

## Interprofessional Education Report, Christchurch Health Precinct, 2018

**Background:** This report provides a brief summary of the interprofessional education courses conducted by Dr Margo Brewer from Curtin University in August 2018 for the Health Precinct in Christchurch, New Zealand.

**Key Activities: Monday:** Planning meetings with Ian Town and Sue Rogers. **Tuesday & Wednesday:** Interprofessional leadership course. **Thursday:** Designing and developing interprofessional education (half day workshop); meetings with leadership course participants. **Friday:** Facilitating and delivering interprofessional education (half day workshop); Grand round; Debriefing meeting with Ian Town, Sue Rogers and Becky Hickmott.

**Leadership Course:** 41 staff from 12 organisations participated in the two day leadership course. This course was highly interactive and generated a number of shared outcomes for the participants. Several of these outcomes are summarised below.

**Key hopes:** The participants identified a number of desirable outcomes from participating in the two day leadership course. These outcomes focused on practical ideas on: (1) how to operationalise the theory and practice of interprofessional education, (2) how to normalise interprofessional education, (3) how to address the diverse needs of health professionals across the community, (4) how to develop interprofessional teams across organisations, and (5) how to develop positive attitudes and values towards interprofessional education and practice in others.

**Current understanding:** The level of the participants' understanding of the need for a shift to interprofessional education and practice was evident. Participants were able to clearly articulate the differences between uniprofessional, multiprofessional and interprofessional education and practice as seen in the summary of key concepts generated below:

Multiprofessional	Interprofessional
Addition of information/knowledge sharing	Synthesis of information/knowledge sharing
Focus on content	Focus on content and process
Individual, parallel learning or working	Collaborative learning or working underpinned by an understanding of, and respect for, other professions (including professional differences). Essential actions include role clarification
Individual goals focused on each profession	Common or shared goals which are client/patient focused and adopt a holistic view of the client/patient
Clear hierarchy	Flattened hierarchy evidenced by shared leadership and valuing the contribution of other professions

**Current organisational status:** A key activity for participants was to rate the current commitment to interprofessional education and the structures and supports that interprofessional education within their local contexts using the Interprofessional Collaborative Organisational Map and Preparedness Assessment (IP-COMPASS) which is a quality improvement framework that provides a structured process to help health service organisations become better prepared to offer interprofessional education and interprofessional

practice. Overall the participants indicated that there was a slightly stronger commitment to interprofessional education than there were structures and supports for this. However, overall the current commitment and structures and supports for interprofessional education varied across contexts from absent to somewhat adequate.

**Strengths:** Participants identified a number of strengths on which they could build as leaders. These strengths included: (1) the health precinct and its governing council (Health Precinct Advisory Council) which has interprofessional education as a focus within its strategic plan, (2) organisational collaborations and relationships including between the Canterbury District Health Board, University of Otago, the University of Canterbury and Ara Institute of Canterbury,, (3) the potential to leverage and influence change while health services are in the redesign phase and new leadership positions have been created, (4) the passion, knowledge and goodwill of staff to lead change, (5) the new education and health service delivery facilities (including Manawa) which include the co-location of different health professions and organisations, and (6) the learning culture which is well-established in many organisations.

**Barriers:** Participants identified a number of barriers to leading interprofessional education and/or practice within their context. Key barriers identified were: (1) entrenched professional and organisational silos, (2) the lack of understanding of interprofessional education/practice, (3) the lack of visibility of interprofessional education/practice within organisations currently, (4) low staff engagement as many are weary of the recent level of change, and (5) the lack of resources (time, people, spaces) needed for interprofessional education/practice.

**Solutions or opportunities:** When asked how they might address some of these barriers the participants generated a number of ideas including the development of a toolkit that raises peoples understanding and the profile of interprofessional education and interprofessional practice. This toolkit would include a summary of the evidence for the impact of interprofessional education and interprofessional practice

Barriers	Solutions
Lack of understanding of interprofessional education/practice	Develop a toolkit that includes a summary of the evidence for the impact of interprofessional education and interprofessional practice. Embed interprofessional education within the orientation ('onboarding') of staff and within undergraduate and postgraduate courses.
Lack of visibility of interprofessional education/practice	Highlight good practice examples. Increase engagement and visibility of key leaders.
Lack of resources	Establish an interprofessional education interest group. Share resources via an online forum. Link to the South Island Workforce Development hub

**Two additional half day workshops were held:**

1. Facilitating and delivering interprofessional education: 42 participants attended from 8 organisations.
2. Designing and developing interprofessional education: 33 participants attended from 9 organisations.