health

CPN Strategic Projects

Final report

Interprofessional learning: Learning together to work together in Melbourne's north

Submitted by:

Northern Health

In partnership with:

Darebin Community Health

Austin Health

La Trobe University

University of Melbourne

December 2012

Table of contents

Executive summary

The purpose of this document is to report on the implementation success of the 'Interprofessional learning: Learning together to work together in Melbourne's north' project. The report reviews the project's original aims and objectives and identifies recommendations for the future.

The project was an initiative of the Northern Metropolitan Clinical Network Placement Network (NMCPN), led by the Allied Health Learning and Research Unit at Northern Health (NH). Project partners in the application included Darebin Community Health Centre, Austin Health, La Trobe University and the University of Melbourne.

The broad aim of the project was to facilitate organisational capacity of NMCPN agencies to provide interprofessional education (IPE) experiences for health professional students. The project adopted the definition of IPE promoted by the World Health Organisation (WHO, 2010).

"… when two or more professions learn about, from and with each other to improve collaboration and the quality of care." (Page 13, *Framework for Action on Interprofessional Education and Collaborative Practice*, WHO 2010).

This definition was originally described by the Centre for Advancement of Interprofessional Education (CAIPE) in 2002 and has been utilised by WHO in a slightly modified form.

To achieve the project aim a range of initiatives was implemented to foster an interprofessional culture. These included education and training to raise awareness of the opportunities to 'be interprofessional', development of a resource guide and offering expert support. The outcomes of the project reflect positive change in the NMCPN sector towards IPE with the individuals and organisations that were engaged as part of the project. The positive changes have included the development of IPE student opportunities within organisations, improved knowledge in the sector of IPE and its benefits and the development of an NMCPN Interprofessional Learning Interest Group.

Allied health and nursing staff from the public health, private hospital and community health sectors were well-represented in project initiatives. Future initiatives need to consider how to best engage with underrepresented professional and organisational groups.

The project concluded in December 2012 at a point in time where engaged individuals were requesting further opportunities for training, resources and opportunities to share information. The Interprofessional Learning Interest Group will continue beyond the end of the project, as will some of the agency-based activities initiated as part of the project. It is hoped that the NMCPN will be able to embrace this enthusiasm and momentum by offering further opportunities to focus on interprofessional approaches to education and practice in 2013.

Background and context

IPE promotes active learning with, from and about each other with the overall goal to improve health outcomes through collaborative practice. Interprofessional learning (IPL) occurs as a result of IPE. The ultimate goal is to develop work-ready health professionals who deliver broader benefit to clients and patients through improved collaborative interprofessional care.

Interprofessional approaches to student learning and practice are actively endorsed internationally and nationally in health and human services (WHO, 2010). At a policy level there is strong support from a number major government bodies for interprofessional approaches to health care practice. IPL and student education are viewed as vitally important to the delivery of quality health care by the workforce of tomorrow. Health Workforce Australia (HWA), the Council of Australian Governments (COAG), Commonwealth Department of Health and Ageing (DoHA) and the Victorian Department of Health (DH) have all endorsed greater emphasis being placed on IPL (Department of Human Services (DHS), 2007(a); DHS, 2007(b) & HWA, 2010).

Relevant literature refers to the importance of structural/systemic change as well as opportunistic and 'on the ground' IPE for health professional students. The WHO's Framework for Action (2010) and the Australian National Health Workforce Innovation and Reform Strategic Framework for Action 2011–15 both state that in order to create sustainable IPE, strategies need to be developed at:

- An individual level, to support knowledge and skills;
- A program level, to facilitate culture change and embed practice into policies; and
- At a system level, to change frameworks, funding models and government requirements.

Interprofessional approaches need to be reflected in organisational culture, in the approach to learning, in strategic positions, in policies and procedures as well as in everyday practice. However to date, there has been limited focus on interprofessional approaches to student education in the clinical placement setting. NH is a leader in this area nationally and has developed and implemented interprofessional student programs since 2006. The NMCPN identified the need to increase the availability of IPL experiences for health professional students, particularly in the placement setting. To achieve this within the available timeframe and budget, the NH lead project was developed with a focus on individual and program level initiatives to foster a positive shift towards IPE with health professional students. Secondary objectives focused on fostering partnerships and collaborations across the NMCPN.

Objectives

The specific objectives of the project were:

- To improve understanding of the differences and similarities between multidisciplinary learning, common learning and IPL.
- To foster strategic and structural change in NMCPN participating agencies that enables the ongoing implementation of interprofessional student education in the clinical placement setting.
- To identify, develop and pilot resources that can be used, initially, by agencies in the Northern and Metropolitan CPN, to foster interprofessional approaches to student learning.
- To foster collaboration among participating agencies in the NMCPN.

Project activities and methodology

The project commenced planning in August 2011, appointed a project officer in November 2011 and was completed in December 2012. The project initiatives were informed by the literature, consultation with the project's advisory group, NMCPN stakeholders and feedback from participants engaged as part of the project.

The project included the following activities:

- Literature review
- IPL resource guide
- IPL pilot projects IPL facilitator workshops
- Sessions to increase sector knowledge of IPL
- Engagement with universities and the higher education sector
- IPL interest group environmental scan evaluation and reporting.

Literature review

A literature review was undertaken to inform the development of strategies and resources. The information gathered from the literature and proposed strategies were discussed and approved by the advisory group and core team working on the project. Information from the literature review was incorporated into the IPL resource guide titled: *'How to create interprofessional learning experiences with health professional students'*.

IPL resource guide

An interprofessional resource guide titled *'How to create interprofessional learning experiences with health professional students'* was developed by April 2012 for use by agencies in the NMCPN region. The guide included information from the literature and the available evidence on various models of IPE, how to setup an IPE experience and how to prepare for and facilitate the change necessary to support IPE. It also contained a range of resources for use in the development of interprofessional experiences for students.

The manual was distributed to participants attending any of the initiatives of the 'Interprofessional learning: Learning together to work together in Melbourne's north' project. It was updated with additional resources and examples of IPE in the clinical setting in December 2012.

