DEVELOPMENT OF INTERPROFESSIONAL HEALTHCARE LEADERSHIP MODULES FOR UNDERGRADUATE STUDENTS

Dr Carin Maree
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Traditional Health Education

Professionals from different healthcare disciplines are prepared in their own fields with limited exposure to teamwork, with each discipline focussing on their own responsibilities regarding patients and communities.
Interprofessional Health Education

Professionals from different healthcare disciplines learn with, from and about each other while sharing common responsibilities to the benefit of patients and communities
Related Concepts

• Multiprofessional:
  – Healthcare professionals work independently with limited overlap of professional roles with the same goal for patients / communities

• Transprofessional:
  – Role clarification of healthcare professionals from different disciplines fades with an increasing overlap of responsibilities towards a common goal for patients / communities
Problem statement

• Healthcare professionals should be prepared for the challenges and complexities for their future careers during enrolment of undergraduate programmes

• The reality of healthcare includes an overburden of diseases and lack of healthcare professionals
Potential solution

• Multi-disciplinary teamwork is expected to contribute to:
  – Optimise use of resources
  – Improve quality of healthcare
  – Improve outcomes for patients and communities

(WHO 2010; Frenk et al. 2010)
Background information

The School of Healthcare Sciences, University of Pretoria, consists of Departments of:

- Human Nutrition
- Nursing Science
- Occupational Therapy
- Physiotherapy
- Radiography
Need was identified for collaboration for alignment with:

- Vision of University
- National health trends (Re-engineering of Primary Healthcare and National Department of Health’s Strategies)
- National education trends (Higher Education Qualification Sub-Framework)
- International trends (Interprofessional Education and Sustainable Development Goals)
...and the outcome:

Development of ‘shared modules’ in integrated healthcare leadership in the community setting and research for undergraduate students in the School of Healthcare Sciences, with addition of the Department of Speech-Language Pathology and Audiology
Research Design

Action research design was followed:

- Problem identification
- Action planning
- Implementation
- Evaluation
- Reflection

Based on principles:

- Learning in and through action and reflection
- Iterative process
- Collaboration
- Using multiple methods  \( (McNiff & Whitehead 2002) \)
Conceptual Framework


- Phase 1: Planning
- Phase 2: Pre- and post implementation
- Phase 3: Evaluation
Knowledge-to-Action Cycle

(Graham & Tetroe 2009; 2010)
Knowledge-to-Action Cycle

(Graham & Tetroe 2009; 2010)

• Need for undergraduate IPE

• Evaluate common ELOs and graduate attributes
• Consolidation to define learning outcomes for IPE
• Synthesis into interprofessional module

PHASE 1: PLANNING

1. Identify problem
2. Review knowledge
3. Adapt knowledge to local context

PHASE 2 - PRE-AND POST IMPLEMENTATION

1. Assess barriers & supports
2. Select, tailor & implement interventions

PHASE 3 - EVALUATION

1. Monitor knowledge use
2. Evaluate outcomes
3. Sustain knowledge use

Product tools

Knowledge inquiry

Synthesis

Planning knowledge

Review knowledge

Identify problem

Adapt knowledge to local context

Knowledge to Action cycle

Synthesis

Knowledge inquiry
Phase 1: Planning

Knowledge enquiry: Identify problem

• Consensus during strategic planning of School of Healthcare Sciences was the lack of interprofessional teamwork in health settings at background stipulated

• Representative task team appointed to explore problem and potential for introduction of interprofessional modules in new curricula
Phase 1: Planning (cont.)

Synthesis: Review knowledge

• Task team systematically unpacked common exit level outcomes of the undergraduate degrees stipulated by Health Professions Council of South Africa and South African Nursing Council, as well as graduate attributes

• The common exit level outcomes and attributes were consolidated in table format for comparison

• Through in-depth discussion and debate, potential learning outcomes were synthesized and captured, and were presented to the executive management and academic staff of the School of Healthcare Sciences

• Identified modules: Integrated healthcare leadership and research
Phase 1: Planning (cont.)

