Braithwaite and Associates

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Options for change in health care

A Framework for inter-professional learning and clinical education for ACT Health

A project Framework as at 21 December 2005

A project for ACT Health conducted by Braithwaite and Associates, an Australian consulting practice providing Options for Change in Health Care.

A Framework for inter-professional learning and clinical education for ACT Health

Duration of project

August-December 2005

Search period

1892 to 18th August 2005

Method

We undertook research as reflected in the accompanying document *Inter-professional learning and clinical education: an overview of the literature* and various Framework documents from around the world

Databases searched

- Medline from 1966 to August Week 2 2005
- Embase: Excerpta Medica from 1988 Week 33 2005
- CINAHL from 1982 to August Week 2 2005
- Emerald Fulltext from commencement of the database
- Science Direct from 1967
- PsycINFO from 1892

Criteria applied

We searched for Frameworks which might be of use in the project. Documents were largely limited to English.

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Contents

International voices on inter-professional learning 4
0. Introduction 5
0.1 Background 5
0.2 Structure of the document 5
1. Conceptual elements 7
1.1 A statement of principles about IPL 7
1.2 Specifications of IPL's purpose and importance 7
1.3 A model of four areas for IPL attention 8
2. Enacting the vision 10
2.1 A vision statement for IPL across ACT Health 10
2.2 A mission statement 10
2.3 A stakeholder analysis 10
3. Implementation sequencing 12
3.1 The major goals for IPL in ACT Health 12
3.2 Selected high level performance strategies 12
3.3 Analysis of risks to progress and ways to mitigate these 13
3.4 Change management models and enablers 14
4. Conclusion 15
5. Selected references and web addresses 16
Selected references 16
Key websites 18

International voices on inter-professional learning

"The nature of future health care demand is expected to change in line with anticipated changes in the burden of disease facing the community. This will fundamentally affect the models of care employed in service delivery, as well as the number and type of health care workers that will be required." (Productivity Commission. *Australia's health workforce. Position Paper.* Canberra: Australian Productivity Commission, 2005, p15.)

"All health professionals should expect their education and training to include common learning with other professions." Department of Health. *Working together - learning together. A framework for lifelong learning for the NHS.* London: NHS Department of Health, 2001, p32.)

"The tectonic plates between health professionals are moving, and seem destined to alter the landscape of all health workplaces." (Braithwaite J, Travaglia JF. Centre for Clinical Governance Research, UNSW. *Inter-professional learning.* Sydney: Centre for Clinical Governance Research, 2005.)

"If health care providers are expected to work together and share expertise in a team environment, it makes sense that their education and training should prepare them for this type of working arrangement." (Romanow, R. J. *Building on values: the future of healthcare in Canada - final report.* Saskatoon: Commission on the Future of Healthcare in Canada, 2002, p109.)

"Clinical education simply has not kept pace with or been responsive enough to shifting patient demographics and desires, changing health system expectations, evolving practice requirements and staffing arrangements, new information, a focus on improving quality, or new technologies … . Once in practice, health professionals are asked to work in interdisciplinary teams, often to support those with chronic conditions, yet they are not educated together or trained in team-based skills." (Institute of Medicine. Health professions education: a bridge to quality. Washington: National Academy Press, 2003, p1-2.)

"Health practitioners must learn to work in teams whose aim is to provide safe, high-quality, integrated and well-managed care that makes best use, in the widest sense, of all the resources a community has to commit to health … . To achieve this will require changes to the way health practitioners are trained and deployed, and to the way they work." (Health Workforce Advisory Committee. *The New Zealand Health Workforce Future Directions – Recommendations to the Minister of Health.* Wellington: HWAC, 2003, p3.)

0. Introduction

0.1 Background

The ACT Health inter-professional learning (IPL) project was conducted by the IPL Executive Management Group and IPL Reference Group on inter-professional learning and clinical education (IPL) with advice from Braithwaite and Associates. In mid 2005 these groups undertook a project:

1. To strengthen clinical education throughout the ACT in order to support the health professionals and the ACT community
2. To provide a forum to underpin this aim
3. To engage a wide range of stakeholders in this initiative.[1]

Why is IPL crucial? The literature strongly suggests that IPL can lead to collaborative practice (Oandasan, D'Amour D, Zwarenstein *et al.* 2004, Reese and Sontag 2001, White, Zapka, Coghlin-Strom *et al*. 2004, Braithwaite and Travaglia, 2005a). Within ACT Health there is widespread support for continuous improvement and to enhance teamwork, coordination of services and communication amongst professionals and with patients. Patients and clients and their supporters want this, too – time and again users of services say they want to interface with coordinated services and understand what is going on as they progress through their care trajectory.

