wellington Interprofessional Teaching Initiative activities, and for the IPE Module in Dunedin;
- Promoted external IPE staff development opportunities, e.g. resources, workshops and conferences; and ensured direct participation by IPE Centre/other Otago staff in these opportunities wherever possible.

During 2017 and 2018, IPE Director Sue Pullon and IPE Campus Lead UOW Eileen McKinlay were members of the organising committee of the All Together Better Health Conference IX (Auckland, 3-6 September 2018), the biannual premier IPE conference event internationally. Toa Waaka, Ruataki Hononga Māori UOW, was an invited speaker and participant in the welcome powhiri. Ten Otago abstracts for presentations, workshops and posters were accepted and delivered at the conference, and 25 Otago staff and students from across the Division and its sites attended. The IPE Centre sponsored keynote speaker Emeritus Professor John Gilbert of the University of British Columbia, and – in partnership with the Otago Medical School – sponsored the attendance of 11 students from six health professional disciplines (a twelfth student from a seventh discipline was funded from another source to attend). The students all took part in the conference's Interprofessional Healthcare Team Challenge event. Taken together, these contributions demonstrate the extent to which IPE is becoming embedded in the health sciences at Otago, and to which Otago is a respected, well-profiled part of the national and international IPE communities.

Notwithstanding the efforts and initiatives described, the IPE Centre is aware that developing sufficient IPE facilitation and teaching expertise is essential if expansion and consolidation are to continue. The Wellington-based INVOLVE programme has shown unequivocally the need for, and the benefits from, enculturating and upskilling academic and clinical staff. Yet this need continues to be under-resourced at Otago, necessitating specific just-in-time training sessions which – while they will always be required to some extent – currently serve as a proxy for more systemic staff development. Clinicians who teach students in their clinical workplaces also require educational support and training in IPE and interprofessional collaborative practice, if learning activities in these settings are to be successfully established and sustained.

Currently, the IPE Centre continues to work on IPE staff development tools – e.g. a topic-based IPE module is being prepared as part of the new online Clinical Educators Programme, for launch in October 2019. However, sustainable and effective solutions to the issues of IPE faculty development and IPE workload allocation/deployment of trained faculty, need to be found. The IPE Centre advocates a programmatic approach for staff development across the continuum of IPE activities. Such a programmatic approach requires high-level Divisional/School/Faculty support

and - as is the case with other elements of current curricular and system misalignment - these solutions need to proceed from decisions at institutional and governance levels, rather than at IPE learning activity level.

#### 4. IPE resource optimisation

##### ***Strategic goal 3, 2015-19: to identify, develop and optimise IPE resources.***

Some achievements in 2018, that will make particularly significant contributions to resource development and optimisation over time, have already been alluded to: notably, the development of a Quality Framework for IPE, and first steps in drawing up Memoranda of Agreement with key partner institutions. Others include:

- 2018 saw the first successful common academic year-start for Year 4 medicine, physiotherapy and radiation therapy students. This made possible, for example, an IPE Hauora Māori orientation-day whakawhanaungatanga workshop for all students new to the UOW campus, as well as a pilot IPE activity for Year 4 medicine and physiotherapy students in Dunedin. Current efforts to coordinate IPE timetables/curricula in the early years in Dunedin, and to develop clinical learning opportunities at this site, may over time lead to exploration of further alignment of academic calendars between programmes.
- 2018 has seen take-up by a number of IPE teaching teams of evaluation questionnaire items made available by the IPE Centre through the Higher Education Development Centre inFORM portal.
- Online evaluation, e.g. using Qualtrics surveys, is increasingly used by IPE teaching teams, allowing for effective collection and analysis of evaluation data.
- The IPE Centre is linked – through Divisional efforts – into initiatives that aim ultimately to streamline or make more equitable particular resource arrangements, such as the clinical placements management system and the framework for student success.

Notwithstanding these successes, challenges for the development and coordination of IPE learning activities remain. The most significant problems are:

- The still extremely limited opportunity for IPE learning activities in clinical workplaces;
- The need to strengthen and increase simulation-based IPE learning opportunities;
- Workload allocation models for academic staff that do not yet optimally support IPE teaching and research;
- The need for more professional development in the area of IPE facilitation and teaching for faculty and clinical staff;
- The timetabling and scheduling difficulties resulting from persistent curricular misalignment, across programmes and also across campuses;
- The ongoing need for adequate IPE administrative support across all campuses and sites.

#### 5. IPE in 2019 and beyond

Issues intended for **particular focus in 2019** are:

- Implementation planning, and early implementation, of the IPE Curriculum and Quality Framework);
- Active exploration and, wherever possible, development of IPE activities needed to fill particular gaps in the identified core suite of IPE activities, e.g. Year 2 activity in Dunedin, clinical IPE activities across sites;
- DIPEGG, IPE Centre and Divisional review of IPE strategic objectives: the first phase of the IPE strategy (2016-19) is now drawing to a close, and discussion will need to continue in light of progress against these goals, and renewed strategic focus on priorities ahead.