IPL forums

Two forums were held for managers and coordinators interested in developing IPL student experiences in 2012 and beyond. The forums focussed on developing a common understanding of the terminology and benefits of IPL and the provision of information on the application process for conducting a supported IPL pilot project.

IPL pilot projects

Organisations were invited to submit an Expression of Interest (EOI) for IPL pilot project support. The EOI process was a deliberate strategy to promote organisational buy-in and support for IPL. The EOIs had to demonstrate how the pilot project would build the organisation's capacity to deliver sustainable IPL experiences for two or more student disciplines within a clinical placement. The proposed IPE experiences needed to be based on adult learning principles and facilitate the delivery of interprofessional person-centred practice. The EOIs needed to demonstrate that the organisations had reflected on their readiness for IPE by completion of a self-assessment tool developed as part of the project. The aims and objectives of EOIs therefore needed to align with their organisational readiness. Organisations were not expected to develop an entire or complex interprofessional placement (such as a student led ward), rather they were encouraged to develop projects to build capacity and enrich student placements with a structured IPE experience. Six EOIs were received and reviewed by a subgroup of the advisory committee and four projects met the criteria to receive support.

The ‘Interprofessional learning: Learning together to work together in Melbourne’s north’ project allocated project officer time to support organisations to develop and implement their IPL pilot projects in 2012 and small seeding fund grants to each organisation of up to $3000 per project. The aim and objectives of the four pilot projects are summarised below.

Pilot project aims and objectives

Interprofessional Learning Package Project (IPLP), Nillumbik Community Health Service

Aim:

To build organisational capacity to provide IPE experiences for health professional students on placement.

Objectives:

- To develop an IPL resource package for staff to support facilitation of interprofessional students placements;
- To identify staff training needs to support interprofessional placements;
- To develop a process and system to coordinate student placements across the organisation to support interprofessional opportunities;
- To update policy and procedures to include interprofessional principles.

A coordinated system for student placements, Darebin Community Health Service

Aim:

To develop and implement a framework to facilitate coordination of student placements in a collaborative manner.

Objectives:

- To revise the current organisational and student policy and procedures and manuals to incorporate IPE principles;
- To develop processes to map and coordinate student placements to facilitate IP student opportunities;
- To improve the knowledge and confidence of staff to be interprofessional facilitators/supervisors;
- To develop an IPE ‘tool kit’ resource to support student IPE opportunities;
- To pilot the framework and use of the tool kit during 2013 student placements.

IPL at St Vincent’s, St Vincent’s Health

Aim:

To develop and implement IPL opportunities for health professional students (nursing and allied health) undertaking clinical placements in the sub-acute inpatient services at St Vincent’s, Fitzroy.

Design and develop further opportunities for IPL for health students – nursing, allied health and medical – undertaking clinical placements at St Vincent’s during the 2013 academic year.

Objectives:

- To improve the knowledge of clinical supervisors of IPL, including their theoretical understanding and capacity to design and implement appropriate IPL opportunities;
- To improve collaboration and communication skills amongst disciplines to identify how to ensure sustainability of the project;
- To develop a suite of interprofessional student experiences to be utilised across the organisation.

A trial of IPL through a case study tutorial for students and staff working in an Aged Care Rehabilitation ward, Austin Health

Aim:

To develop and implement an IPE student opportunity on the Aged Care Rehabilitation ward.

Objectives:

- To improve the coordination of student placements and identify opportunities for interprofessional experiences on the Aged Care Rehabilitation ward;
- To engage different disciplines in coordinated student experiences;
- To develop and trial a suite of IPE student experiences.

IPL facilitator workshops

The evidence suggests that effective facilitation of IPE is a critical success factor to achieving learning outcomes and practice change. To build IPE facilitator capacity, a one and a half-day workshop program was developed and delivered to thirty-four participants. The workshops were available to staff from any stakeholder agency in the NMCPN and those receiving pilot project support were expected to attend. Participants came from the NMCPN membership and included educators, clinicians and managers from a wide range of professions.

The aims of the workshop were to improve participants understanding of:

- IPE, IPL and collaborative practice; The value of teaching students and staff to work in an interprofessional manner;
- The role of the IPL facilitator in general and in own health care setting;
- To increase participant knowledge of how to develop and implement IPE experiences for students; and
- To improve participants confidence in own ability to facilitate an interprofessional team of students.

The workshops were based on interprofessional and adult learning principles. Participants were involved in IPE experiences, developed plans to facilitate a change of practice to support IPE for students, identified and described interprofessional facilitator competencies, developed models to support student reflection and articulated IPE student learning plans. Participants were expected to take the learning outcomes back into their organisations and apply them in the development of their own specific interprofessional activities.

Increasing sector knowledge of IPL

A range of forums was utilised to increase NMCPN sector knowledge of IPL, how to develop IPL student experiences and to seek support for the project. These have included:

- Delivery of a workshop within the La Trobe University Clinical Education Forum; and
- Presentations to St Vincent's Health and Austin Health sub-acute staff.

Engagement with universities and higher education sector

In response to participant feedback from the workshops and forums, efforts were made to engage with the university and higher education sector. Engagement strategies focussed on providing information about the project and identifying how university and higher education sectors may be better able to support IPE initiatives in their students' clinical placements. Initiatives included a presentation to the La Trobe University Health Sciences Faculty Clinical Education Committee, discussions with the Chair of The University of Melbourne Interprofessional Education Committee and requesting advisory committee members from universities to disseminate information into their respective organisations. Universities and higher education sectors were encouraged to support the project by:

- Providing positive messages to students including that IPE experiences embedded into clinical placements enrich students' learning opportunities; and
- Advising students that IPE experiences may form part of a (longer) placement; Encouraging students to request IPE opportunities when negotiating learning contracts; Supporting placement organisations, where

feasible, with timing of student placements; and modifying assessment forms to incorporate principles of collaborative practice.

IPL interest group

A key sustainability strategy is to provide ongoing support and sustain momentum for implementing interprofessional approaches to education. In response to feedback from NMCPN members, an interest group commenced in October 2012 with the intention of sustaining momentum and support for educators implementing IPE initiatives. The first meeting was attended by eleven individuals from four organisations. A second session was held in December and was attended by thirteen individuals from six organisations. The interest group is planned to continue and has scheduled a planning meeting for January 2013. The NMCPN staff will provide executive support to this interest group of NMCPN stakeholders. NH has offered to chair this meeting initially whilst the group is forming its directions and vision.

