

## **A Framework for Interprofessional Education**

### **Faculty of Health Sciences, Queen's University**

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This document presents *Key Concepts, Principles*, and a *Model* to guide the development of Interprofessional Curriculum in the Faculty of Health Sciences at Queen's University. Endorsement by the Faculty of Health Sciences' Board will demonstrate commitment to Interprofessional Education (IPE) and Interprofessional Collaborative Practice (IPCP). Queen's University Faculty of Health Sciences:

1. Endorses the principles of Interprofessional Education (IPE) and Interprofessional Collaborative Practice (IPCP).
2. Accepts the establishment of minimal standards for achievement of competence in Interprofessional Collaborative Practice for all learners in the Faculty of Health Sciences.
3. Ensures that every pre-registration learner within the Faculty of Health Sciences will be able to demonstrate the minimal competencies in Interprofessional Collaborative Practice upon completion of their professional program.
4. Promotes the autonomy of each of its three Schools (Nursing, Medicine, and Rehabilitation Therapy) in their operationalization of Interprofessional Education.
5. Acknowledges the need for sustainable infrastructure to support Interprofessional Education within the curriculum.

The establishment of an Office of Interprofessional Education and Practice and participation of members of the Faculty of Health Sciences on national, provincial and local research projects and committees promoting Interprofessional Education and Interprofessional Collaborative Practice, positions Queen's University to successfully implement an Interprofessional Curriculum.

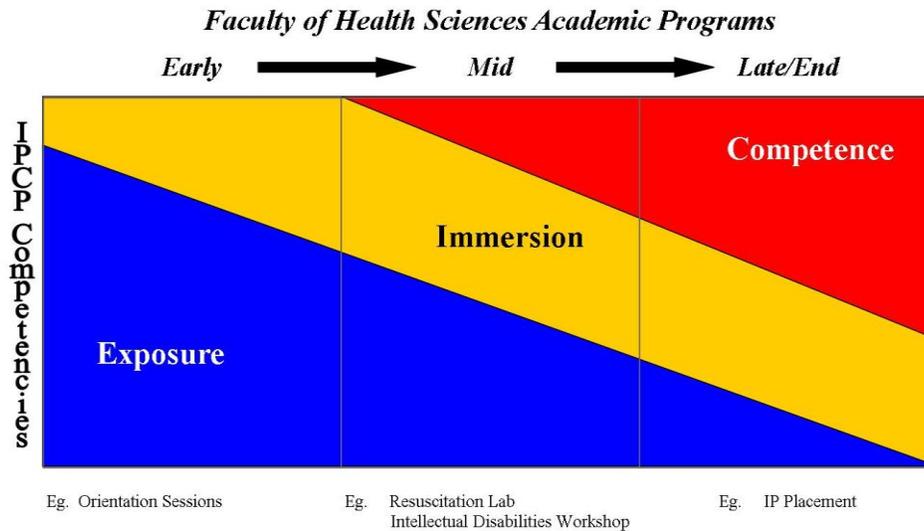
## Definitions

*Interprofessional education (IPE)* is defined as “occasions when two or more health care professionals learn *with, from, and about* each other in order to improve collaboration and the quality of care” (CAIPE, 2002).

*Interprofessional Collaborative Practice (IPCP)* "is designed to promote the active participation of each discipline in patient care. It enhances patient- and family-centred goals and values, provides mechanisms for continuous communication among caregivers, optimizes staff participation in clinical decision making within and across disciplines and fosters respect for disciplinary contributions of all professionals" (Health Canada, 2003).

## Model for Interprofessional Curriculum

Interprofessional Education is one component of the health sciences curricula. Established core competencies in IPCP provide a basis to facilitate the coordination and integration of IPE across the FHS and to provide a foundation for curriculum design and assessment of learners within the four professions. As illustrated in Figure 1, IP experiences are integrated along a learning continuum throughout academic programs using the developmental model for the level of attainment of IPCP competencies (exposure, immersion, and competence).



**Figure 1: IPCP Competencies Learning Continuum**

(Adapted with acknowledgement of previous work by McMaster University and the University of British Columbia)

## Principles to Guide Development of Interprofessional Curriculum

The following principles are proposed to facilitate the development of the Interprofessional Curriculum.

1. Learners will have a breadth of exposure to IPE activities integrated throughout the curriculum to enable the achievement of identified common competencies in IPCP. IPE activities will begin in orientation and occur throughout each professional program to build on knowledge, skills, and attitudes.
2. Interprofessional curriculum will include a variety of activities taking place across a diversity of settings.
3. Interprofessional Education will be formalized within the curricular structure.
4. Each School in the FHS will have the autonomy to determine the number of elective activities and the level of attainment achieved for each competency that learners must complete by the end of their program to meet the School's IPE requirements.
5. The IPE curriculum will be student-centred, encouraging choice and self-monitoring with supervision.
6. Interprofessional Curriculum will be aligned with accreditation standards.
7. A variety of faculty development opportunities will be available to assist in the development of faculty's interprofessional educational expertise.
8. The aim is to achieve neutral workload for faculty by integrating IPE efforts within teaching responsibilities.
9. The FHS will promote the value and credibility of IPE for learners and educators through awards and distinctions.

The mandate of OIPEP is to create common strategies, content and resources for teaching and learning for the purpose of promoting development, implementation and ongoing evaluation of core interprofessional curriculum for health professional students. OIPEP is currently developing a document outlining a *Framework for IPE* for the FHS based on the concepts and principles presented above. Following endorsement of these principles by Faculty of Health Sciences Board, OIPEP will work with the FHS to facilitate curricular and faculty development.

## References

CAIPE (2002). *Interprofessional education-A definition*. London: Centre for the Advancement of Interprofessional Education. Retrieved August 21, 2008 from <http://www.caipe.org.uk/about-us/defining-ipe/>).

Health Canada, 2003. *Interprofessional Education for Collaborative Patient-Centred Practice: Background*. Ottawa: Health Canada. Retrieved August 21, 2008 from <http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/interprof/index-eng.php>).