Collaborative Teaching and Learning Project

Faculty of Health Science

IMPLEMENTATION PAPER

October 2008
Table of Contents

1. Introduction ....................................................................................................................... 2
2. Purpose .............................................................................................................................. 2
3. Background ........................................................................................................................ 3
4. Collaborative Initiatives .................................................................................................... 4
5. Advocates .......................................................................................................................... 5
6. Approach ............................................................................................................................ 7
7. Risk .................................................................................................................................. 7
8. Governance ........................................................................................................................ 9
9. Funding .............................................................................................................................. 10
10. Next Steps ......................................................................................................................... 11
11. Recommendations .......................................................................................................... 12

Executive Summary

Strategies to support the implementation of the following initiatives are proposed. These initiatives were recommended as a result of investigations undertaken by the Faculty’s Collaborative Learning and Teaching Project (CT&LP). The project aims to enhance collaboration in teaching and learning at the undergraduate level within the Faculty.

The initiatives recommended as pilots and for Faculty support in 2009 are:

- **Experiential Inter-Professional Education (IPE) in Simulation Centres** (*Management of Chronic Illnesses*) - Students from 2 or more Schools will learn *with, from and about* each other in small groups, via workshops in simulation centres, based around scenarios for managing chronic illnesses;
- **Common Resources for Quality & Safety** – Staff from across the Faculty will have access to multimedia resources developed to support the acquisition of concepts and skills, in the classroom or simulation centres, based on the National Patient Safety Education Framework.
- **Shared Learning in Law & Ethics** – Students from the Schools of Medicine, Pharmacy, Philosophy and Law will engage in face-to-face multi-professional education based around workshops, forums, video scenarios and a web-based ethics ‘tool box’.

The initiatives are presented here as broad concepts only and the expectation is that those responsible for the pilots will shape the details consistent with the needs of students and staff. This should create a greater sense of ownership and improve uptake & success rates.

The sequence proposed for implementing the initiatives is:
- draft project plans in 2008,
- develop syllabus documents, learning experiences and 2010 grant applications in Semester 1, 2009; and
- conduct and evaluate pilots in Semester 2, 2009.

Proposed implementation strategies include:
- targeting only those initiatives assessed as ‘most likely to succeed’,
- developing and supporting teams of committed and interested advocates,
- devolving responsibility, ownership and control directly to teams who are committed to the outcomes,
- engaging teams of advocates in decision making at an early stage, starting with the project plans,
- building momentum for other collaborative initiatives for 2010 and beyond, based on the success of pilots in 2009,
- prioritising barriers to collaboration (by the participating teams) and gradually, addressing these over time, as part of the roll-out of collaborative initiatives over the next 3-5 years,
- establishing an appropriate governance structure to ensure sustainability, manage risk and to co-ordinate, unify and integrate current & future initiatives,
- identifying sources of funds for seeding, developing and consolidating collaborative initiatives for the period 2008 to 2010; and
- securing support (financial, technical & administrative) and leadership from the Faculty.

To date, a governance structure has been designed, its formation planned, advocates have met and an undertaking to prepare draft project plans has been given, pending endorsement of the recommendations.
1. Introduction

Governments and accreditation bodies foresee, as an imperative, a health workforce that is flexible and multi-skilled and expect health education institutions to respond to the challenges presented, preferably within five years.

The Faculty of Health Science (FHS) at the University of Tasmania is currently responding to these challenges and intends to be at the forefront of change.

For example, the FHS funded a ‘Collaborative Teaching and Learning Project’ (CT&LP) in 2008 to encourage and enhance collaboration in undergraduate teaching and learning, and intends to establish a Health Services and Workforce Education Unit (HSWEU) within the Office of the Dean, in 2009.

A further three initiatives have been identified by the CT&LP as pilots for 2009 and these have been recommended for Faculty support.

2. Purpose

The aim of this paper is to outline implementation strategies and the role of the Faculty, in moving these three collaborative initiatives forward.

To date, the Faculty’s CT&LP has produced two other papers. The first paper discussed drivers for collaboration, and recommended five approaches to collaborative teaching & learning within the Faculty. The second discussion paper identified opportunities for embedding these preferred approaches into the Faculty’s teaching and learning arrangements, and outlined barriers that may limit further collaboration.