Environmental scan

An environmental scan was undertaken to ascertain the level of IPL in the Northern CPN agencies and ascertain the readiness of agencies to implement IPE with students. The environmental scan involved several strategies to collect the information. These included: direct requests for information sent to the advisory group with a request to forward to their respective networks; project participants were requested to provide information on IPE opportunities for students within their organisations and a survey was developed using Survey Monkey software. The survey details and the link appeared in the NMCPN October 2012 edition of News and Events Update. Only a small number of responses were received from these strategies.

Project management

Governance

The project was managed by a project manager from the lead agency and a project officer was appointed to undertake the project tasks. An advisory group was established in January 2012 to oversee the project design, implementation and evaluation. Meetings were scheduled on a monthly basis for the first six months of the project and then bimonthly thereafter. Monthly progress reports using a traffic light pro forma were submitted to the NMCPN for review at committee meetings.

Stakeholder engagement

The advisory group consisted of representatives from academic, health and human services sectors from the NMCPN and student representatives. The advisory group was therefore utilised as an avenue for stakeholder engagement as it comprised representatives from the following organisations:

- Northern Health;
- Victorian Department of Health;
- The University of Melbourne, Faculty of Medicine, Dentistry and Health; La Trobe University, Northern Clinical School;
- Dianella Community Health;
- Royal Melbourne Institute of Technology, School of Life and Physical Sciences; Mental Illness Fellowship of Victoria;
- Austin Health;
- St Vincent’s and Mercy Private Hospitals; and
- Medical and Physiotherapy students from the University of Melbourne.

Project participants and staff from the pilot projects also reflected a large group of stakeholders engaged in the project. The total number of organisations represented in the project initiatives is thirty-two.

Outcomes and impacts

The outcomes and impacts of the project are discussed utilising the IPL outcomes framework by Freeth, Hammick, Reeves, Koppel & Barr (2005) as outlined in Table 1. This framework was selected as it highlights the tiered process necessary to ultimately result in benefits to patients and clients and it is based on Kirkpatrick's model which is well-accepted in the educational literature.

Table 1: IPL outcomes

Level 1 – Reaction	The learners' views of the learning experience
Level 2a – Modification of attitudes/perception	Changes in attitudes and perception to different professions and the value of team approaches
Level 2b – Acquisition of knowledge/skills	Knowledge and skills linked to interprofessional collaboration
Level 3 – Behavioural change	Transfer of knowledge into practice
Level 4a – Change in organisational practice	Changes in delivery of care
Level 4b – Benefits to patients/clients	Improvements in care to patients/clients

IPL outcomes

Level 1: Reaction – the learners' view of the learning experience

The feedback from participants from the IPL facilitator workshops and IPL forums was generally very positive. The experiential nature of the learning, opportunities to network, practical examples and the new knowledge were all reported as useful aspects of the workshops. The following is a snapshot of responses from the post-workshop and forum feedback. This feedback was provided anonymously, in written form in response to a series of feedback questions.

The most useful aspects of the workshop were…

- Collaborative and experiential approach – we did truly work together and learn together for the day workshop
- Understanding the difference between IPE, IPL and collaboration
- Understanding and being able to convey that quality care and safety underpins this model
- The practical examples in group environment.

I would like more of…

- Information on success or failure (scenarios real-life) of IPL programs
- Practical ideas for different level (i.e., student first-year experience versus forth-year)
- Interprofessional development for staff
- Practical examples of how to set up IPL placement.

I would like less of…

- The end sessions on feedback – I didn't find this very useful as it was more of a basic session which I have previously done
- Balance has been good and has moved freely
- No – appropriately balanced between theory delivery and practical exercises and break
- Group activities
- (NB: a number of people used this question to state or restate the positive aspects of the workshop, there were very few statements about areas to leave out or reduce).

Please share any further comments regarding today's workshop, or IPE

- Fantastic Workshop!! Well done. Look forward to working with you in the future to promote IPL
- I really enjoyed today – really good content and combination of theory and practice. Thank-You! Found presentation clear and concise in a supportive environment
- Good that it was emphasised about how to take this forward, who to speak to etc. Really enjoyed group discussion, far better than read regurgitate methods of old
- Be good to know exactly what IPL placements are happening/more information regarding the northern placement runs; maybe a video if possible.

Participants' identified that they would like to learn more about: how to implement IPE into an organisation, how to manage challenging students, would like more practical examples and needed to reflect on how to implement change within their workplace. This feedback was incorporated into the design and implementation of subsequent sessions

Overall, learner reactions were very positive to the experiences presented as part of this project. There were a few constructive suggestions regarding modifications, with the most common feedback that participants would like more opportunities to learn about IPL and more practical examples and 'how to' suggestions.

Level 2a: Modification of attitudes/perceptions

Improving the understanding of NMCPN participating agencies of IPL was perceived as an important step in facilitating positive attitudes towards IPE of students and to foster a stronger culture of collaborative practice. Verbal and written feedback and quantitative evaluations reflected positive changes in attitudes and perceptions towards IPL with students. The qualitative and quantitative results suggest the workshops prompted participants to re-evaluate their current perceptions on collaboration and teamwork and helped them to identify that there were opportunities to improve.

Quotes are from the IPL facilitator workshops

What did you learn about IPE – particularly, what will you apply in practice?

- That we need a greater understanding of each different discipline;
- The ease of which it can be done and benefits to both the students and the organisation;
- I thought I always understood importance of multidisciplinary teams but this workshop gave me insight as to why/how they are important not only for patient but for students as well;
- Initial investment of time required will be more open with assisting other disciplines;
- Benefits of IPL in workplace and future.

