A Curriculum Framework for the Integration of Interprofessional Learning (IPL) into Health and Social Care Curricula

Prepared by:

IPL Research & Development Unit
IPL Curriculum Framework Project Group

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EXECUTIVE SUMMARY

Our Vision for IPL…

The University of Sydney is on its way to realizing our vision of being recognized nationally and internationally as a leader in interprofessional education and research, graduating health professionals with capabilities required to practice healthcare within a patient/client centred collaborative interprofessional team, and who are committed to optimising patient care and safety.

About the IPL Framework…

Effective patient-centred approaches require interprofessional teamwork\(^1\). Students trained in interprofessional educational modalities report deepened positive attitudes to other professionals\(^2\). The Interprofessional Learning (IPL) Project in the Faculties of Health, Education and Social Work, and Health Sciences provides you with the following framework for the incorporation of IPL into the professional development of your students.

The overarching aim of the IPL framework is to strengthen your Faculty, School or Discipline curriculum in the area of optimal patient care and management by embedding and integrating IPL principles into your core Professional Practice, Clinical Practice or Professional Development curricula. This is achieved through capitalising on opportunities already available in your curriculum and by your use of the framework, and its educational elements, described here.

The following sections describe the essential educational elements of the IPL Framework in the areas of the aims, outcomes and competencies the graduating student will achieve illustrated with examples of IPL activities available for your use. The IPL Research & Development Unit is available to assist in achievement of this integration by contacting us on:

iplproject@usyd.edu.au

or through the website:

www.foh.usyd.edu.au/ipl/about/index.php

The establishment of IPL within your Faculties has contributed to the further development of optimised health care outcomes, thereby advancing the missions of all our faculties.

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1. Overview of IPL Framework

This document provides the Health and Social Care Faculties with a framework for the incorporation of interprofessional learning (IPL) into health and social care curricula. It is based on the intention of strengthening existing curricula by embedding and integrating IPL into core curricula. Where possible, this is achieved through capitalising on opportunities already available in curriculum. It is recognised that integration may be achieved by Faculties in different ways, dependent on context. Key principles used to develop the framework are listed in Appendix 1.

2. Specific aims of IPL

For health and social care graduates to show evidence of ability to:
1. Display a positive attitude towards interprofessional teamwork
2. Work effectively and safely within an interprofessional healthcare team to provide optimal patient/client care

This encompasses the continuum of care covering primary, preventative and tertiary health and social care. It also recognises the broader team to include not only the patient/client but also their family, carers and community and therefore the need to coordinate care across all contexts.

3. Alignment to USyd Graduate Attributes

These IPL attributes are aligned with skills and abilities underpinning the overarching graduate attributes of The University of Sydney:
1. Scholarship
2. Global citizenship
3. Lifelong learning

4. Alignment to USyd Graduate Skills and Abilities

Research and Inquiry
- For IPL this encompasses critically evaluating existing understandings of the concepts of interprofessional collaborative practice and having the capacity to question current practice and to identify, create and evaluate processes to improve collaborative patient/client care.

Information literacy
- For IPL this encompasses recognizing what information is required to enhance collaborative practice, how this information is efficiently
and effectively sourced, evaluated and developed, and how it can be shared to improve collaboration between health and social care professionals and ultimately improve patient/client care.

Personal and intellectual autonomy
  o For IPL this encompasses being open to new ways of learning, working and thinking, and being able to respond effectively to problems by collaborating with other health and social care professionals.

Ethical, social and professional understanding
  o For IPL this encompasses holding a perspective that respects and supports diversity within healthcare teams and values the contributions of all members, including the patient/client in achieving collaborative client-centred practice across the continuum of care.

Communication
  o For IPL this encompasses making effective use of oral, written and visual means to negotiate, create and communicate understanding between all stakeholders within the team and community.

