



*Curriculum Renewal for
Interprofessional Education in Health*

**Curriculum Renewal for Interprofessional Education
in Health – designing for culture change**

Presented by:

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Project co-lead

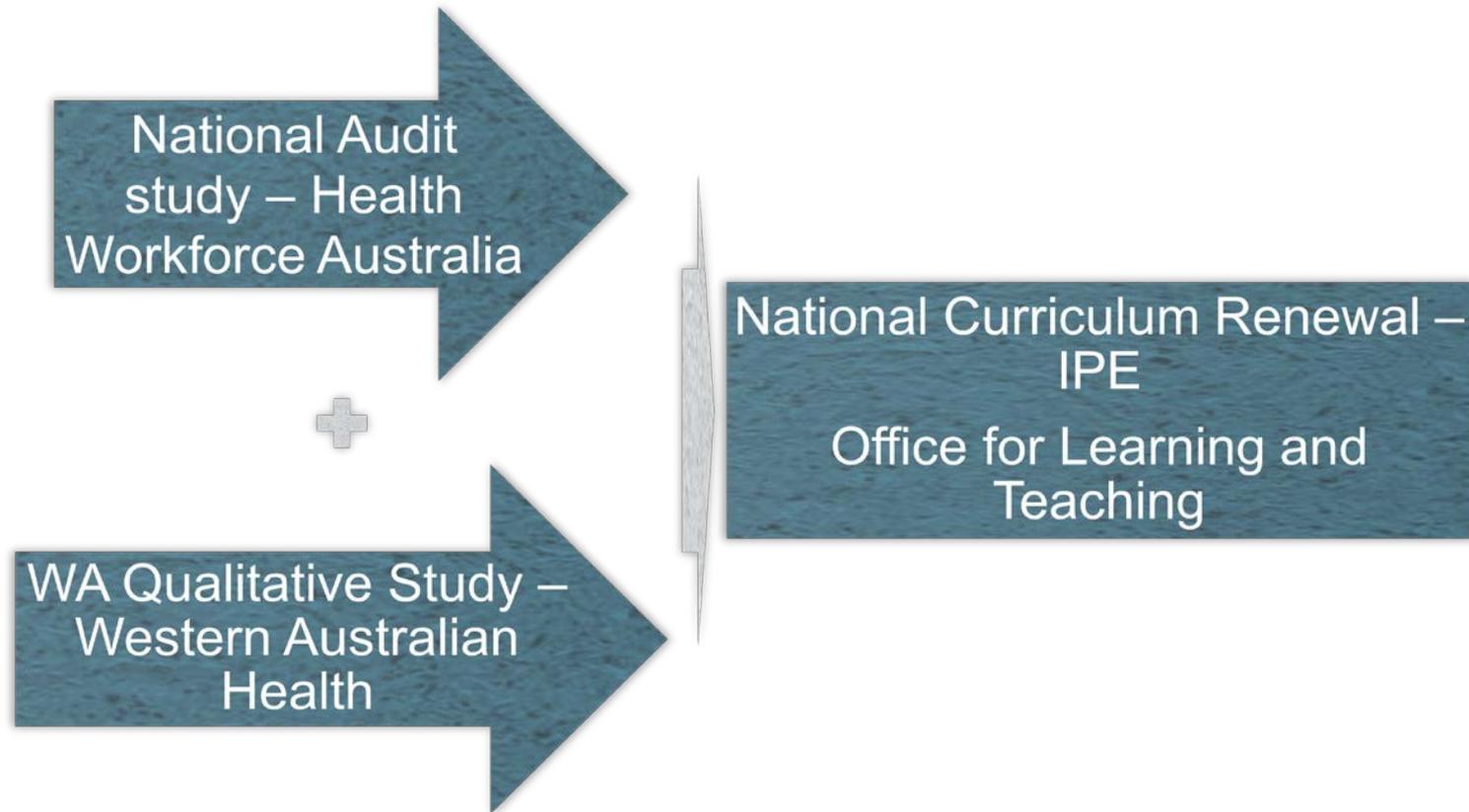
Centre for Research in Learning and Change