Thus the IPL initiative is born of a desire to improve relationships, teamwork and communication. This Framework has emerged from the IPL process. It is centrally concerned with improving the way people work together so that clinicians can grow professionally, learn from others, provide support to colleagues and improve the quality of care to patients.

This document provides this Framework. It is part of an international sea-change in thinking about how health professionals work collaboratively, and how they deliver care to patients.

0.2 Structure of the document

The Framework aims to enable progress with IPL and clinical placement across ACT Health. Our definition of IPL is: *"a collaborative, interdisciplinary education and learning process designed to produce effective, multidisciplinary patient centred*

[1] ACT Health. *Inter-professional learning project reference group – terms of reference.* Canberra: ACT Health, 2005.

care." In what follows we present ten framework elements under three headings:

1. Conceptual elements
1.1 A statement of principles about IPL
1.2 Specifications of IPL's purpose and importance
1.3 A model of four areas for IPL attention

2. Enacting the vision
2.1 A vision statement for IPL across ACT
2.2 A mission statement
2.3 A stakeholder analysis

3. Implementation sequencing
3.1 The major goals of IPL for ACT Health
3.2 Selected high-level performance strategies
3.3 Analysis of risks to progress and ways to mitigate these
3.4 Change management models and enablers.

1. Conceptual elements

1.1 A statement of principles about IPL

Working toward a health care system that values collaboration, people interacting productively together and learning inter-professionally is a core principle of all who work in, and educate professionals to work in, ACT Health. Four other key principles are:

1. At the core of IPL is the desire for and commitment to patient centred care of the highest quality and safety

2. People within and associated with ACT Health recognise the importance of encouraging IPL and inter-professional collaboration in creating the next generation of effective health professionals, and health services

3. In advocating IPL, stakeholders agree that inter-professional teamwork works best when individual professions' identities are valued within a collaborative environment

4. Stakeholders within ACT Health and in educational facilities providing competent and skilled health professionals to work in ACT Health agree to work together to translate the ideas in this document into a reality.

1.2 Specifications of IPL's purpose and importance

Purpose

The purpose of IPL is as follows:

1. **Short term**: to enhance teamwork and collaboration amongst educational faculty and learners associated with ACT Health, and teams, units and services within the jurisdiction of ACT Health
2. **Medium term**: to encourage widespread collaborative practices and patient centred care throughout ACT Health
3. **Long term**: to contribute to improved safety, quality, morale and outcomes for patients, staff and students across ACT Health facilities and services.

IPL is:

- Focused on the safety and quality of care for patients, their families and carers **(centred on patient safety and quality)**
- Based on the principle of collaboration and collegiality between stakeholders **(partnership based)**
- Concerned with improving the effectiveness and efficiency of services so as to improve processes and outcomes for

practitioners and patients alike **(equity and outcomes focused)**

- About individual, team, organisational and system development and people's commitment to and participation in improvement **(based on commitment, participation and improvement)**
- Integral to the development of communities of practice **(practice communities)**
- Based on principles of lifelong, adult, experiential and reflective learning **(grounded in theories of lifelong adult learning)**
- Core to the retention, attraction and development of high quality staff **(maximising workforce capacity).**

Importance

IPL is vital for the future of health systems. It contributes positively to the safety and quality of patient care. It underpins the beginning of the health professional's journey from student to mature clinical expert, and sets up the preconditions for improved workforces and workplaces, built on platforms of individuals' and professionals' growth and life-long learning.

IPL approaches provide one way of addressing the pressures on the health workforce, including the impact of staff shortages and the "complexity and interdependency of health workforce arrangements".[2] IPL helps address changes in patient populations and emerging technologies, supporting multidisciplinary ways of working which are essential if health services are to meet the needs of elderly patients, patients with disabilities, acute patients, and those with chronic and complex diseases.