5. IPL Outcomes

Table 5.1 presents the IPL Outcomes as categorized into the three themes of Teamwork, Professional Roles and Communications. These outcomes can be mapped to the University of Sydney Graduates Attributes in research and enquiry; information literacy; personal and intellectual autonomy; ethical, social and professional understanding and in communication. For further information refer to: http://www.itl.usyd.edu.au/GraduateAttributes/statement.htm
Table 5.1: Interprofessional Outcomes

<table>
<thead>
<tr>
<th>1. Interprofessional Teamwork</th>
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<tr>
<td><strong>By graduation, students will be able to:</strong></td>
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<tr>
<td>1.1 Recognise the rationale for interprofessional learning and working including the implications for patient safety.</td>
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<td>1.2 Demonstrate the ability to work with, learn from and learn about other health and social care professions.</td>
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<td>1.3 Demonstrate an understanding of how interprofessional collaboration can impact upon provision of care.</td>
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<td>1.4 Contribute effectively as a member of the healthcare team, providing leadership when necessary and appropriate within the interprofessional team.</td>
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<tr>
<td>1.5 Recognise, evaluate and appropriately value and support the contributions and expertise of all healthcare team members, including the patient/client as a member of the team.</td>
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<tr>
<th>2. Roles of Health and Social Care Professionals</th>
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<tr>
<td><strong>By graduation, students will be able to:</strong></td>
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<tr>
<td>2.1 Recognise unique contributions, overlapping roles and inter-dependencies between different health professionals.</td>
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<tr>
<td>2.2 Recognise one's own scope of practice in patient care, and make appropriate referrals to other healthcare professionals.</td>
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<tr>
<td>2.3 Demonstrate understanding of, and respect and support for the roles of all health professionals involved in patient care delivery.</td>
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<table>
<thead>
<tr>
<th>3. Interprofessional Communication</th>
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<tbody>
<tr>
<td><strong>By graduation, students will be able to:</strong></td>
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<tr>
<td>3.1 Identify and discuss the key characteristics of effective communication strategies within interprofessional teams.</td>
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<tr>
<td>3.2 Communicate effectively and ethically within interprofessional teams, through appropriate verbal, written and visual formats with the aim of providing optimal patient care and safety.</td>
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<tr>
<td>3.3 Detect deficiencies in communication between IP team members in the workplace and be able to suggest solutions to correct these deficiencies.</td>
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<tr>
<td>3.4 Analyze, raise and challenge differences of opinion within an interprofessional team in the interests of patient safety.</td>
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6. Examples of IPL Activities

Table 6.1 presents the IPL learning opportunities and experiences provided to students which may be used to demonstrate that learning outcomes have been met. In each case the activities are separated into appropriate program stage in which students are enrolled, namely foundation (i.e early years of program), advanced (senior years of program) and Innovative Initiatives (elective-style activities). How each of these activities align to each of the outcomes listed in Table 5.1 is shown.

An example of an early stage and late stage activity is listed in Appendix 2.
### Table 6.1: Interprofessional Learning Activities according to level of complexity and alignment to learning outcomes.

<table>
<thead>
<tr>
<th>Foundation Activities</th>
<th>Learning Outcomes</th>
</tr>
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<tbody>
<tr>
<td>1. Observation &amp; reflection on a team activity, e.g. case conference, handover meeting, ward round etc</td>
<td><strong>Teamwork; 1.1, 1.5, Roles; 2.1, 2.2, Communication; 3.1</strong></td>
</tr>
<tr>
<td>2. Observation &amp; reflection on another profession’s clinical practice</td>
<td><strong>Teamwork; 1.1, 1.2, Roles; 2.1, 2.2, Communication; 3.3</strong></td>
</tr>
<tr>
<td>3. Literature review on aspect of teamwork/team dynamics and provide examples of personal prior experiences in teams environments (i.e. sporting, work, social).</td>
<td><strong>Teamwork; 1.1, 1.4, Roles; 2.1, 2.3</strong></td>
</tr>
<tr>
<td>4. Interview two professionals; one person from own profession and one from another profession, and describe similarities and differences between the professions’ roles.</td>
<td><strong>Teamwork; 1.1, 1.2, 1.3, Roles; 2.1, 2.4, Communication; 3.3</strong></td>
</tr>
</tbody>
</table>

