

# **Transforming the FYE in Health Sciences: Development and evaluation of an interprofessional first year curriculum**

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## **Abstract**

*Curtin University's Faculty of Health Sciences is the leading educator of health and social care professionals in Western Australia. The changing needs of our students combined with changes in Higher Education and the changing needs of the health and social care workforce provided the impetus for the transformation of the first year across the Faculty. Challenges associated with the development and implementation of an Interprofessional First Year curriculum that is being delivered for the first time in 2011 will be discussed. Our plan for evaluating the new curriculum will be presented and participants will be invited to contribute to discussion on ways to capture multiple outcomes and different stakeholder perspectives.*

## **Interprofessional education for the health workforce of the future**

The Faculty of Health Sciences at Curtin University has an annual intake of approximately 2200 students into 19 disciplines representing a range of health and social care professions including health promotion, food science and technology, laboratory medicine, nursing, midwifery, nutrition, occupational therapy, oral health, pharmacy, physiotherapy, psychology, social work, speech pathology, as well as generic courses in health sciences and human biology. Our students represent a wide range of cultural and socio-economic backgrounds, with 23% international students, 45% non-school leavers and 11% from a low socio-economic background. The diversity of the student body is likely to increase further with the introduction of reforms to encourage greater participation in higher education from 2012 (Bradley, Noonan, Nugent, & Scales, 2008), many of whom are likely to need additional support. Increasingly, students enrolling in the first year of university appear less certain about their career directions with many more choosing to take a generic health science course until they 'work out what they want to do'. Therefore having a structure with the flexibility to change courses with minimum time and financial implications is beneficial for students. This provided the imperative for reconsideration of the design of the first year of study within the Faculty, particularly as most courses had highly discipline specific units in the first year resulting in limited recognition of prior learning if students wished to transfer to another course. In addition, the Faculty had a priority in its strategic plan to embed Indigenous Culture and Health in all health science curricula as part of its support for the University's Reconciliation Action Plan and as a strategy to improve the cultural appropriateness of health care provided to Indigenous Australians.

Further, the changing profile and demands of health and social care services provides strong evidence of the need to change the way that the workforce of the future is educated, as recognised in key Australian and international publications such as the 2004 National Health Workforce Strategic Framework (Australian Health Ministers' Conference 2004), the 2006 Productivity Commission report, 'Australia's Health Workforce' (Australia Productivity Commission 2005) and Health Workforce Australia (2010). A key component of the agenda for change is the World Health Organisation (2010) mandate that interprofessional education be embedded in all health professional education curricula.

Evidence suggests that interprofessional education at both the undergraduate and postgraduate levels can engender the knowledge, skills and attitudes required for effective collaborative practice (Cooper, Carlisle, Gibbs, & Watkins, 2001; Freeth, Hammick, Reeves, Koppel & Barr, 2005). Barr, Koppel, Reeves, Hammick, and Freeth (2005) advocate for the benefits of interprofessional education commencing in pre-clinical stages of training, with undergraduate students engaging early in learning with students from other disciplines with the aim of developing an awareness of the need to work collaboratively and the fundamental skills for this including teamwork and communication.

Taken together, these academic and industry contexts indicated the need to develop and implement a transformative interprofessional first year curriculum (Y1 IPC). There is a vast literature on the importance of the first year experience for students' social, emotional and academic adjustment to university (e.g., James, Krause, Jennings, 2010). According to Kift (2009), facilitating students' transition to university relies upon the coordination of curriculum design principles and academic and non-academic support services – a truly institutional- wide approach. Taking this into consideration, the Y1 IPC has involved collaboration between academic staff, professional staff and university support staff, as well as consultation with students, industry representatives and international experts on interprofessional education.

### **The Curtin Health Sciences Interprofessional First Year Curriculum**

The Y1 IPC has been designed to provide an excellent transitional year for students, provide teaching and learning experiences in foundational academic, professional practice and discipline skills and knowledge, to increase flexibility for students who wish to change courses, and to commence students' journey of interprofessional education. Health sciences graduate attributes were established and faculty wide discussion papers and fora were held for all staff to have the opportunity to have input into the structure of the new curriculum. Consensus was achieved on the key areas which were common across all disciplines and these were shaped into five core units that are studied by all students. A small range of key bioscience, science and behavioural science units were then determined and are studied by students in at least two disciplines. Each course also includes a discipline-specific unit in each semester to ensure students generate a sense of 'belonging' to their profession and the ensure their development of discipline-specific knowledge and skills.

Detailed unit content and all of the teaching and learning experiences were developed by interprofessional teams of Faculty academic staff. Team members were drawn from each of the Schools within the Faculty that had a stakeholder interest in the design of the unit, thereby encouraging 'ownership' of the curriculum by all areas. Staff were encouraged to be creative and focus on innovative models of student learning and to develop assessments which were authentic, varied, robust, and ensured that they represented all nine of Curtin's graduate attributes. This process led to a greater shared understanding of one another's professions and the contribution that each could make to health and social care amongst staff. In effect, it generated a significant amount of interprofessional learning for staff in preparation for implementation of the new curriculum.

The learning experiences have been designed to encourage students to develop a client-centred focus and to ensure that health and social care professionals collaborate effectively to ensure safe and high quality client care. Case based learning is used to highlight a complex client issue and students work in teams to explore the range of health and social services which the client might use, the communication required for effective service delivery, the roles of each of the health and social care professionals, the teamwork required and how conflict may need to be resolved. Wherever possible, the teaching team are also interprofessional and need to model collaborative practice behaviours when working together to facilitate student learning.

### **Collaboration and partnerships for student success**

A number of student support programs have been embedded within the curriculum with the assistance of the Student Transition and Retention Team (START). These include mentor programs at the discipline level, Jump START (a program to follow up students who are at risk of disengaging or performing poorly) (see Nelson, Duncan, & Clarke, 2009), PASS (a study support program in foundation sciences led by peers), and development of English language proficiency (SUCCESS). Students receive appropriate support in the areas in which they are having most difficulty with a view to providing 'just in time' support which meets their specific needs.

Other areas of the university which also needed to be engaged to support implementation of the new Y1 IPC included Student Administration, Timetabling, International Office, Admissions Office, Careers, Library, and Marketing and Communications. The team in Properties and Information Technology were also crucial in generating change to existing learning spaces so they could facilitate collaborative learning.

It is anticipated that the new Y1 IPC will provide much greater engagement for student learning through a highly contemporary and engaging curriculum which provides with appropriate support to be successful in commencing their studies with an interprofessional client-centred focus.

An overview of the context and aims of the new Y1 IPC will be provided in this session along with discussion of the process by which the units were conceptualised and developed. The evaluation plan will be discussed and participants invited to contribute to discussion about key indicators of the success of first year curricula.

## Questions for discussion

How can we best evaluate the impact of a high quality interprofessional first year curriculum? What indicators are reliable and valid? How do we capture and integrate the perspectives of staff, students, and industry partners to ensure the curriculum meets all stakeholder needs?

## Session outline

The session will be presented in two parts: a 15 minute presentation and a 15 minute discussion. The presentation will focus on background to the Y1 IPC and the strategies developed to build staff support for IPE and generate a curriculum based on Kift's (2009) transition pedagogy principles.

The discussion will be facilitated in small groups with groups being invited to take on the perspective of one stakeholder group and then feed back to the wider group.

Conclusions drawn from discussion groups on the key issues will be provided to participants via email after the conference.

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