Participant attitudes: Interdisciplinary Education Perception Scale (IEPS)

The Interdisciplinary Education Perception Scale (IEPS) (Leucht, Madsen, Taugher & Petterson (1990) was utilised pre/post for participants of the IPL facilitator workshops. The IEPS comprises eighteen statements about views of own and other health professionals on a six-level agreement scale. The subscales proposed by McFayden, MacLaren and Webster (2007), have been utilised in the analysis of the information due to its improved reliability as compared to Leucht et al (1990). MacFayden et al (2007) proposed the statements can be grouped into three attitudes important for IPL:

- Professional competency and autonomy
- Perceived need for cooperation
- Perception of actual cooperation.

Psychometric analysis has indicated that the IEPS is reliable, has good factor groupings and scoring mechanism (Canadian Interprofessional Health Collaborative, 2009). The scale ranges from a score of 6 for strongly agree to strongly disagree with a score of 1.

Table 2: IEPS statements grouped into factors (McFayden et al, 2007)

Factor 1: Professional competence and autonomy
Q1 Individuals in my profession are well-trained
Q5 Individuals in my profession are very positive about their goals and objectives
Q7 Individuals in my profession are very positive about their contributions and accomplishments
Q10 Individuals in my profession trust each other's professional judgement
Q13 Individuals in my profession are extremely competent

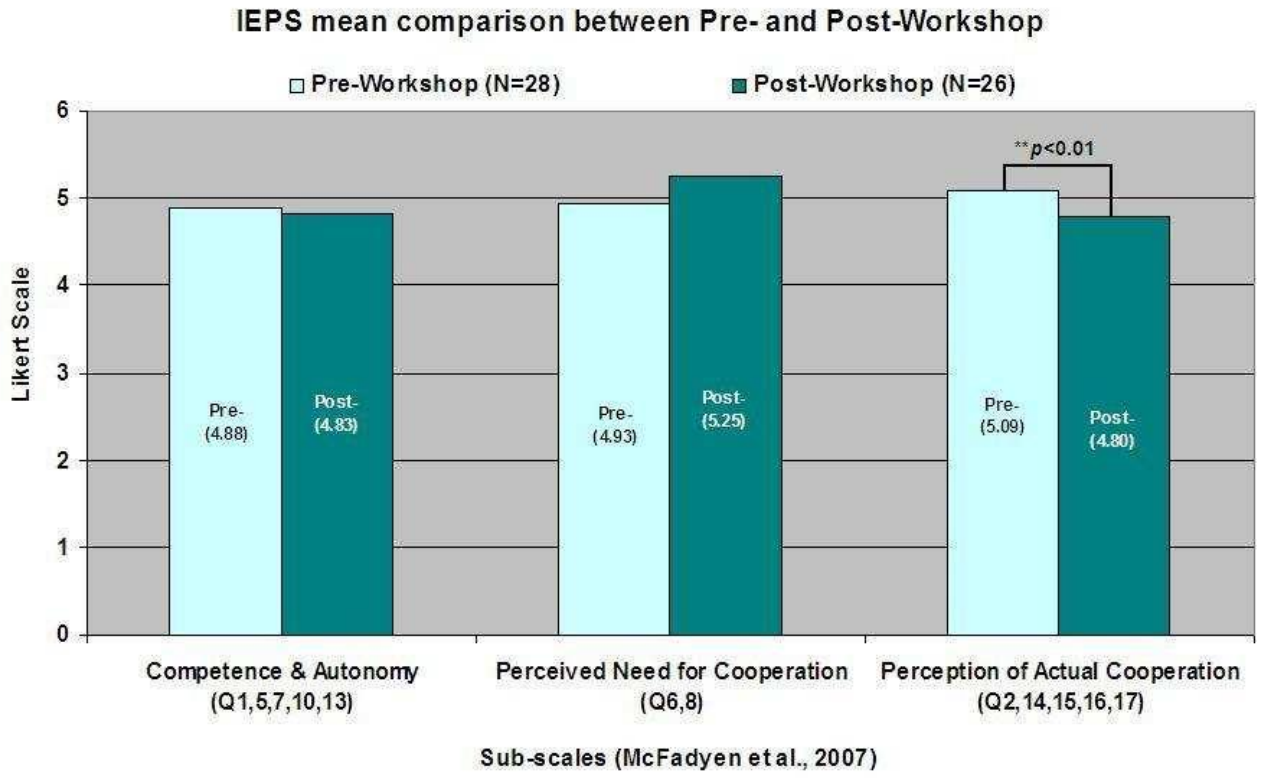
Factor 2: Perceived need for cooperation
Q6 Individuals in my profession need to cooperate with other professions
Q8 Individuals in my profession must depend upon the work of people in other professions

Factor 3: Perception of actual cooperation
Q2 Individuals in my profession are able to work closely with individuals in other professions
Q14 Individuals in my profession are willing to share information and resources with other professionals
Q15 Individuals in my profession have good relations with people in other professions
Q16 Individuals in my profession think highly of other related professions
Q17 Individuals in my profession work well with each other
Statements not included in analysis:
Q3 Individuals in my profession demonstrate a great deal of autonomy
Q4 Individuals in other professions respect the work done by my profession
Q9 Individuals in other professions think highly of my profession
Q11 Individuals in my profession have a higher status than individuals in other professions.
Q12 Individuals in my profession make every effort to understand the capabilities and contributions of other professions
Q18 Individuals in other professions often seek the advice of people in my professions

The IPL facilitator workshops consisted of one and a half days of training over two sessions (session 1 plus session 2). Thirty-four participants attended session 1 of the training and twenty-eight pre-workshop IEPS were received. Seventeen participants attended the entire 'workshop' (i.e., sessions 1 and 2) and fifteen of this group completed post-workshop IEPS at the conclusion of session 2. Participants that only attended session 1 were contacted via email and were requested to complete the post-program IEPS on line. Eleven responses were received from participants that only attended session 1.

Figure 1 presents the pre/post-workshop IEPS mean comparisons. The post-IEPS means for session 1 and session 2 are collated into the post-workshop data.

Figure 1: Pre and post-workshop IEPS means



The results will be discussed in reference to the three factors and in combination with the qualitative information collected from project participants.