Product tools: Adapt knowledge to local context

- Discussions with executive management and academic staff focused on content, financial and logistical implications
- Proposed regulation changes were drafted and submitted to Academic Planning Department
- Upon approval two representative sub-committees were established to develop micro-curriculum and learning material
- Department of Speech-Language Pathology and Audiology joined the process
- Regular meetings were held to plan and reflect
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<thead>
<tr>
<th>Year</th>
<th>Semester 1</th>
<th>Semester 2</th>
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<tbody>
<tr>
<td>First year</td>
<td>Uniprofessional module: introduction to respective professions*</td>
<td>Interprofessional health leadership I: teamwork and communication in the community health setting (8 credits)</td>
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<td>Second year</td>
<td>Interprofessional health leadership II: principles of community health project development and health literacy (8 credits)</td>
<td>Uniprofessional module: complementary content determined by each discipline*</td>
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<td>Third year</td>
<td>Interprofessional health leadership III: community based project (8 credits)</td>
<td>Uniprofessional module: complementary content determined by each discipline*</td>
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<td>Fourth year</td>
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<td>Uniprofessional module: content determined by each discipline*</td>
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<td>Interprofessional Healthcare Research III: Proposal development (30 credits)</td>
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<td>Interprofessional Healthcare Research IV: Research project (10 credits)</td>
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Phase 2: Pre- and Post-Implementation

Assess barriers and supports

- Implementation was planned regarding contact sessions, venues, team-teaching, interprofessional group work, individual and group assessment
- First module was rolled out in 2015 with a group of 154 students from Departments of Human Nutrition, Occupational Therapy and Physiotherapy (other Departments to follow in 2017/2018 when new curricula are launched)
- Lecturers from all the Departments have been involved in teaching and refining from the beginning
- Students were invited to comment any time and make suggestions for improvement
Phase 2: Pre- and Post-Implementation (cont.)

Select, tailor and implement interventions

• The first second year module in integrated healthcare leadership has just been completed, the first year module will be presented for the second time in the second semester of 2016, and the third year module is in process of development for implementation in 2017
• The third year research module will be implemented for the first time in 2017
• Regular meetings are held with committee responsible for the integrated healthcare leadership module, as well as students
• Based on challenges experienced, and reflection of lecturers and students, the modules are refined and adjustments are made
Phase 3: Evaluation

Phase 3 still needs to be implemented, namely:

• Monitor knowledge use
• Evaluate outcomes
• Sustain knowledge use
Some lessons learned thus far…

• The focus of interprofessional education should be on core competencies across professions such as ethics, professionalism, team work, communication, project management and research.

• It is necessary for discipline-specific education complementary to interprofessional education to prepare healthcare students for their professional responsibilities.

• A platform is created for future healthcare professionals to learn interactively together with the purpose of improving knowledge, skills and attitudes to work in collaboration with each other towards a common goal.

• Uniprofessional ‘silos’ are broken down.
Some lessons learned …

- Deliberate activities need to be planned to engage students in interprofessional team work
- Interprofessional teams were created and kept the same over the period of study, which enhanced interprofessional group work
- Students’ reflections should be acknowledged and attended to
- Lecturers should be role models for interprofessional team work through their involvement of the modules
- It is important that the lecturers portray enthusiasm and support for interprofessional teamwork
- Students experienced the group assignments as positive and contributing to interprofessional team work
Some lessons learned …

There are multiple challenges involved, such as:

- resistance to change (especially from lecturers),
- time table schedules,
- financial constraints,
- need for administrative support,
- detailed planning of presentations for lecturers to ‘speak out of the same mouth’ and not to contradict each other,
- careful planning of group assignments,
- allocation of mentors for groups,
- opportunities for groups to meet,
- challenges with assessment,
- challenges for all 12 academic staff members involved to meet on a regular basis,
- to uphold professional standards and unique professional cultures while simultaneously promoting interprofessional health team concepts.
Conclusion

• The process of development of interprofessional modules is intense, time-consuming, faces multiple challenges and requires commitment.

• The development of the modules itself was an excellent example of interprofessional teamwork that needs to be carried over to implementation and role-modelling of interprofessional education.

• We are proud of what we have achieved thus far with the introduction of interprofessional modules and we hope that it contributes to enhanced interprofessional collaboration that benefits the patients and communities, as well as the healthcare providers, and we hope to expand it to include more professions in the future.
References


Thank you!

carin.maree@up.ac.za

(C) +27 83 286 6696