Faculty of Arts and Social Sciences, UTS

The Presentation

- **We haven't done this before – a focus on the political and ideological shape of the curriculum and its implication for new ways of thinking about knowledge, practice, learning
.....**
- **It also raises the kind of collective work that we think will be required if we are to locate IPE as a defining feature of all health professional curricula.**

Three studies



The partners

- **University of Technology, Sydney**
- **University of Sydney**
- **University of Notre Dame, Australia**
- **University of Western Australia**
- **Curtin University**
- **Edith Cowan University**
- **Griffith University**
- **Central Queensland University**
- **University of Queensland**
- **Australasian Interprofessional Practice & Education Network – AIPPEN**

A national/international Project Reference Group comprising international leaders in IPE from Canada, the USA, the UK, Sweden and Japan are providing input on the international experience.

Content focus

1. Why we did what we did – purpose
2. How we did what we did – design
3. What seems to be happening
4. Findings and recommendations
5. Next steps
6. Risks, costs and benefits!

THREE PUBLICATIONS

- **Report on the National Audit**
- **Report on the WA qualitative study**
- **Progress Report on all studies**

- **Contact tagrid.yassine@uts.edu.au**

Our starting point – the L-TIPP study – a scoping study. Three kinds of issues:

- **Curriculum resources**
- **‘Community’ issues – the IPE community of practice – what kind of community and what kind of characteristics**
- **Political and socio-material – issues of culture.**

We were interested in the issues and implications of culture and the positioning of IPE on the margins of the curriculum. People/the literature notes that unless this changes – a shift from periphery to centre – it will be hard to shift the discretionary and under resourced status and position of IPE

Does this make sense?

Three questions

- 1. What was needed?**
- 2. How might we structure and organise?**
- 3. What would be a useful design?**

Question 2: How to structure, organise and communicate?

- **We needed something relevant to curriculum but that allowed us to look at the way in which curriculum is a political and cultural formation**

What is curriculum?

‘Curriculum asks us to think about what is being set up to be taught and learned, what is actually being taught, what is actually being learned, why agendas are taken up or not taken up, who benefits and loses, whose voice is heard and whose is silenced, what future is being formed for individuals and what future is being set up in train for Australia as a whole. Curriculum is concerned with effectiveness, but also with expansiveness and voices, and who gets a say’.

(Yates, 2009, p. 127)

4 Dimension curriculum framework

Lee, A., Steketee, C., Rogers, G. & Moran, M. In press, 'Towards a theoretical framework for curriculum development for health professional education', *Focus on Health Professional Education: a Multi-disciplinary Journal*.

This gives us some conceptual leverage and challenges the way in which dimensions 1 and 4 are less addressed than we think they need to be.

Four-Dimensional Curriculum Development Framework

Dimension One: IDENTIFYING FUTURE HEALTH-CARE PRACTICE NEEDS.

This dimension seeks to connect health professionals' practice needs to new and changing workplace demands in all health sectors. Curriculum considerations take into account global health and educational reforms; how these link to the development of knowledge, competencies, capabilities and practices; as well as local institutional delivery conditions.

Dimension Two: REFINING AND UNDERSTANDING CAPABILITIES.