Factor 1: Competence and autonomy

Factor 1 includes statements about an individual's perception of their own professions training, competency and contributions. There was essentially no change from the pre to post-workshop means for this factor (4.88 and 4.83 respectively). Project participants reported that the workshops had highlighted the need to learn more about other professional roles, IPE and collaborative practice, however, the questions in this factor relate more to the participants' perception of their own role and profession. Therefore, for experienced clinicians and clinical educators it is not surprising that this factor was rated relatively high and remained stable.

Factor 2: Perceived need for cooperation

Factor 2 includes two statements about the need to cooperate and depend upon other professions. The post means for session 1 and session 2 and post-workshop increased. This response supports the qualitative feedback where participants identified that more could be done to improve collaboration amongst disciplines.

Fostering the perceived need for collaboration and cooperation was one of the secondary objectives of the project. Although the increase in ratings was not statistically significant, the change was trending in a positive direction.

Factor 3: Perception of actual cooperation

Factor 3 includes five statements that require the individual to comment about their professions capacity to work with others, share resources and develop good working relationships. There was a statistically significant decrease in means from pre to post-workshop (t–test, $p<0.01$). A decrease in post-workshop means may suggest that the workshops contributed to participants identifying that the level of cooperation in their profession could be improved. This result is consistent with qualitative feedback. Participants identified that they had initially believed they were working in an interprofessional and collaborative manner however post the workshops (once definitions were clarified and more thoroughly understood) they reflected that their practice

was more consistent with multidisciplinary practice – working in parallel – rather than interprofessional – working collaboratively. Although the scores decreased, this result probably reflects an increase in awareness of the definition and depth of interprofessional practice.

Level 2b: Acquisition of knowledge/skills

The initiatives of the project were developed with the specific purpose of improving the understanding of the terminology, the benefits to staff, students and patient care and to provide participants with the knowledge and tools to support the implementation of IPE student experiences.

Feedback from participants indicated an improved understanding of the differences of multidisciplinary and interdisciplinary practice, the need for fostering organisational support to implement change and the benefits to staff, students and clients of interprofessional collaboration.

To ascertain if the project's initiatives supported the acquisition of knowledge and skills, participants were requested to complete post-initiative questionnaires. The questions required participants to reflect on the degree to which the initiatives had enhanced their knowledge and improved their confidence to implement IPE. The questions and scales used for each of the project's initiatives varied slightly to reflect the difference in objectives, duration and depth of information of each one.

IPL forums

Two IPL forums of two hours duration were held early in the project for managers and coordinators interested in learning about the project and applying for pilot project support. Participants were required to respond 'yes, no, or no change' to the questions. The results are presented in Table 3. The feedback suggests that the forums contributed to enhanced knowledge and skills, improved confidence and an increase in perceived feasibility of implementing IPE student experiences in their organisation.

Table 3: IPL forum post-program evaluation

	Yes	No	No change
My knowledge and understanding of the international and national drivers for the development of IPE has been enhanced.	100.0% (14)	0.0% (0)	0.0% (0)
My knowledge and understanding of IPE has been enhanced.	78.6% (11)	7.1% (1)	14.3% (2)
My knowledge and understanding of collaborative practice has been enhanced.	57.1% (8)	0.0% (0)	42.9% (6)
My knowledge of the benefits of collaborative practice for the health system and client/patients has been enhanced.	42.9% (6)	7.1% (1)	50.0% (7)
My enhanced knowledge of IPE/L will assist me in advocating for interprofessional experiences for students.	85.7% (12)	0.0% (0)	14.3% (2)
The knowledge, tools and processes discussed/provided will assist me in supporting the development of an interprofessional experience within my workplace.	92.9% (13)	7.1% (1)	0.0% (0)
I now feel more confident in being able to support the development of an interprofessional experience within my workplace.	100.0% (14)	0.0% (0)	0.0% (0)
I now believe the development of an interprofessional experience is achievable and feasible within my workplace.	78.6% (11)	0.0% (0)	21.4% (3)
I believe all students should have opportunities to have an interprofessional experience.	92.9% (13)	0.0% (0)	7.1% (1)

IPL facilitator workshops

A six-point agreement scale was utilised post-IPL facilitator workshops to gauge participants learning. The agreement scale consisted of selection from ‘strongly agree, agree, neutral, disagree, strongly disagree’. The highest score was five for the response ‘strongly agree’. The mean results for the post-program questionnaire are presented in Table 4. Thirty-one participants completed the questionnaire following session 1 and fifteen participants completed post-session 2.

Table 4: IPL facilitator workshop post-program survey (N=44)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
My understanding of the context and policy drivers for IPL has been enhanced.	43.2% (19)	52.3% (23)	4.5% (2)	0.0% (0)	0.0% (0)
My knowledge and understanding of IPE has been enhanced.	47.7% (21)	50.0% (22)	2.3% (1)	0.0% (0)	0.0% (0)
My knowledge and understanding of collaborative practice has been enhanced.	34.9% (15)	55.8% (24)	9.3% (4)	0.0% (0)	0.0% (0)
My knowledge of the benefits of collaborative practice for client/patients has been enhanced.	34.1% (15)	56.8% (25)	9.1% (4)	0.0% (0)	0.0% (0)
My enhanced knowledge of IPE and learning will assist me in promoting interprofessional experiences for students within my organisation.	31.8% (14)	65.9% (29)	2.3% (1)	0.0% (0)	0.0% (0)
The information, tools and processes discussed in this workshop will assist me in supporting an IPL experience within my workplace.	38.6% (17)	54.5% (24)	6.8% (3)	0.0% (0)	0.0% (0)
I now feel more confident about being an IPL facilitator.	15.9% (7)	70.5% (31)	11.4% (5)	2.3% (1)	0.0% (0)
I now believe the development of an IPL experience is achievable and feasible within my workplace.	15.9% (7)	61.4% (27)	20.5% (9)	2.3% (1)	0.0% (0)

The feedback from participants indicates that the workshops enhanced their knowledge of IPE, IPL and collaborative practice and increased their confidence in becoming an IPL facilitator. There was a positive increase for all questions post-completion of session 2 of the workshop. Session 2 focused on providing attendees with the opportunity to participate in structured IPE experiences and they were also further supported to develop an IPE plan for implementation into their organisation.