3. Background

The 2008 Faculty project aims to increase collaboration, in undergraduate teaching and learning, between the four Schools within the Faculty, the Rural Clinical School (RCS) and the University Department of Rural Health (UDRH), in an effective and efficient manner. The Schools within the Faculty are Nursing and Midwifery (SNM), Medicine (SOM), Pharmacy (SOP) and Human Life Sciences (HLS).

Discussion Paper 1 recommended the following approaches for expanding collaborative teaching and learning. These were supported by the Faculty Executive as the best fit with the Faculty’s needs:

- **Networking** – comprising an informal web of communication amongst staff from different Schools (eg special interest groups on assessment/curriculum review/staff development etc.);

- **Common Resources** - where students from different Schools learn separately, but staff and teaching and learning products are shared between Schools;
• **Shared Learning** – where students from different Schools are brought together to learn common content and/or learning outcomes. Students interact and share teaching staff and learning resources (in real time or on-line) but group interaction is not critical for learning;

• **Co-operative Inter-Professional Education (IPE)** - where small groups of students from more than one School learn with, from and about each other, to improve collaboration. Students participate in Case-Based Learning/Problem-Based Learning (CBL/PBL), to achieve a common goal through joint decision-making. Skills in teamwork, communication and reflective reasoning are assessed and applied in a theoretical context; and

• **Experiential IPE** - similar to the Co-operative IPE model above, but occurs in a practical context and the focus is on patient care. It could be set in a simulation centre, the community or a clinical institution.

The second paper linked ‘areas of common learning’ to the above approaches and identified opportunities for expanding collaborative and teaching learning in undergraduate studies. ‘Areas of common learning’ relate to overlapping curricula and occur where students from different Schools learn the same content or are aiming for similar learning outcomes.

From the opportunities identified in this paper, three initiatives, assessed as ‘most likely to succeed’, were recommended. With Faculty support, these initiatives could be developed and piloted in 2009.

4. **Collaborative Initiatives**

The conclusion drawn, after evaluating the opportunities and barriers to collaboration within the Faculty, is that successful collaborative initiatives will emanate from combining ‘areas of common learning’ in the management of chronic illnesses, quality and safety and law and ethics with the preferred approaches of ‘experiential IPE’, ‘common resources’ and ‘shared learning’, respectively, as follows:

4.1. **Experiential IPE in Simulation Centres – Management of Chronic Illnesses**

It is envisaged that students from two or more Schools will learn with, from and about each other in half day and day workshops, using a model similar to Rural Emergency Inter-Professional Education Retreat (RIPPER). However, these workshops would be conducted in simulation/skills centres on-campus rather than in a community setting.

Problem-based learning will focus on scenarios for managing chronic illnesses such as diabetes and asthma. This focus will have a wider appeal, especially for pharmacy and exercise science students, than acute care scenarios.

The aim is to offer students this experience in the final year/s of their course, as the culmination of accumulated learning from prior years.

The capacity to manage large numbers of students will increase if these sessions are conducted on a regular, rotational basis throughout the year, in dedicated learning
spaces equipped with hi-tech audio/visual aids, and supported by specialist staff. Consequently, unit costs will fall due to the economies of scale.

4.2. Common Resources – Quality & Safety

The aim here is to develop multi-media resources for the classroom and for skills development in simulation/skills centres based on the National Patient Safety Educational Framework released by the Australian Council for Safety and Quality¹ in 2005.

The Framework presents 22 learning topics, involving multi-professional teams in both acute and chronic care. The topics cover areas such as communicating effectively, managing risk, medicating safely, team work and leadership, using evidence and information, professional and ethical behaviour, maintaining fitness to work or practice and managing fatigue and stress.

Staff from across the Faculty would have access to complementary and supplementary teaching resources in a critical area of learning.

Multi-media modules/resources would be supported by a complementary and practical module for delivery in simulation/skills centres. As a result, students would learn and apply quality and safety competencies in a simulated learning environment, to reinforce theoretical concepts acquired earlier in their courses via multi-media learning resources.

4.3. Shared Learning - Law & Ethics

Flexible, practical and engaging models are proposed and students from the Schools of Medicine, Pharmacy, Philosophy and Law will engage in face-to-face multi-professional learning situations. The focus will be on contemporary, relevant and research-driven case-studies, problem solving exercises and small group work.

In conjunction with the Centre for Applied Philosophy and Ethics (CAPE), a range of flexible delivery modes could be designed including face-to-face teaching, web-supported modules offering a comprehensive, ethics “tool-box”, cross-disciplinary workshops and video scenarios.