#### Advanced Activities

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<tr>
<td>5. Provide a care session/ patient interaction with another profession</td>
<td><strong>Teamwork; 1.2, 1.3, 1.5, Roles; 2.1, 2.2, 2.3, Communication; 3.2, 3.3</strong></td>
</tr>
<tr>
<td>6. Develop a patient care plan with 2 or more other professions</td>
<td><strong>Teamwork; 1.2, 1.4, 1.5, Roles; 2.1, 2.2, Communication; 3.2, 3.3, 3.4</strong></td>
</tr>
<tr>
<td>7. Present an education session with another profession</td>
<td><strong>Teamwork; 1.2, 1.4, Roles; 2.1, 2.3, Communication; 3.2, 3.3</strong></td>
</tr>
<tr>
<td>8. Participate in an interprofessional service</td>
<td><strong>Teamwork; 1.3, 1.4, 1.5, Roles; 2.1, 2.2, Communication; 3.2, 3.3, 3.4</strong></td>
</tr>
<tr>
<td>9. Collaborate with at least one other profession to explore and illustrate the patient’s journey using a real patient case</td>
<td><strong>Teamwork; 1.2, 1.3, 1.5 Roles; 2.1, 2.2, Communication; 3.1,3.2, 3.3</strong></td>
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</tbody>
</table>

#### “Innovative Initiatives” IPL Activities

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<tr>
<td>10. Participation in an IPL case-based program i.e. Site based, involving specialist clinicians</td>
<td>As determined by individual initiatives</td>
</tr>
<tr>
<td>11. Interprofessional Health Project</td>
<td>As determined by individual initiatives</td>
</tr>
<tr>
<td>12. Rural Placement Experience e.g. interprofessional outreach centre visits, joint interventions</td>
<td>As determined by individual initiatives</td>
</tr>
</tbody>
</table>
7. Uni-professional Learning Activities with an IPL focus

In addition, wherever possible, IPL key concepts such as teamwork, professional roles, and communication in uni-professional learning & teaching activities are encouraged. For example;

- Incorporate IPL concepts into PBLs & case studies (e.g. *who else should be involved in this case and why?*)
- PPD &/or professional practice tutorials to address IPL concepts.
- Incorporate IPL concepts in exam questions e.g. long case exams, viva exams etc

8. Assessment of IPL

To achieve consistency in how IPL is mandated and assessed across the health faculties, the following means of assessment are *proposed*:

- Assessment via inclusion in portfolio or E-portfolio e.g. as part of professional practice unit of study or Theme;
- IPL learning outcomes (Table 5.1) linked into existing PPD/professional practice/clinical practice learning outcomes, e.g. those associated with teamwork, communication;
- Selection of assessable items for portfolio are self directed/ learner directed, i.e. students collect evidence to demonstrate IPL competencies/ learning outcomes as defined above throughout their program.

Assessment Guidelines will be further developed applying good practice principles as found in: [http://www.usyd.edu.au/su/ab/policies/Assess_Exam_Coursework.pdf](http://www.usyd.edu.au/su/ab/policies/Assess_Exam_Coursework.pdf)

9. E-Learning resource to support IPL Framework

The IPL curriculum framework is supported by an e-learning web CT site. This site contains information for University of Sydney students and staff on IPL learning outcomes, downloads of IPL activities, and resources on IPL.

Site access can be obtained by emailing the IPL Research & Development Unit: iplproject@usyd.edu.au

10. Further information on the framework

Contact details of key IPL faculty representatives can be found in Appendix 3.
Appendix 1: IPL Key Principles

1. The internationally recognized definition of Interprofessional Education is adopted:
   “Occasions when two or more professions learn from and about each other to improve collaboration and the quality of care”
Ideally, however, three or more professions are involved in structured IPL activities.