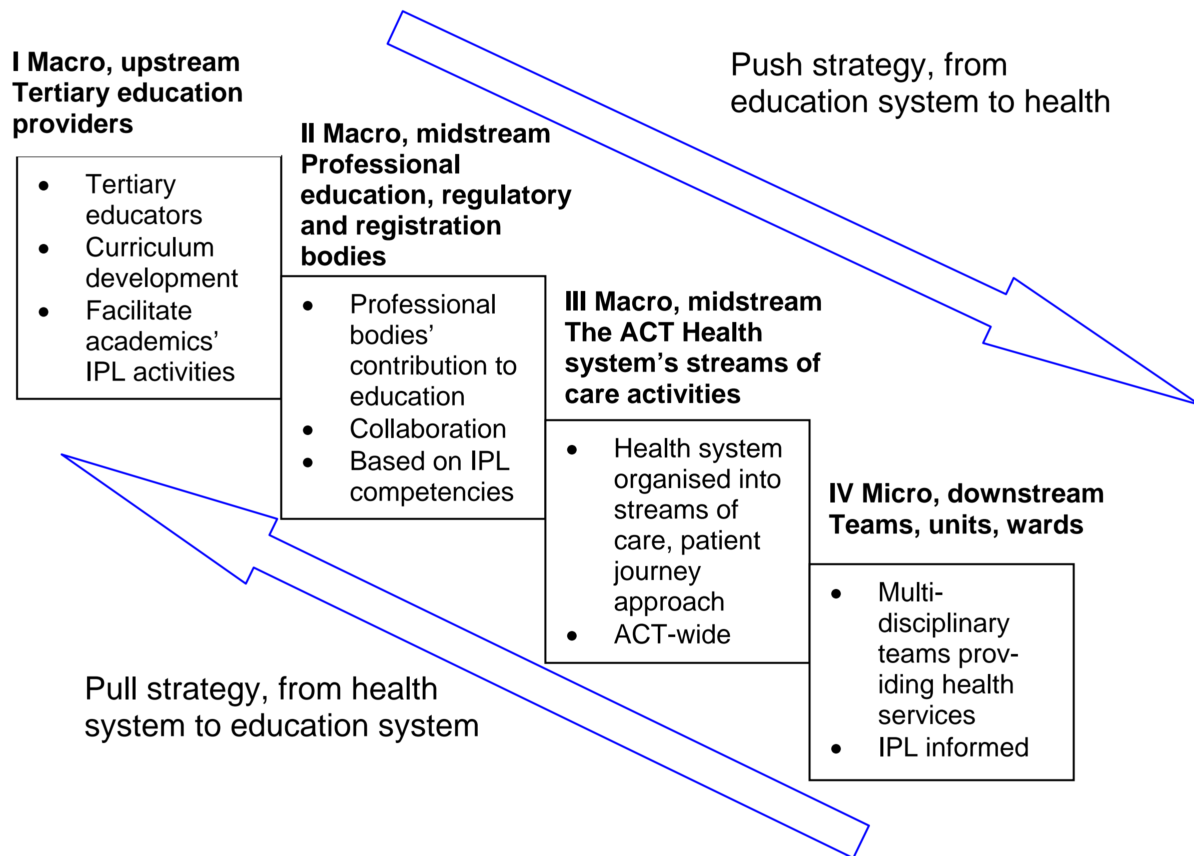
1.3 A model of four areas for IPL attention

There are four identifiable areas for IPL attention over time (Figure 1). They range from the macro, upstream environments of the tertiary educational system (I) and the systems to deliver education to members by professional bodies (II) to the meso, midstream environment of the ACT Health system itself (III) to the micro, downstream environment of the myriad of multi-disciplinary teams within ACT Health facilities and services (IV).

A student will typically move through a course of development from undergraduate training through (at various times) professional registration, regulation and postgraduate development (levels I and II). At each point various educational opportunities present. Learners will also engage with the health system broadly, within a 'stream of care', and they participate in teams they are members of (levels III and IV).

[2] Productivity Commission. *Australia's health workforce. Position Paper.* Canberra: Productivity Commission, 2005, p ix.

Figure 1: Four areas of focus for the IPL project



The model shows that as it moves to implementation the project to embed IPL throughout ACT Health and its associated educational providers needs to direct attention to these four distinct areas. There should be project focus on the educators, curriculum developers and other activities in tertiary institutions; those professional bodies (including Colleges, educational bodies, regulatory and registration agencies) contributing to education, standards and competencies for their members and associated professionals within the ACT; people providing ACT-wide services beyond the limits of any one facility; and multi-disciplinary teams within ACT Health facilities.

Two types of strategy are envisaged. One is a push strategy, in which educational institutions and professional bodies educate their students or members via new curricula predicated on the principles of IPL, and those newly developed professionals are released to the health system, creating 'push' pressure on the health system toward increasingly collaborative ways of working. The second is a pull strategy which originates in ACT Health, and demands IPL-trained professionals from educational and professional bodies, creating 'pull' pressure on the education system. In this model, both would operate simultaneously for optimum leverage to achieve systems reform.