IPL clinical educator workshop

The post-program evaluation used above was modified for workshops of a shorter duration. A modified version was utilised for a two-hour IPE workshop with twenty-eight clinical educators that provide student placements for La Trobe University. The results are presented in Table 5. The feedback reflects an overall positive response for increasing knowledge however scores were not as high as the IPL facilitator workshops. This result is expected given the IPL clinical educator workshop was of shorter duration and involved large group teaching.

Table 5: IPE session for clinical educators (N=28)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
My understanding of the context and policy drivers for IPL has been enhanced.	35.7% (10)	60.7% (17)	3.6% (1)	0.0% (0)	0.0% (0)
My knowledge and understanding of IPE has been enhanced.	25.0% (7)	71.4% (20)	3.6% (1)	0.0% (0)	0.0% (0)
My knowledge and understanding of collaborative practice has been enhanced.	21.4% (6)	60.7% (17)	17.9% (5)	0.0% (0)	0.0% (0)
My knowledge of the benefits of collaborative practice for client/patients has been enhanced.	28.6% (8)	57.1% (16)	14.3% (4)	0.0% (0)	0.0% (0)
The information discussed in this workshop will assist me in supporting an IPL experience for students within my workplace.	28.6% (8)	67.9% (19)	3.6% (1)	0.0% (0)	0.0% (0)

A consistent theme identified by participants was the request for access to pre-prepared student learning experiences that could be implemented in their own organisation. They also wanted more examples of what is currently being done in practice and more advice and guidance on how to implement IPE in their organisation.

Level 3: Behavioural change

This project aimed to produce behaviour change within NMCPN member agencies and their staff by facilitating more positive attitudes towards IPL, increasing IPL knowledge and skills, supporting networking opportunities and supporting pilot projects.

In the project initiatives participants were introduced to a range of resources to support them evaluating their preparedness for IPE, the development of IPE student experiences and models to support reflection. Participants identified that these resources were useful and they would take them back to apply in their work place. Participants also identified that they needed to consider how to facilitate higher order change within their organisation to support student IPE experiences. A snapshot of participant feedback from the IPL facilitator workshop (1.5 days) is presented below.

What can you take back from the session and apply in your organisation?

- The IPL learning plan
- Strategies to implement conversations and target audiences in the organisation
- Need for coordination of student placements across organisation and need for students to observe/be involved in client journey holistically for better client outcomes.
- Enthusiasm
- Importance of reflection as a feedback tool for students
- The potential to offer a different sort of clinical placement which will enrich student learning
- Ideas for further discussion with management. Organisation's strategic plans and how this fits in within my department – linking up rotating students to run a pilot.
- Most the content covered. Many opportunities will open up because of my learning from today.
- The value of looking at student placements being more coordinated especially in areas of commonality e.g., orientation.
- Theory; how to put framework around student experience; how to work collaboratively to plan objectives and experiences.

Who have you met today who would be beneficial to have in my IPL network?

- Other professionals of the same discipline who would be good to keep in touch with
- Educators and all participants that I spoke with – keep in touch with how progressing in other organisations use their progress/learning to aid development.
- All of the other participants
- Educators from my own organisation
- Others interested in IPL from my organisation
- Very interesting to meet other workers from my place of employment

Follow-up telephone interviews

Two months post the conclusion of the IPL facilitator workshops telephone follow up interviews were attempted with the thirty-four participants. Three interviewers contacted participants by telephone to request their participation or via email if telephone contact was not successful. If no response was received by telephone or email the participants were not contacted again. The interviewers consisted of the project officer, a staff member from NH involved in the planning and delivery of the workshops and a staff member of NH with no previous involvement in the project. To minimise bias or conflict of interest, the participants were divided between the interviewers based on the following table.

Table 6: Post-IPL workshop telephone interviews

Interviewer	Participants interviewed
Project officer	Participants that completed session 1 and session 2 of the workshops
Project support officer	Participants employed by the four organisations in receipt of resource support for their pilot projects (NB: the only contact this person had with the pilot project organisations was through the workshops: the main project support was provided by the project officer).
Independent of the project	Participants that attended session 1 only

The interviewees were asked a series of questions about the application of their learnings into practice. Eleven interviewees were able to be contacted and agreed to be interviewed. Of the eleven interviewed, eight had attended session 1 and 2 and four were from organisations receiving resource support.

The interview follow up identified:

- Nine of eleven participants reported that they discussed the learnings from the workshops with colleagues and/or managers in their organisation.
- Seven reported that they had implemented or were planning to implement change to facilitate IPE for students as a consequence from attending the workshops.
- The interviewees reported the main enablers to IPE included management support and access to resources and the main barriers were lack of funding and resources and competition with other organisational priorities.
- Having access to ongoing resources and expertise and receiving support with coordinating student placements more efficiently with universities were discussed as means to support sustainable IPE in the clinical setting.

Level 4a: Change in organisational practice

The literature indicates that to support sustainable change for student IPE strategies need to be targeted at the individual, program and system level. This project utilised a combination of individual and program level strategies to facilitate change in organisational practice.

Practical organisational change is evident for the four pilot projects. The pilot projects have developed systems to better coordinate student clinical placements, developed internal student clinical placement working groups, revised policy and procedures and clinical supervisor guidelines to include interprofessional student education,

developed resource kits and have commenced planning for IPE student experiences for 2013 student cohorts. The pilot project organisations identified that the resource support provided them with an opportunity for a staff member to take the time to plan and prepare initiatives with the support of the project. They also identified that the education opportunities and mentoring support was a critical component to the success of their projects. Organisations have reported now the initial work had been undertaken they were confident they would be able to sustain or even expand the IPE student opportunities in the future.

The project has also resulted in a positive change in the NMCPN sector with respect to IPL. This is evidenced by the establishment of an IPL interest group in October 2012. The concept of an IPL interest group was proposed by the project team in the IPL facilitator workshops as a means for interested individuals to continue to develop their skills and knowledge in this area and share relevant and useful resources. The group has now run two sessions in 2012 and has plans for 2013. It has included representatives from community health, private and public hospitals and universities. Attendees at the interest group sessions have included project participants and other interested individuals in the NMCPN. In the final session for 2012, project participants encouraged interested colleagues to attend.