2. The ultimate aim of IPL is to enhance the quality and safety of service delivery, resulting in improved patient/client care outcomes.

3. Key aspects of interprofessional education at a pre-qualification level include team functioning and leadership within multidisciplinary healthcare teams; understanding of professional roles and their interdependencies; and communication between health professionals. These help foster a patient-centred approach to care and respect and cooperation between professions, and are the foundations of interprofessional collaborative practice.

4. IPL within healthcare curricula at The University of Sydney will be embedded and integrated into core curricula, where possible capitalising on opportunities already available in curriculum (e.g. clinical placements; existing units of study).

5. Integration is achieved by Faculties in a range of ways, for example through embedding IPL within a Professional Practice and Development (PPD) theme or through Professional Practice Units of Study. Method of integration is therefore flexible.

6. There will be agreement across faculties on standards for assessment to enable consistency across faculties, identifying strategies to implement standards for minimum IPL content for degree programs. One option for assessment is portfolio-based assessment (or its equivalent, e.g. professional practice log as occurs in some Faculties), a method of assessment that is already familiar to most Faculties. This method of assessment enables some consistency across Faculties, but still allows for some flexibility in how it is administered.

7. There is consensus across Faculties on the IPL learning outcomes. Concepts of interprofessional collaborative practice and socialisation with other professions are introduced in the early years of a program, developing in complexity in senior years where students have opportunities to experience and be immersed in IPL in practice settings. Principles of horizontal and vertical integration therefore apply.

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3 CAIPE, 2003
8. If portfolio-based assessment is implemented, students will be asked to provide evidence in their portfolios that they have achieved the IPL learning outcomes at a level appropriate to their stage. To do this, students should be provided with a number of IPL learning opportunities and experiences which may be used to demonstrate that learning outcomes have been met, ranging from structured core sessions or activities to self directed clinical placement experiences and options from which to choose from. Students may therefore be exposed to different IPL opportunities throughout their program, which can be included as portfolio evidence with reflection on learning. Portfolio development is therefore student driven.

9. IPL opportunities are structured to be relevant to a student’s stage of knowledge and skill development.

10. On graduation, all healthcare students are expected to demonstrate that IPL graduate attributes have been met.
Appendix 2: Examples of IPL Activities

2a: Foundation activity - Interprofessional Observation Report
2b: Foundation activity - Team Dynamics Report
2c: Advanced activity - Exploring the Patient’s Journey
2d: Advanced activity – Interprofessional Case History Interview
2. Did anything surprise you about what you observed (e.g. the scope of the other profession’s role)?
   If so, discuss.

3. How do the roles and responsibilities of your own profession overlap with the profession observed? Where are there similarities in roles and approaches to care?

4. Could you see yourself collaborating with the observed profession in the provision of patient care? If so, in what capacity?

5. After observing this activity, what would you like to follow up on or clarify?
   How will you achieve this?

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*Share a copy of this observation report with your practicum supervisor and maintain a copy for your personal files.*
5. Does everyone participate? Why or why not?

6. What aspects of this team forum do you think contributed to effective team functioning?

7. How would you improve this particular team forum if given the opportunity?

8. From this observation what challenges can arise for communication within interprofessional teams?

Share a copy of this observation report with your practicum supervisor and maintain a copy for your personal files.
TEAM DYNAMICS CHECKLIST

