Teaching and Learning 2018
Weaving interprofessional competencies into uniprofessional curricula: An interprofessional education workshop

Faculty of Health and Behavioural Sciences
Facilitators:
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Dr Leander Mitchell            Dr Norman Ng
Teresa Quinlan                 Dr Norman Firth
Workshop Objectives

• Appreciate the different perspectives team members bring and how these support a holistic view to professional practice.

• Gain insight into conflict resolution styles.

• Appreciate the time and commitment required to move activities from uniprofessional curricula to an interprofessional curricula.

• Understand and increase awareness of professional stereotypes.
Activities

- Introduction and Background
- Interprofessional Drawing
- Lunch
- Conflict resolution – what is your style
- Whose lens are you looking through?
Health care teams – Interprofessional Practice
Healthcare

• Interprofessional teams working collaboratively improves health outcomes for patients.
• Suboptimal healthcare or serious/sentinel events arise root cause is often;¹
  - “ineffective working relationships, poor teamwork”
  - “Inadequate understanding of and respect for the contributions of other clinical professions”.

¹ Anderson et al.; Journal of Interprofessional Care 2017
Barriers to effective working in any industry

- Stereotyping
- Stigma
- Scope of practice overlap
- Time pressures
- Conflict between team members
- Role clarity
IPE Defined

'Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care'

Centre for the Advancement of Interprofessional Education (CAIPE) 2002

- Are two or more professions involved?
- Does significant interactivity between participants occur?
- Are there opportunities to learn about, from and with each other?
- Are interprofessional teaching/learning moments addressed? (e.g. is learning about how team members work together discussed?)

http://www.aippen.net/what-is-ipe-ipl-ipp#ipl
Interprofessional Competency framework

- Six Competencies:
  - Interprofessional Communication
  - Patient/client/community-centred care
  - Role clarification
  - Team functioning
  - Collaborative leadership
  - Interprofessional conflict resolution
Interprofessional Competency Framework

Skills our students need to develop over time

EXPOSURE: Introduction

IMMERSION: Development

COMPETENCE: Entry to practice

Knowledge

Skill/Behaviour

Skill/Behaviour

Learning Continuum
Provide first year students with a foundational learning experience that is focussed on perspectives on health, our health system within a global context, healthcare practices and services that are person-centred and collaborative.

- Face to face contact is limited to ten 2-hr tutorials in total - participation is recorded
- Self-directed learning - Blackboard online resource
- Approximately 25 students per tutorial - minimum 5 programs per tutorial
- Small group learning
HLTH1000 2018 STUDENT ENROLMENT NUMBERS (N=1366)

<table>
<thead>
<tr>
<th>Program</th>
<th>2017</th>
<th>2018</th>
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</thead>
<tbody>
<tr>
<td>B OCCUPATIONAL THERAPY HONS</td>
<td></td>
<td>115</td>
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<tr>
<td>B SPEECH PATHOLOGY HONS</td>
<td></td>
<td>93</td>
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<tr>
<td>B PHYSIOTHERAPY HONS</td>
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<td>150</td>
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<tr>
<td>B MIDWIFERY</td>
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<td>25</td>
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<tr>
<td>B NURSING/B MIDWIFERY</td>
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<td>52</td>
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<tr>
<td>B NURSING</td>
<td></td>
<td>149</td>
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<tr>
<td>B SOCIAL WORK HONS</td>
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<td>48</td>
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<tr>
<td>B PHARMACY HONS</td>
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<td>192</td>
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<tr>
<td>B DENTAL SCIENCE HONS</td>
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<td>89</td>
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<td>B PSYCHOLOGICAL SCIENCE HONS</td>
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<td>B HEALTH SPORT PHYS ED HONS</td>
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<td>B EXERCISE SPORT SCIENCES HONS</td>
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<tr>
<td>B CLINICALEXERPHYSIOLOGY HONS</td>
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<td>48</td>
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**Faculty of Health and Behavioural Sciences**

6 Schools

**2017**

- 876 Students
- 8 Programs

**2018**

- 1366 Students
- 14 Programs
HLTH1000 student videos
Interprofessional learning at The Murri School

Source: https://www.youtube.com/watch?v=ew__Boqq1lc
One of the six competencies; Role clarification

First Activity:

• Choose a discipline at your table (health or non-health)
• Draw this health professional in a creative way without using letters
• you have 5 minutes
• Guess the health professional
• large group discussion
Large Group Discussion

• How easy was it to draw your nominated profession?
• Did the drawing resonate with role clarity.
• Was there any “stereotyping” in your drawing?
Second Activity