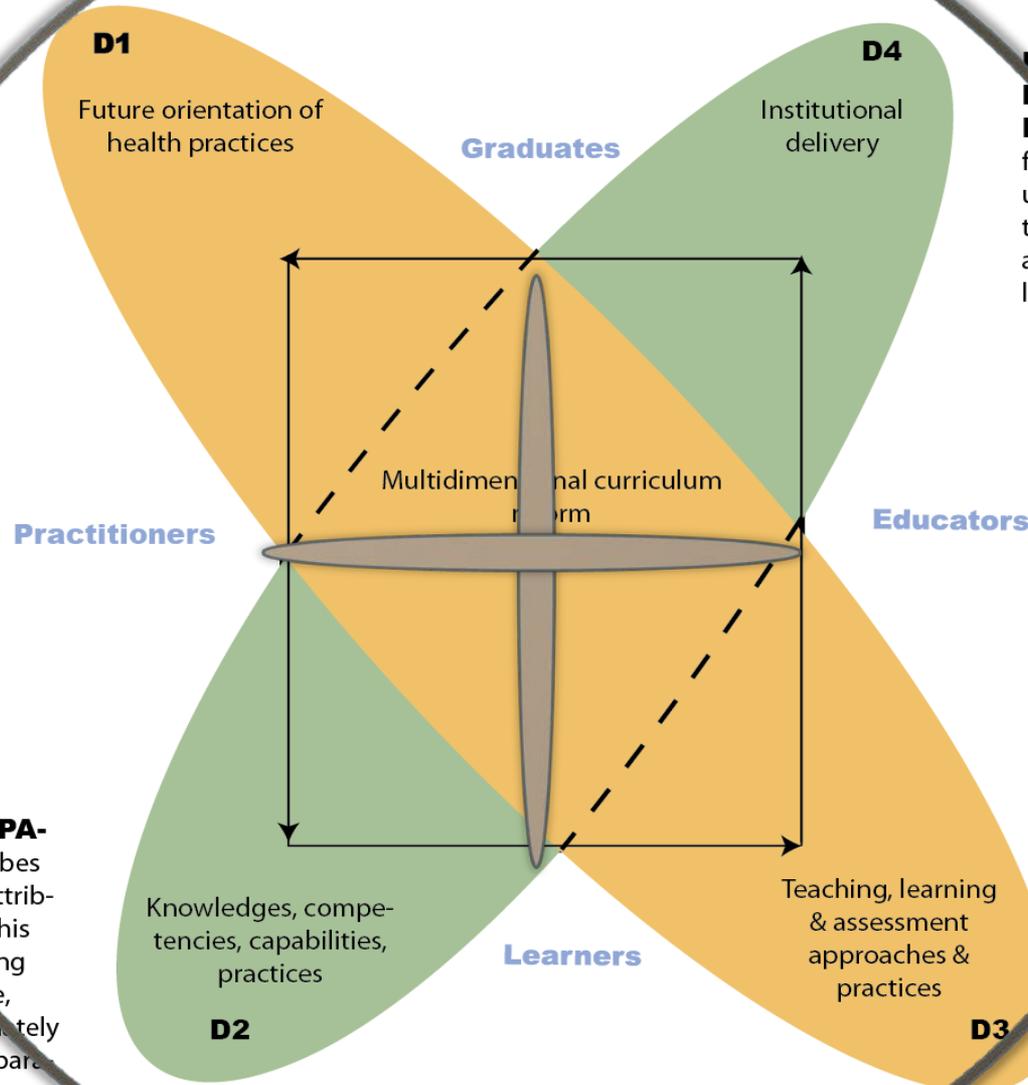
This dimension describes the knowledges, capabilities and attributes health professionals require. This component addresses how changing health services impact on expertise, identities and practice, which ultimately impacts upon the training and preparation of future health professionals.

Dimension Four: SUPPORTING INSTITUTIONAL DELIVERY.

This dimension focuses on the impact of local university structure and culture on the shaping of curriculum design and delivery, such as timetabling, logistics and entry requirements.

Dimension Three: TEACHING, LEARNING & ASSESSMENT.

This dimension pertains to the development of appropriate learning, teaching and assessment experiences, all of which have been guided by the messages inherent within D1 and D2.



Question 1: What's needed – IPE characteristics

FROM		TO
• Fragmented	to	Connected
• Oral	to	Written/published
• Local	to	National
• Little information	to	Knowledge management
• Local learning	to	Distributed learning
• Champions	to	Systemic uptake
• Discretionary funding	to	Structural funding

Do any of these characteristics resonate with your own situation?

What kind of community?