Choose a Multidisciplinary meeting within your clinical area, for example a case conference, Multidisciplinary Team meeting, ward round, hand over etc. Multiple disciplines should be represented. Using the checklist below as a guide, observe the dynamics within the team.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting preparation</td>
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<tr>
<td>The purpose of the meeting is made clear</td>
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<tr>
<td>All team members are aware of the agenda for the meeting and which patient/clients were to be discussed.</td>
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<tr>
<td>Participants are up to date with their aspects of individual patient/client care</td>
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<tr>
<td>Meeting Environment</td>
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<tr>
<td>Meeting is held in a private quiet location</td>
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<tr>
<td>The seating arrangement encourages team member participation.</td>
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<tr>
<td>Meeting</td>
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<tr>
<td>The meeting commenced on time</td>
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<tr>
<td>Participants were punctual</td>
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<td>There are minimal interruptions</td>
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<td>The meeting is directed by the chair person</td>
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<tr>
<td>The flow of information is logical</td>
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<tr>
<td>Team communication collaboration</td>
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<tr>
<td>All team members’ points and contributions were encouraged &amp; respected.</td>
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<td>Communication between team members is clear.</td>
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<tr>
<td>There was equal participation amongst participants.</td>
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<tr>
<td>There was shared planning and decision making amongst participants.</td>
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<tr>
<td>Information is explained &amp; clarified when needed.</td>
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<tr>
<td>Patient/client’s views are considered.</td>
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<tr>
<td>Differences of opinions and conflict is managed appropriately.</td>
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</table>
**Question 2:** Complete the following table with information available to you  
(alternatively, use butchers paper or a white board to draw a longitudinal journey  
illustrating the various stages of care)

<table>
<thead>
<tr>
<th>Profession involved</th>
<th>Date of initial contact</th>
<th>Summary of care provided by profession</th>
<th>Tests/investigations conducted by profession</th>
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**Question 3:** Do you notice any potential overlap in roles and skills between your profession and any other profession noted here?  
If so, does this present any advantages or disadvantages to the team and/or patient care?
Question 4: Can you see a point on the patient’s journey where collaboration was really important e.g. on admission, discharge planning or case conference?

Question 5: Can you suggest one way the patient’s journey could be improved or made smoother?

Question 6: Which one profession would you like to know more about? How might you follow up on this enquiry?

Share a copy of this observation report with your practicum supervisor and maintain a copy for your personal files.
INTERPROFESSIONAL CASE HISTORY INTERVIEW

Acknowledgement
Interprofessional Case History Interview activity adapted from IPL programs run by S. Keane., L. Swain, and J. Fuller, Northern Rivers University Department of Rural Health.

This form is designed to assist you in designing and conducting a patient case history interview as a member of a collaborative interprofessional team.
(Total suggested word limit: 500wds).

PLANNING THE INTERVIEW

INDIVIDUALLY

- Collect any case history interview proformas specific to your profession.
- Highlight questions you think will be common to all professions and those you believe specific to your own profession.

AS AN INTERPROFESSIONAL TEAM

- Choose a clinical case of interest to the group.
- Compare your individual profession case history interview list(s) as above.

Question 1: Are there any similarities /differences when comparing your lists?

- As a team, design a single interprofessional case history interview proforma.
Question 2: How will you ensure that the patient is not overwhelmed by the interview process?

Question 3: How will the team handle asking questions of common interest?

CONDUCTING THE INTERVIEW

- Seek permission from the NUM or managing clinician before engaging in patient contact or accessing patient records.
- Spend no more than 30 min reviewing patient’s file in a private place.
- Introduce yourselves and obtain patient consent before conducting the interview.
- Ensure the patients comfort and privacy
- Conduct the interview (ideally no longer than 15min)
- Thank the patient for their willingness to be interviewed.
- Immediately following, meet as a group (15min) to discuss information collected and analysis team process.

Question 4: Was this an effective method of obtaining patient information?
Discuss
Question 5: Could this team process be further refined? Discuss

Question 6: Do you think the interprofessional case history interview offers any advantages to the patient and patient care? Discuss

- Attach a copy of the case history interview to this worksheet (ensure all identifying/confidential is excluded or removed)

Share a copy of this observation report with your practicum supervisor and maintain a copy for your personal files.
Appendix 3: IPL Contacts

IPL Research & Development Unit:

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