• Complete the Conflict Resolution Style Questionnaire and

• Lunch

Dr Anne Hill and
Dr Teresa Quinlan

<table>
<thead>
<tr>
<th>ACTIONS</th>
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<tbody>
<tr>
<td>1. I tenaciously argue my position</td>
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<tr>
<td>2. I try to put the needs of others above mine</td>
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<tr>
<td>3. I try to arrive at a compromise both parties can accept</td>
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<tr>
<td>4. I try not to get involved in conflicts</td>
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<tr>
<td>5. I strive to thoroughly, jointly investigate issues</td>
</tr>
<tr>
<td>6. I try to find fault in the other person’s position</td>
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<tr>
<td>7. I strive to foster harmony</td>
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<tr>
<td>8. I negotiate to get a portion of what I propose</td>
</tr>
<tr>
<td>9. I avoid open discussions of controversial subjects</td>
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<tr>
<td>10. I openly share information with others in resolving disagreements</td>
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<tr>
<td>11. I enjoy winning an argument</td>
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<tr>
<td>12. I go along with the suggestions of others</td>
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<tr>
<td>13. I look for a middle ground to resolve disagreements</td>
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<tr>
<td>14. I keep my true feelings to myself to avoid hard feelings</td>
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<td>15. I encourage the open sharing of concerns and issues</td>
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<td>16. I am reluctant to admit I am wrong</td>
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<tr>
<td>17. I try to help others avoid “losing face” in a disagreement</td>
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<tr>
<td>18. I stress the advantages of “give and take”</td>
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<tr>
<td>19. I encourage others to take the lead in resolving controversy</td>
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<tr>
<td>20. I state my position as only one point of view</td>
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</tbody>
</table>
# Team Collaboration

<table>
<thead>
<tr>
<th>Helpful behaviours</th>
<th>Hindering behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening to others’ ideas politely even when you disagree</td>
<td>Interrupting people to promote your personal views</td>
</tr>
<tr>
<td>Paraphrasing the main points made by another person to acknowledge their ideas</td>
<td>Not acknowledging the ideas that others have put on the table</td>
</tr>
<tr>
<td>Praising others’ ideas or giving useful feedback</td>
<td>Criticizing or putting down others’ ideas</td>
</tr>
<tr>
<td>Building on others’ ideas</td>
<td>Pushing your ideas while ignoring others’ input</td>
</tr>
<tr>
<td>Asking others to critique your ideas and accepting feedback</td>
<td>Getting defensive when your ideas are analyzed</td>
</tr>
<tr>
<td>Being open to accepting alternative course of action</td>
<td>Staying stuck on your ideas and blocking suggestions for alternatives</td>
</tr>
<tr>
<td>Dealing with facts</td>
<td>Basing arguments on feelings</td>
</tr>
<tr>
<td>Staying calm and friendly toward colleagues</td>
<td>Getting overly emotional, showing hostility in the face or any disagreement</td>
</tr>
<tr>
<td>Being open about your reservations and concerns</td>
<td>Keeping objections to yourself</td>
</tr>
</tbody>
</table>

Stages of Teams

(Tuckman, 1965/1977)
Stages of Teams

Forming
- Identify task, methods, rules;

Storming
- Questioning value and feasibility of task; choosing sides within group

Norming
- Establish and maintain realistic parameters, plans, and communication;

Performing
- Understanding each others’ strengths and weaknesses; effective work

Mourning/adjourning/transforming
- Public celebration/moving on
Characteristics of a High Functioning Team

- Participants know what is expected of them and their individual goals are consistent with those of the overarching team.
- Healthy balance between structure and spontaneity.
- Cohesive and participants feel safe and trusting.
- Information is shared across the membership of the team.
- Leadership is facilitative rather than controlling.
- Communication flows between all members and participants.
- Being part of the team enhances personal and professional effectiveness and well being.
- Conflict and disagreement are viewed as opportunities for growth.
Conflict Management

The essence of IPP and IPE is the team.........
Thomas-Kilmann Conflict Style

What is it?
The Thomas-Kilmann conflict model is a tool to help someone understand different ways of handling conflict. It's built around two axes of Assertiveness and Cooperativeness—both moving from low to high.

The supporting questionnaire enables individuals to consider how they respond in different conflict situations to identify their dominant style.

When would I use it?
When coaching individuals who are looking to improve relationships with colleagues and customers.

High

Competing (Forcing)
I'm not prepared to change my position. My view is clearly the right one. I know best, do as you're told.

Collaborating (problem solving)
Let's work together on this. Let's find some common ground. My position is... what's yours? How can we solve this?

Assertive

Compromising (Sharing)
Let's find a quick solution. Split the difference. Meet half way I'm prepared to, if you will.

Avoiding (Withdrawal)
I'd prefer not to discuss it. That's outside my brief. I don't want to talk about it. Whatever you want...

Accommodating (Smoothing)
I concede that point. I agree with you there. I'm prepared to accept that. What's your preferred outcome.

Low

Cooperative

When each style is useful

Competing (Forcing)
When quick, decisive action is vital. On important issues, such as discipleship, or enforcing unpopular views.

Compromising (Sharing)
When two opponents with equal power are committed to mutually exclusive goals. To achieve temporary settlements to complex issues.

Avoiding (Withdrawal)
When you believe there are more important pressing issues. When you perceive no chance of satisfying your concerns.

Accommodating (Smoothing)
When you realize you're wrong and want to show you're reasonable. When the issue is more important to others than you.

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Collaborative leadership

- Model collaborative behaviours with others
- Consider the impact of collaboration vs separation
Reflective Practices
Whose lens is it anyway?