Further options include day-long ethics forums involving Pharmacy, Medicine, Paramedical, Law and Philosophy students in a facilitated debate on a pre-set, multi-disciplinary ethical scenario such as death resulting from administering incorrect medication.

5. Advocates

Effective change requires committed individuals and often evolves from the 'bottom up'.

¹ In 2006, the Council was rebadged as the Australian Commission on Safety and Quality in Health Care. It also released an Australian Charter of Health Care Rights in July, 2008.
Interested and committed staff members have been identified for all 3 initiatives and meetings have been conducted with individuals and the teams to confirm their commitment. All 3 teams are keen to commence, preferably in 2008, with Faculty support and an appropriate governance arrangement.

5.1. IPE in Simulation Centres – ‘Management of Chronic Illnesses’

Because the Faculty has recently commissioned its first simulation centre in Launceston, most advocates are located here and include:

- L. Dalton (UDRH)
- R. Bull (SNM)
- J. Whelan (UDRH)
- N. Chong (SNM)
- M. Wood (SNM)
- J. Spencer (UDRH)
- K. Rooney (LCS)
- Luke Bereznicki (SOP)

This team met on 12 August 2008, to express an interest and preferences for:

- establishing an appropriate governance structure;
- drafting the project plan; and
- support from the Faculty.

Janet Vial, Hobart Clinical School, and Maree Gleeson, Rural Clinical School, have requested observer status because they may wish to mainstream this initiative in 2010 in Hobart and Burnie, respectively.

5.2. Shared Learning - ‘Law & Ethics’

This initiative is Hobart-based because it involves the Schools of Medicine and Pharmacy. The Schools of Nursing & Midwifery and Human Life Sciences in Launceston are currently engaged in ‘Shared Learning’ in this ‘area of common learning’. Their collaboration involves on-line delivery but the Schools in Hobart have expressed a preference for face-to-face learning modes.

Staff members who have expressed an interest and commitment to this project are:

- Anne Egan (SOM)
- Luke Bereznicki (SOP)
- Anna Alomes (SOPhil)
- Darren Wake (SOPhil)
- Craig Zimitat (MEU)
- Zelda Doyle (MEU)
- Suzanne Evans (Paramed)

The first 4 advocates listed above met on 3 September and a full team meeting is proposed for late September. Initial documentation has been prepared and the School of Philosophy has offered to prepare the project plan.

5.3. Common Resources – ‘Quality & Safety’
Advocates for this initiative are located at campuses across Tasmania. The following staff members have confirmed a commitment to the initiative. Although they have not met as a group, they have liaised and prepared a teaching development grant (TDG).

- M. Gleeson (RCS)
- J. Radford (LCS)
- L. Bereznicki (SOP)
- J. Vial (HCS)
- R. Kelly (SNM)
- E. Lodge (SNM)
- K. Ogden (LCS)
- K. Yee (SOM)
- R. Bull (SNM)

6. Approach

In general, the chosen change management strategy is to commence with only those initiatives that are most likely to succeed and have widespread support. If successful, these pilots will provide the momentum for greater engagement and a willingness to tackle outstanding barriers. As a consequence, further collaboration should follow.

The intention is to implement the project plans for the recommended initiatives in 2009. The syllabus and learning experiences for each initiative would be developed in the first half of the year and piloted in the second half. The project plans will be drafted in 2008.

Currently, the initiatives are presented as broad concepts, with the expectation that the details will be shaped up by the participating teams of ‘advocates’. To ensure success and uptake, responsibility, ownership and control of the initiatives should rest with those staff members who are the end users and most aware of the learning imperatives. Drafting the project plans, with Faculty support, could be the starting point.

The pilots in 2009 would inform the expansion of collaborative teaching and learning into other areas such as health promotion, community health, primary health care and research methodology in 2010 and beyond.

The barriers to collaboration identified in the Discussion Paper 2 will need to be prioritised and addressed by the teams involved in rolling out a series of collaborative initiatives over the next 3-5 years. For well entrenched barriers, there is no quick fix and culture change will require time and sensitivity.

To ensure sustainability during this period, an appropriate governance structure is required to co-ordinate, unify and integrate current and future initiatives.

7. Risk

Discussion Paper 2 identified in Section 6, at least, sixteen barriers to collaboration. Whilst all are potential risks, some are more pertinent to the proposed initiatives and the significance of their impact may vary.