2. Enacting the vision

2.1 A vision statement for IPL across ACT Health

The IPL project adopts the following vision for IPL in ACT Health: *Professionals working across ACT Health will be supported to practise in inter-professional and patient centred ways and to develop the competencies required for collaborative and multidisciplinary ways of working. Educational and professional bodies associated with ACT Health will routinely develop learners and members via multi-disciplinary and inter-disciplinary educational models.*

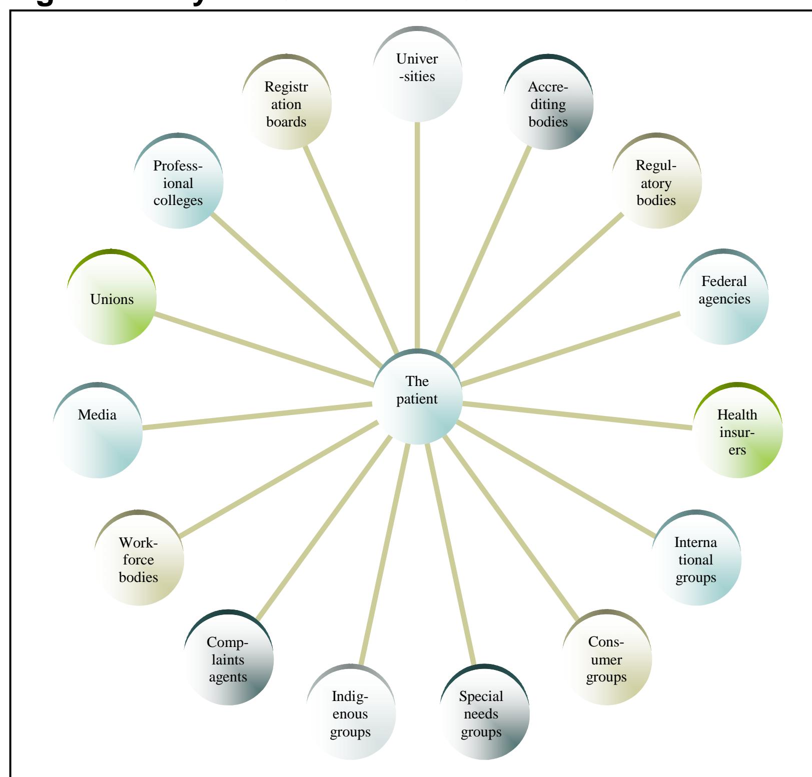
2.2 A mission statement

The IPL project adopts the following mission for IPL in ACT Health: *We will strive to ensure learning, development and practice are grounded strongly in inter-professional and patient centred principles and practices.*

2.3 A stakeholder analysis

There are multiple stakeholders within both the health and educational sectors with an interest in IPL. These will be the groups which will create the IPL environment over time throughout ACT Health. A stakeholder analysis identified the main individuals and groups (Figure 2).

Figure 2: Key IPL stakeholders



Various stakeholders have differing goals, agenda and time-frames for the evolution of IPL. However, they recognise the value of collectively addressing issues and working to progress the initiative in order to achieve widespread inter-professional learning and practice.

3. Implementation sequencing

3.1 The major goals for IPL in ACT Health

There are four major goals for moving forward with IPL in ACT Health and its associated educational providers. The ACT Health system will:

1. Adopt this Framework in principle and discuss it widely with stakeholders
2. Approve and resource an IPL implementation project based on the IPL Implementation Plan
3. Assign accountabilities and responsibilities for IPL implementation across ACT Health
4. Institute the IPL Implementation Plan and evaluate its progress over time, using formative and summative evaluation techniques.

3.2 Selected high level performance strategies

Various high level performance strategies have been developed. These are for four groups: ACT Health, ACT health service facilities, educational bodies and professional bodies.

Performance strategies for ACT Health services:

- Work collaboratively with key stakeholders to establish and maintain an inter-professional learning network;
- Support ACT Health services to extend inter-professional learning strategies and agendas;
- Work effectively with ACT educational and professional bodies to extend inter-professional learning strategies and agendas;
- Disseminate information on best practice in inter-professional practice and learning;
- Commission and publish research on inter-professional learning.

Performance strategies for ACT health facilities:

- Encourage the principles of inter-professional learning at all levels;
- Integrate inter-professional learning into existing workforce education policies and strategies;
- Identify and work productively with inter-professional champions;
- Nurture the continuing development of existing inter-professional teams;
- Support the involvement and development of clinical educators in inter-professional learning;
- Develop and implement a range of inter-professional learning and management modules in the following contexts:

  - Induction
  - Continuing professional development
  - Leadership training
  - Management training
  - Clinical placement.