Dr Norman NG
Dr Leander Mitchell
Activity 3

• In your small group, watch the following video: https://youtu.be/IGQmdoK_ZfY *
• If you have previously watched this video, please play the role of an “spectator” rather than participant.
• Observe your group’s process and the note the discussions that follow.

* source: http://www.theinvisiblegorilla.com/videos.html
Activity 3

• Did everyone have the same answer?
• As an individual, what did you see?
• As a team, what did you see?

source: http://www.theinvisiblegorilla.com/videos.html
What do you see?
Another take

Are you painting me?

No, I’m painting myself.
Activity 3
A modern take
Take home messages

• Which lens are you using?
• What informs your lens or worldview?
• Do you value the perspectives of others in your team?
• Are you missing the point?
• Do you have a particular paradigm or stereotype on certain matters?
• Do you make assumptions about people, their professions and roles?

Course Syllabus

Section 1 What is a team? What can teamwork achieve and what are the traits of high-performing teams? The lifecycle of teams - forming, storming, norming and performing.

Section 2 Personalities and role preferences in teams What are the personalities, contexts, and social norms that underpin team interactions? How can we understand team working preferences and potential conflicts?

Section 3 Critique a hypothetical team Analyse the potential for success of a hypothetical team and the need for strategies.

Section 4 Everyday teamwork planning tools Tips for new teams, team meetings, project planning and team decision-making.

Section 5 Leadership, assertiveness, and cooperation Why everyone should develop these attributes and what are the frameworks for developing them for yourself. How to lead a team when your turn comes.

Section 6 Maintaining your team Effective communication, embracing diversity, and staying ahead of team conflict.

Section 7 Addressing team conflict The reality of team conflict and dysfunction, how conflict escalates, addressing team conflict and team dysfunction, and a DIY team problem solving diagnosis tool.

• Teams 101X

• https://www.edx.org/course/working-teams-practical-guide-uqx-teams101x-2
Useful resources

Journal of Interprofessional Care

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Current issue | Browse list of issues

ANZAHPE recently entered into an agreement with the Australasian Interprofessional Practice and Education Network (AIPPEN) that will support a closer relationship between ANZAHPE and AIPPEN.

AIPPEN has provided a virtual meeting place for researchers, scholars and clinicians interested in interprofessional education and collaborative practice for over 10 years.

ANZAHPE has long supported interprofessional education and collaborative team based practice. A closer relationship between ANZAHPE and AIPPEN will provide direct access to a network, and opportunities to access local, Trans-Tasman and international interprofessional education and research developments that will benefit members across both groups.
Conferences & IPE organisations

- All Together Better Health IX
  https://www.atbhix.co.nz/

- Australian & New Zealand Association for Health Professional Educators (ANZAHPE)
  ANZAHPE July 1st-4th 2019 Canberra
  Student Prizes
  - https://www.anzahpe.org/
  - www.facebook.com/ANZAHPE/

- Collaborating Across Borders Conference
  Indianapolis October 20th-23rd 2019
  - https://aihc-us.org/collaborating-across-borders

- WAIPE (World Association of Interprofessional Practice)

- AIPPEN (Australasian Interprofessional Education Network)
  https://www.anzahpe.org/aippen (2018 partnered with ANZAHPE)

- IPEC https://www.ipecollaborative.org/

- NEXUS https://nexusipe.org/
  USA National Center for IPE

- Centre for Advancement of Interprofessional Education (UK) https://www.caipe.org/
IPE Journals

- Journal of Interprofessional Care (JICE)
- Journal of Interprofessional Education & Practice (JIEP)
- Journal of Research in IPE (JRIPE)
- Australian Journal of Clinical Education (AJCE)
‘SIF Project’ Securing an Interprofessional Future

- A National Interprofessional Education Council (IPE Council) – a leadership body
- A standing committee focusing on building IPE capacity and capability across Australian programs of health professional education
- A standing committee focusing on developing new knowledge related to all aspects of IPE, in particular as this relates to Australian IPE
- The development of a regional IPE knowledge repository that will capture, organise and disseminate IPE related knowledge and information
- A National IPE Workplan that will be used to document, prioritise and coordinate the work of all elements of the Governance and Development Framework.

University of Technology, Sydney
Curtin University
Central Queensland University
University of Adelaide
Griffith University
University of Notre Dame
La Trobe University
University of Tasmania
Victoria University
Flinders University

ResearchGate Project Page https://sifproject.com/publications/
Global strategy on human resources for health: Workforce 2030

Authors: WHO

Publication details
Number of pages: 64
Languages: Chinese, English, French, Russian

Downloads
- English (web version)
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- pdf, 1.62Mb
- French (web version)
- pdf, 1.42Mb
- Russian (web version)
- pdf, 1.31Mb
Collaborative teams produce better outcomes
• improved outcomes for clients/patients
• Our students need the skills and competencies to work in interprofessional collaborative teams
• Interprofessional education vital in developing these skills
• Simple exercises to more complex curricula (HLTH1000)
• Challenge is to embed and scaffold to existing curricula