Risk Identification and Assessment
The following risk assessment reveals that ‘Quality & Safety’ is the most risky initiative and that ‘Law and Ethics’ & ‘IPE in Simulation Centres’ are less risky.

<table>
<thead>
<tr>
<th>RISK</th>
<th>LIKELIHOOD (A)</th>
<th>SERIOUSNESS (B)</th>
<th>ASSESSMENT SCORE (AxB)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High (3)</td>
<td>Mod (2)</td>
<td>Low (1)</td>
</tr>
</tbody>
</table>

**Proposal 1 IPE in Simulation Centres – Management of Chronic Illnesses**

- Cost & complexity of small group learning: X High (3), X Mod (2), X Low (1) - Score: 9
- Timetabling: X X Mod (2), X Low (1) - Score: 6
- Ownership & control of intellectual property: X X Mod (2), X Low (1) - Score: 6
- Disproportionate numbers & dispersed student cohorts: X X X Mod (2), X Low (1) - Score: 6
- Workload: X X Mod (2), X Low (1) - Score: 6

**TOTAL**: 34

**Proposal 2 Shared Learning – Law & Ethics**

- Ownership & control of intellectual property: X X Mod (2), X Low (1) - Score: 6
- Differences in curriculum: X X Mod (2), X Low (1) - Score: 6
- Timetabling & Transportation: X X Mod (2), X Low (1) - Score: 6
- Funding: X X Mod (2), X Low (1) - Score: 6
- Workload: X X Mod (2), X Low (1) - Score: 6

**TOTAL**: 33

**Proposal 3 Common Resources – Quality & Safety**

- Communications & geographical dispersion: X X Mod (2), X Low (1) - Score: 6
- Differences in pedagogy and curriculum: X X Mod (2), X Low (1) - Score: 6
- Ownership & control of intellectual property: X X Mod (2), X Low (1) - Score: 6
- Access to technical expertise (multi-media) & support: X X X Mod (2), X Low (1) - Score: 6
- Workload: X X Mod (2), X Low (1) - Score: 6
- Funding: X X Mod (2), X Low (1) - Score: 6

**TOTAL**: 43

7.1. Risk Management
The identified risks are best addressed in the context of each initiative and by the participating teams. The teams will need to prioritise the risks and outline risk management strategies, as a component of the project plan which will be requested from each team.

Leadership as well as financial, technical and administrative support from the Faculty will also be significant in managing risk. In general, an appropriate governance structure could be an effective strategy for managing critical risks and achieving sustainability.

8. Governance

The proposed governance structure as depicted in diagram 1 (page 9) comprises:

- An IPE Group formed by circulating a faculty-wide invitation by email and at the Faculty Forum. Most of the advocates identified in Section 5 have agreed to be foundation members. The teams involved in the 3 collaborative initiatives for 2009 would be the core, but not total membership, of this group;
- An IPE Steering Committee with its membership and terms of reference determined by the IPE Group (at its inaugural meeting). This steering committee will provide cohesion and would integrate the three proposed initiatives, as well as future collaborative projects, generated by the IPE Group. Potentially, its terms of reference could encompass:
  - prioritising collaborative initiatives,
  - networking,
  - communicating – liaising with Schools, FT&LC, Faculty Executive and other higher education institutions,
  - organising staff development,
  - co-ordinating grants/funding applications,
  - identifying future collaborative opportunities,
  - lobbying Faculty support;
  - prioritising and addressing barriers to collaboration;
- Direct accountability and reporting requirements to the Faculty Teaching & Learning Committee; and
- Indirect accountability and reporting requirements to the Faculty Executive.

Sustainability should be an outcome of the proposed governance structure because it:

- is transparent and equitable,
- is representative, democratic and inclusive,
- devolves ownership and control,
- has been requested by the committed and interested ‘advocates’,
- has the capacity to respond to ongoing challenges, needs, change and fresh ideas; and
- has the potential to acknowledge, facilitate and reward the academic contributors in a way that benefits students, whilst advancing academic and professional careers.