## 6. Conclusion

During 2018, the IPE Centre has focused on developing curriculum, policy, partnership and funding models central to the achievement of 2019 strategic goals; and will sustain this focus through 2019, including through introducing greater rigour into IPE quality. Also in 2019, the Divisional IPE strategic plan and goals will need to be reviewed against progress, and refreshed for the next stage of IPE development.

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### **IPE Centre, for Divisional Interprofessional Education Governance Group:**

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## Addendum A

**Table A: UO health professional students engaged in IPE in 2018**

	Dent	Diet (MDiet)	Med	MELS	Nurs (PG entry)	OralH	Pharm	Physio	RT
Y1	0	41	0	0	0	0	0	0	0
Y2	6	30	0	0	0	6	0		
Y3	0	-	293	6	-	53	151	127	44
Y4	0	-	302		-	-	13	171	-
Y5	8	-	77	-	-	-	-	-	-
Y6	-	-	143	-	-	-	-	-	-
Estimated Total	14	66 (4)	815 (121)	6	0	59	164	298 (10)	44 (17)
	Estimated Grand Total = 1466 (Less duplication x 152=1314)								

Note to Table A: 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 A and B:

- + = activity supported by IPE Support Innovation Fund
- \* = continuing 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); Paramed (Paramedicine); Pharm (Pharmacy); PT (Physiotherapy); RT (Radiation Therapy); SLT (Speech Language Therapy); SW (Social Work)
- Other institutions: Ara (Ara Institute of Canterbury); CDHB (Canterbury District Health Board); 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); SIT (Southern Institute of Technology); UC (University of Canterbury); VUW (Victoria University of Wellington)
- Other abbreviations: NetP (Nursing Entry to Practice Programme, for new graduate nurses)

Table B: Summary of IPE learning activities at Otago 2018 (grouped north to south)

Activity + supported by IPE Fund * continuing after 2018	Level	Location	Year/ Frequency	University of Otago														Other Institutions																								
				Dent		Diet (MDiet)		Med		MELS	Nurs		OH		Pharm		PT	RT	SW	ClinPsy	Nurs		OT		Paramed		Pharm		SLT		SW											
Tairawhiti IPE*	Immersion	Tairawhiti	2018 x 5	Y5	8	Y2	10	Y6	14					Y3	3	Y4	13	Y4	3							Y3 EIT	10	Y2 OP x 2 Y3 OP x 3	5	Y3 AUT	3			Y4 Massey	1							
IPE Hawke's Bay IPE Socialisation+*	Exposure	Hawke's Bay	2018 x 2			Y2	4	Y6	7									Y4	19								Y3 OP	3			PG Y1	1										
IPE Hawke's Bay INTERact pilot+*	Immersion	Hawke's Bay	2018			Y2	2	Y6	4									Y4	4							Y3 EIT	1				PG Y1	1										
IPE in Acute Oncology	Engagement/ Immersion	Palmerston North	2018			Y2	2	Y6	7									Y4	10	Y3	2					Y3 Massey	3							Y4 UC	1	Y4 Massey	3					
Whakawhanaungatanga IPE workshop+*	Exposure	UOW	2018					Y4	110									Y4	54	Y3	27																					
INVOLVE Long Term Conditions Management	Engagement	UOW	2018 x 4			Y2	4	Y4	74									Y4	31	Y3	15	MA Y2	1	VUW Y5	8	Massey Y2	13	Y3 OP	1			PGY1	7			MasseyMAY1 x 1 Massey Y4 x 4	5					
Teamwork in Medicines Prescribing pilot+*?	Engagement/ Immersion	UOW	2018					Y5	16																						PG Y1	9										
Nelson-Marlborough: INTERact programme+*	Immersion	Nelson Hospital	2018 x 4					Y6 TI	3									Y4	4							NMIT Y3	4	OP Y3	3													
Timaru: INTERact programme+*	Immersion	Timaru Hospital	2018 x 2			Y2	1	Y4	4									Y4	3																							
Interprofessional teams in complex healthcare environments	Engagement	UOC	2018					Y5	50																	Ara Y3	60															
IPE Discharge Planning Simulation+*	Engagement	UOC Simulation Centre	2018 (23 Feb)			Y2	9	Y6 TI	108									Y4	28							CDHB NetP	22	CDHB Y1 new grad	4			CDHB 1st year intern	5	UC Y4	51	CDHB new grad x 2 UC final-year x 4	6					
Burwood: INTERact pilot*	Immersion	Burwood Hospital	2018 x 2			Y2	2	Y4	4									Y4	2																							
IPE Smoking Cessation Module*	Exposure/ Engagement	DN	2018			Y1	30	Y3	293					Y3	50	Y3	151	Y3	123																							
Mara Rongoa Maori Medicine Garden+ Note: Small numbers subject to confirmation	Exposure/ Engagement	DN	2017-18					Y2 Y5	-									Y2 Y3 Y4	-																							
IPE working together in clinical pathology+*	Exposure/ Engagement	DN	2018	Y4	6									Y3	6			Y2	6																							
IPE in Clinical Reasoning pilot	Engagement	DN	2018					Y4	80																																	