- **A community that adopts IPP as an integral and necessary part of good disciplinary practice! No more binaries here. A plug for ‘practice theories’**
- **Horizontal connection**
- **Vertical connection**
- **Inclusion of key constituencies – higher education, professional, government, health ...**
- **Future purpose – cross-sectoral/boundary crossing – new kind of infrastructure**

The studies: how do we make a difference? strategic targeting and re-scaling

- **Small impressionistic survey to a ‘national audit’ an in-depth survey – information and distribution – HWA funding – opportunistic + + support**

National audit:

- **Higher education institutions**
- **Pre and post registration health courses (focus ‘pre’)**
- **26 Australian universities participated (out of 39)**
- **83 discrete interprofessional activities reported on**

The studies: how do we make a difference? strategic targeting and re-scaling

- **Initially – from a small number of consultations with key bodies to extensive round of consultations – phone/face to face – key body liaison people – able to allocate relevant professionals – extensive work up of narratives**
- **National request for ‘exemplars’ – how are people doing success – what does this look like?**

The studies: how do we make a difference? strategic targeting and re-scaling

- **Mixed methods – across the top and qualitative in-depth – the WA opportunity – capacity building – 4 universities working together**
- **Being opportunistic again – scenario planning – two highly successful events**
- **Strategic conversations – how the IPE development agenda fits the remit of HWA, DoHA, the deans, HETI We haven't stopped this discussion.**

Positive observations

- **The development of a national discourse that is responsive to IPP/IPE – surprised at the degree of interest and interest in contributing**
- **The establishment of national and state bodies – HWA, HETI, OLT – that are responsive to IPP/IPE**
- **Increased levels of funding for initiatives and projects to develop and drive reform – strongly demonstrated through HWA and the OLT.**
- **Increased promotion of IPP as a required capability for effective practice and of IPE as a required component of health professional education. We think this constitutes the beginning of a ‘cultural shift’ – a shift that we can collectively add to, inform, resource etc.**

- **Increased interest in a national approach to IPE, with a focus on sharing and learning – a system of knowledge exchange and interaction now made possible with WEB 2. AIPPEN, OLT health discipline scholars, and HWA**
- **Increased attention to re-conceptualising the nature of professional practice with attention to professional practice as a coproduced and practice based achievement, rather than an individual knowledge based and cognitive achievement. These conceptual and theoretical developments open up and challenge dominant views as to the nature of professional practice and learning.**

- **Practice, Learning and Change – Paul Hager, Alison Lee and Ann Reich eds – Springer 2012.
Email me: roger.dunston@uts.edu.au re your interest**
- **Stephen Kemmis, Bill Green, Theodore Scahtzki, Silvia Gherardi, Paula Landri, Tara Fenwick. Hermine Scheeres and Maria Manidis, Paul Hager and Mary Johnsson on collective competence – Activity Theory, ANT**

Findings/recommendations: future orientation

- 1. Establishment of a structure and process to provide national leadership and national coordination across higher education, health, the professions and government.**
- 2. Agreement on a common language for the development of IPE curricula in Australia.**
- 3. Agreement on an Australian statement of core competencies and learning outcomes for IPP**

- 4. Adoption of IPP/IPE requirements in the accreditation standards of all Australian health professions.**
- 5. Adoption of IPP/IPE in continuing professional development (CPD) requirements for ongoing registration.**
- 6. Development of a national approach to building curriculum and faculty capacity, knowledge and research in IPE.**
- 7. Development of a national approach to IPE/IPP knowledge management and information sharing and learning.**

Curriculum Renewal Stage 2

Our plans for the next seven months

Be great to have your participation

SEE HANDOUTS

**TAGRID YASSINE (PROJECT MANAGER) WILL
BE PRESENTING ON SOME OF THESE
MATTERS LATER TODAY.**

Feedback

- 1. Has this presentation – been useful in introducing you to the work of the project?**
- 2. Does the focus and approach of the project seem useful?**
- 3. Is the 4D curriculum framework a useful way of thinking about the curriculum and IPE development?**
- 4. What will you take away from this presentation?**

Please email: Tagrid.yassine@uts.edu.au