The project has also contributed towards other positive changes in future research and organisational structures. The information and learnings generated by this project have motivated a doctoral student to include a section on interprofessional student education within her thesis, which focuses on student education best practice within her profession. The information and learnings from the project have also been utilised in a successful submission for an allied health clinical education lead for Austin Health.

Level 4b: Benefits to patients/clients, families and communities

The objectives of this project have been targeted at NMCPN staff and organisations. Assessing the broader impact on patients/clients, families and communities was beyond the scope of this project and therefore not formally evaluated.

Learnings to inform future work

“We want more”

This project was well-received by NMCPN agencies. Project initiatives were well-attended and in some instances over-subscribed. Interest was expressed from a range of disciplines and levels of responsibility within organisations. The interest and requests for ‘more’ support, ‘more training’ and ‘more experiential opportunities’ reflect the perceived need for further initiatives to support the development of student IPE experiences. The development of the IPL interest group is one avenue to meet some of the needs of the individuals and organisations within the NMCPN. It is hoped that the NMCPN is able to capitalise on the current enthusiasm and willingness for IPL in the region and support the culture change via future IPL initiatives.

Common language

One of the objectives of this project was to improve understanding of the differences and similarities between multidisciplinary learning, common learning and IPL. In all the initiatives there was a strong focus on developing a shared understanding of the interprofessional language. It was evident that health professional staff understanding of the terminology and purpose of IPL was initially variable. Interprofessional care was commonly confused with multidisciplinary care and the link between IPE facilitating collaborative practice was also not widely understood. Many project participants indicated they were of the belief they were already practising in an interprofessional manner however on reflection the models of care were perhaps less collaborative and were actually more aligned with multidisciplinary practice. Another common assumption was that IPE students’ experiences primarily consist of ‘student-run’ wards or clinics. The project promoted that these programs are just one example of IPE and that there are many other opportunities in the clinical practice setting for students to learn with, from and about one another.

The student representatives on the advisory committee commented that their knowledge of IPE and its benefits had stemmed from volunteering in interprofessional clinical placement opportunities. They indicated that many students don't understand the terms and rationale of IPE and therefore are less willing to participate in such activities. The students suggested, as part of this project, to develop strategies to educate and engage students in the NMCPN. Student specific strategies were discussed in the September advisory group meeting, however, were not progressed as it was not an optimal time to be engaging students due to their other competing demands such as exams and completing clinical placements.

However, the feedback from students and the health professionals highlighted the need for further education across the health and education sectors to support the development of a shared understanding and commitment to IPL and collaborative practice.

Student clinical placement etiquette and conflict

The workshops and forums for this project introduced participants to a process for developing a student IPE experience by looking for opportunities, supporting changes and developing specific IPE learning plans. To achieve this, participants were encouraged to look for opportunities to embed IPE student activities within current student clinical placements and develop systems and strategies to support better coordination of student clinical placements in their organisations. The project encouraged the development of 'experiences' to facilitate student development, in particular of three main skills sets based on Barr et al's IPE Foci (2005). This included:

- Understanding their role and the roles of others
- Development of skills to support teamwork
- Skills to support person-centred care.

The project highlighted that IPE student experiences need to be structured with specific learning outcomes. The learning outcomes should drive the focus of the IPE activities and the evaluation. The learning outcomes and evaluation of student clinical placements however are typically driven by the university sector and/or the professional organisations and accrediting/registry bodies. Clinical educators expressed concern about their ability and the appropriateness of changing or adding specific learning outcomes without university support or approval. The disparity between the national and international drivers for IPE and the perceived lack of change at the university level to support IPE experiences in clinical placements was commented on frequently by project participants. Support, endorsement and direction from the university sector regarding the development of IPE student experiences was perceived as a pivotal factor to support the success of local initiatives.

Project participants identified that university support would be required to:

- Proceed with local developments of interprofessional experiences
- Market the IPE experiences to students as rewarding and encouraging students to participate whilst on placement
- Develop assessment criteria that reflect interprofessional skills and knowledge.

As part of this project these key messages were discussed with some university staff at varying levels of authority. However the project was not able to implement a comprehensive engagement strategy and further, collaboration in this area is essential if systemic change is to be achieved. Until such time as academic training organisations and professional organisations/associations/registration bodies request, require and support IPE clinical placement experiences the 'creativity and resourcefulness' of organisations may be dampened or constrained by the need to accommodate education sector clinical placement requirements and uphold current etiquette when structuring student experiences.

Access to expertise

Local, national and international frameworks advocate and in part mandate the development of IPE for students in the health and education sectors for the future. The literature provides information on frameworks and strategies to set up interprofessional experiences and discusses the need to have local champions, mentors and management support with the knowledge and skills to facilitate the change required to develop student IPE experiences. However, the access to expertise and supports in the clinical practice setting to implement the requirements of the local, national and international frameworks is variable within organisations. This project provided access to expertise, resources and support in the development of IPE student experiences. The ability of agencies to access expertise and resources in the future will continue to be variable which in turn may influence their capacity to develop or expand IPE student experiences. It is hoped that ongoing access to expertise and resources will be facilitated by the IPL interest group established as part of this project. The role of NMCPN in facilitating access to expertise and support to clinical educators in the development of IPE student experiences is an avenue that has potential.

Communication with NMCPN

This project utilised the communication process established by the DH for the NMCPN. This included sending information regarding events and requests for information to be posted on the DH/NMCPN website or included in the newsletter. All information sent to the DH needed approval by the DH's communication staff. This created time delays in promoting initiatives. The DH policy only permitted the sending of web links to the DH/NMCPN site; no attachments were permitted to be sent. To access information readers had to open the DH/NMCPN link and then navigate to the correct sub-list, i.e., news and events or newsletters and then open the relevant file. The embedding or 'burying' the information did not facilitate ease of access. Whilst this process had a large presumed readership it did not necessarily facilitate targeted delivery of information to key stakeholder groups. Rather, the project officer targeted information to key groups based on pre-existing knowledge and relationships and often called upon the advisory group to disseminate information. This latter process was not necessarily thorough or efficient. This project would have benefited from the capacity to access contact lists to enable the targeting of different types of health and human organisations, managers and clinicians within the NMCPN. It is suggested for future projects that other means to disseminate information using the resources of the NMCPN be explored.