It manages risk by providing support on a number of levels, commencing with peer support. There are also clear lines of accountability and opportunities for leadership. This governance arrangement has been derived from ideas generated at meetings of ‘advocates’ and, as such, is more likely to succeed because it has arisen from the ‘bottom up’.
Funding to support different stages of development could be sourced as follows:

**FACULTY EXECUTIVE COMMITTEE**

- Schools (SOM, SNM, SOP, HLS)
- RCS
- UDRH

**IPE STEERING COMMITTEE** (as constituted by IPE Group)

**IPE GROUP**

**Initiative 1**
IPE in Simulation Centres – (Experiential IPE)

*Identified interest from:*
- L. Dalton
- R. Bull
- J. Whelan
- N. Chong
- M. Wood
- J. Spencer
- K. Rooney
- L. Bereznicki
- A. Miller
- M. Zasadny
- E. Lodge
- D. Visser
- R. Kelly

**Initiative 2**
Quality & Safety (Common Resources)

*Identified interest from:*
- M. Gleeson
- J. Radford
- L. Bereznicki
- J. Vial
- E. Lodge
- R. Kelly
- K. Ogden
- K. Yee
- R. Bull

**Initiative 3**
Legal & Ethical Issues (Shared Learning)

*Identified interest from:*
- A. Egan
- L. Bereznicki
- A. Alomes
- D. Wake
- Z. Dolby
- C. Zimitat

**Future Projects**
- New staff involved other collaborations over next 3-5 years

**Other interested FHS staff**
- Not affiliated with current initiatives or proposals

**Diagram 1 – Proposed Governance Structure**

**KEY**
- Accountability
- Reporting/Informing
9.1. Seed Funds for 2008

In this initial stage, funds could be required to support:
- drafting project plans,
- establishing governance arrangements,
- reviewing current teaching and learning documentation and resources,
- integrating and co-ordinating the collaborative initiatives; and
- releasing or backfilling ‘advocates’ at critical times.

Seed funding could be sourced from the balance of the 2008 Faculty CT&LP budget of approximately $25,000-$30,000 in total, or $8,000-$10,000 per proposed collaborative initiative.

This funding would be contingent upon the completion of a project plan documenting, as a minimum, outputs, outcomes, budget, timelines, milestones and evaluation as well as a set of conditions as negotiated with each team.

Department of Rural Health has offered funds to the ‘IPE in Simulation Centres’ initiative for scenarios that have a rural dimension and if it commences in 2008.

9.2. Development Funds for 2009

A continuation of Faculty funding for collaborative projects would be required for the development phase in Semester 1, 2009 and pilots in Semester 2.

In addition, University funding has been sought by two of the teams. The ‘IPE in Simulation Centres’ team has applied for University Teaching & Learning (PVC) funding and an application for a Teaching Development Grant has been lodged by the ‘Quality and Safety’ team. CAPE has proposed a model for funding delivery in 2009 for ‘Law and Ethics’. It is similar to the funding model negotiated with the SNM in 2008.

Budgets outlined in the project plans, and as prepared by the project teams in late 2008, would be indicative and could inform negotiations for Faculty funding for 2009.

9.3. Consolidation Funds for 2010

During 2009 funding for 2010 could be sought from sources beyond the University. For example, applications could be prepared for funding from sources such as Australian Teaching and Learning Commission and Department of Health and Human Services, Tasmania (for example, ARC linkage grants).

The three collaborative initiatives piloted in 2009 will highlight issues for further research and will provide a catalyst for ongoing dialogue and collaborations with other universities. Both these outcomes would strengthen future grant applications.

10. Next Steps

If the recommendations below are endorsed by the Faculty Executive Committee, the following actions would be taken to establish the proposed governance
structure and to facilitate the preparation of project plans for the collaborative initiatives recommended for 2009:

- Circulate an email inviting academic staff in the Faculty to:
  - join the IPE group,
  - join a team working on the proposed collaborative initiatives; and
  - attend an inaugural IPE group meeting.
- Convene inaugural IPE Group to determine the terms of reference, membership criteria for the IPE Steering Committee and preferred names for, both, the Group and Steering Committee.
- Convene team meetings to:
  - request project plans by an agreed date,
  - offer support and assistance with the development of project plans,
  - offer seed funding conditional on the completion of a project plan and a negotiated set of conditions; and
  - request team nominees for the IPE Steering Committee.
- Convene inaugural Steering Committee meeting.

11. Recommendations

That the Faculty Executive Committee endorses:

1. In principle, the overall approach as outlined in the paper for implementing the three recommended collaborative initiatives for 2009.

2. The governance structure as proposed, to support the development and maintenance of collaborative initiatives within the Faculty in 2009 and beyond.

3. The allocation of seed funding in 2008, conditional on the completion of satisfactory project plans and a negotiated set of minimum conditions, to ensure planning and initial development for the proposed collaborative initiatives can commence before the end of the year.