Performance strategies for educational bodies:

- Maintain their role as key stakeholders in ACT Health's inter-professional learning agenda;
- ACT Health will work with educational bodies in medium and longer term planning of inter-professionally-based courses for health professionals;
- ACT Health will work with professional bodies on appropriate inter-professional competencies for students;
- Continue to support student placements with inter-professional foci.

Performance strategies for professional bodies:[3]

- ACT Health will work closely with professional bodies on supporting the development of inter-professional competencies and learning.

3.3 Analysis of risks to progress and ways to mitigate these

Major risks present themselves in a project of this magnitude. Each identified risk factor is accompanied by measures to mitigate the level of risk (Table 1).

Table 1: Risks and mitigating factors

Risk factor	Mitigating measure
Top management commitment	Ensure top management buy in and support
Resources to invest in IPL	Understand the project costs and benefits
Lack of commitment	Enrol, involve and encourage stakeholders continuously
Resistance to change	Recognise differences in perspective; identify resistant groups and individuals and work with them over time
Cross-institutional and within-institutionalisation compartmentalisation	Design cross-silo working parties within the project to minimise fragmented responses; identify and mobilise boundary-riders
Competing priorities	Maintain focus on the project and its Implementation Plan
Emergent barriers to change	Anticipate, these; identify them when they

[3] Extensive consultation with professional bodies has not yet taken place. This performance strategy is subject to future discussion with these groups.

and progress	emerge and develop strategies to overcome them
Culture and politics	Embrace Kotter's success factors

3.4 Change management models and enablers

A change management model helps to chart the journey from now to a more IPL-oriented ACT Health. The model of change adopted is modified from Kotter's eight stage strategy[4] for leading transformational change (Table 2). The ACT Health implementation initiatives will ideally draw on this model.

Table 2: Kotter's eight stage strategy for change adopted for ACT Health's IPL implementation sequencing

Kotter's success factors	ACT Health adaptation of the success factors
Establishing a sense of urgency	Utilise existing stakeholders, groups and teams to develop and engage with detailed strategies and tactics and begin instituting the change envisaged in this Framework document
Creating a guiding coalition	Progress to be monitored and coordinated by the IPL Executive Management Group and IPL Project Reference Group and reviewed regularly by Portfolio Executive
Developing a vision and strategy	IPL Framework document, IPL Implementation Plan, IPL Literature Review and IPL Discussion Papers to be endorsed by Portfolio Executive and distributed widely
Communicating the change vision	Widespread communication program needed to discuss and agree on implementation throughout ACT Health and associated educational agencies
Empowering employees to take part	Task forces to be formed to progress each aspect of the Implementation Plan
Generating short-term wins	Short term wins to be tied into the ACT Health leadership development program, and identified and communicated widely
Consolidating gains and producing more change	Progress to be reported on a strategic basis to the Tertiary Educational Liaison Committee and on an ongoing basis to the IPL Executive Management Group and IPL Project Reference Group
Anchoring new approaches in the culture	Participants committed to the implementation of the new approaches in educational and clinical and professional practices and embedded within the ACT Health performance management process and the leadership development reference group

[4] Kotter JP. *Leading change.* Boston, Massachusetts: Harvard Business School Press, 1996.

4. Conclusion

ACT Health in conjunction with the various educational providers associated with it has embarked on a project which has firmly placed IPL on the agenda, and built widespread support for it. With the release of this Framework and the companion Implementation Plan, it is now timely and appropriate to move to embrace and action the implementation sequencing discussed above.

This Framework is a broadly-based conceptual document, and it needs to be championed, and given effect. The test of its utility will ultimately be in the results it produces: is it linked to the practice environment, and does it contribute to improved teamwork, communication and patient care? To explain how the Framework is implemented to try to achieve these overarching aims is the purpose of the next document in the series about IPL, the IPL Implementation Plan.

5. Selected references and web addresses

Selected references

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Key websites

Centre for the Advancement of Interprofessional Education
http://www.caipe.org.uk/

Clinical Leaders Association of New Zealand (CLANZ)
http://www.clanz.org.nz/

Health Canada: Health Human Resource Strategy
http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/index_e.html

Health Care Innovation Unit, University of Southampton
http://www.hciu.soton.ac.uk/home.htm

The Higher Education Academy
http://www.heacademy.ac.uk/