Sharing information on IPE student practice

An environmental scan was undertaken to support the development of the IPL resources and inform future planning for the project. It also enabled the project to collect and collate information on the interprofessional student education initiatives within the NMCPN member agencies. It was evident early in the project that different interpretations of the term IPE would create challenges in collecting this information. To probe further for this information, an online survey was developed. Questions were carefully structured so that respondents did not need to have prior knowledge of the interprofessional language. The link to the survey was distributed by the NMCPN newsletter and via the advisory group. Highlighted in its preamble was that the information would be utilised to support future planning of interprofessional initiatives by the NMCPN. Despite the large presumed readership of the NMCPN newsletter, only four responses were received. This low level of response may be interpreted in several ways including; the dissemination process not sufficient or adequately targeted, the marketing of the survey not adequately targeted, there are no IPE student experiences being delivered by NMCPN agencies, the perceived benefit in completing the survey, lack of understanding of IPE therefore not opening/attempting the survey, people were too busy, a combination of all of the above or other unknown reasons.

The project did not have the capacity to initiate further strategies to attempt to collect this information. It is recommended going forward that this activity is progressed and with the support of the NMCPN or more broadly through the DH as a statewide strategy. It is anticipated that that the IPL interest group may be a forum to support this future development locally.

System level changes

This project focussed on individual and program level initiatives to facilitate organisation's capacity to implement IPE student opportunities. System level initiatives were outside of the scope of this project. However, the need for system level initiatives is clearly understood by the project team and was frequently identified by project participants. Professional organisations/bodies and registration bodies typically outline the skills and competencies required of new graduates and their members. Subsequently, the professional organisations influence what universities teach and train students. And health and academic funding models influence how teaching and training is delivered.

The funding models were repeatedly identified as a barrier to supporting IPE with students. The funding issues identified pertained to lack of infrastructure or space to facilitate concurrent student placements, funding streams that do not support collaboration with other disciplines, the over-riding need to achieve patient targets and limited capacity to coordinate and align student placements. It was noted however that some organisations had initiated strategies that were resourceful and creative to improve services to clients and interact in a more interprofessional manner within the constraints of existing funding. The private sector representatives also highlighted that students are not as readily accepted in the private sector by patients or medical consultants. To facilitate inclusion of students in the private system it was recommended that there needed to be a series of strategies to change the culture within the private model and implement incentives for taking students.

The major system level changes required to effectively implement IPE as the norm in clinical placement experiences include:

- Interprofessional attributes; skills and behaviours included in learning objectives and assessment tools for students of each profession. This requires change from professional/registration bodies and higher education sector.
- Higher education providers aligning clinical placement programs to facilitate concurrent placements for students from different disciplines.
- Promotion of person-centred, interprofessional and collaborative care as the core business of health and human services.
- Consideration in infrastructure developments of the co-location of students from different disciplines in the placement setting.
- Funding incentives and supports to foster IPE initiatives and sustainable programs.

Representation of health professionals

The project initiatives were promoted to professionals involved with the supervision and training of allied health, nursing and midwifery and medical students across all health and human services within the NMCPN. Allied health and nursing professions from public hospitals and community health were well represented in the uptake of the project initiatives. The underrepresented groups included; medicine (one GP attended the IPL facilitator workshop), mental health, aged care, private hospitals and the university and the Vocational Education and Training (VET) sector. This was despite agencies in the NMCPN stakeholder groups receiving project information about activities designed to engage all sectors and the inclusion of all of these sectors in the advisory group for the project. In the development of future initiatives consideration needs to be given to how to best target these groups.

Conclusion

The project aimed to increase student IPL opportunities in the NMCPN by building the capacity of organisations and clinical education staff within organisations. The evaluations of the initiatives indicate that the project has successfully achieved its aims and objectives with the individuals and organisations that participated with the project.

This project developed a combination of individual and program level initiatives. The use of a two-tiered process was perceived as pivotal to facilitate the process of practice change required to embrace IPE. The outcomes from the initiatives suggest that the combination of education, training, resources, and support resulted in positive outcomes for those who participated in the project.

The pilot projects demonstrated the most positive changes towards sustainable student IPL opportunities. This was expected given the known time and resources required to develop and implement structured IPE opportunities. The pilot project organisations received support from the project officer, access to the project initiatives (in particular the facilitator workshops and resource manual) and seed funding up to $3000. The provision of funding, training and additional support increased the pilot projects organisational capacity for a short period of time to dedicate towards planning, development and implementation of initiatives. The organisations reported the access to support, training and resources were key factors in facilitating them to develop the IPE opportunities.

This project was a preliminary step to engage the NMCPN sector in fostering an interprofessional culture. Promotion of IPL is a strategic priority for the NMCPN. This project concluded with individuals wanting ‘more’ and providing sound recommendations about ways to further support their capacity to achieve student IPL opportunities. Changing a culture requires a planned approach with appropriately timed strategies, a review process, repetition of themes and showcasing of the benefits. Therefore, it is hoped that the NMCPN will champion further initiatives as part of a broader strategic plan to capitalise on the current willingness and enthusiasm in the network around IPE. Failure to provide any further follow up would put at risk the achievements made to date.

Recommendations

This project has highlighted a range of recommendations to further foster the development of an interprofessional culture. These recommendations reflect a mix of individual, program and system level strategies however all have relevance to building an interprofessional culture in the NMCPN and across the health system. The recommendations include:

- To develop a NMCPN strategy to further promote and foster an Interprofessional culture.
- The inclusion of IPE, IPL and collaborative practice terminology and principles into all clinical education training across the NMCPN.
- The development of a system to better utilise the contact lists and resources of the NMCPN to target key stakeholder groups.

The development of strategies to engage the higher education sector and professional associations in discussions on how to build interprofessional principles into their planning and assessment of student clinical placements possibly via the Victorian Clinical Placement Network.

To engage in discussions with funding bodies regarding models that support collaborative practice and positively promote/reward interprofessional models of placement education.

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