

# Round 1 Delphi outcomes

## **Respondents agreed with the following items (>70% broad agreement)**

- IPL should be a core component of all faculty programs
- IPL should be a course learning outcome in clinical programs
- Clinical placements offer good IPL opportunities
- IPL should be included in nonclinical areas of the curriculum
- The IPL curriculum should have a strong patient-centred ethos
- The IPL curriculum delivery should be aligned with the University's core values
- Every faculty student should achieve the 8 IPL competencies prior to graduation
- IPL should be compulsory for all students
- IPL stations should be included in OSCE clinical examinations
- IPL is an important contributor to student satisfaction\*
- All academic teaching staff should include IPL in their teaching
- Future recruitment for academic teaching staff should include consideration of IPL experience\*
- IPL curriculum development and delivery should be a shared responsibility across all teaching academic staff
- Academic staff should receive specific induction and training in IPL
- Scholarly research in IPL should be included in the Faculty research strategy
- IPL activities should receive a dedicated workload allocation
- Additional resources are required to enable implementation of high quality IPL
- IPL should be promoted as enhancing patient and client health outcomes
- Patients and standardised patients should contribute to the assessment of students
- The Faculty's IPL curriculum should be marketed more prominently
- Participating in teaching IPL will contribute to enhancing staff satisfaction\*

## **Respondents did not agree with the following items: (>70% broad disagreement)**

- IPL should only be offered to medical and nursing students
- The faculty should purchase an established IPL curriculum\*
- IPL should only be taught by staff in the Simulation Centre
- Current IPL induction is adequate\*
- The Simulation Centre should be responsible for delivering the faculty IPL curriculum
- There are no impediments to implementing IPL in the faculty

## **The following items did not achieve consensus and were referred to Round 2**

- The faculty is currently meeting accreditation requirements for IPL
- 10% of overall assessment marks should be allocated to IPL
- 10% of clinical examination marks should be allocated to IPL
- IPL curriculum should be delivered online
- The faculty currently has sufficient expertise in IPL curriculum development and delivery
- IPL implementation should be led by Heads of Schools and Deans
- The availability of suitable teaching spaces is a barrier to IPL
- The University should establish a professorial chair in IPL
- IPL should be supported by a dedicated unit within the Faculty

Broad agreement/disagreement was calculated. Consensus was achieved if 70% or more of respondents either agreed or disagreed.

\* the no opinion responses were also included in the broad agreement/disagreement after review of comments

## Round 2 Delphi outcomes

### **Respondents agreed with the following items (>70% agreement)**

- IPL assessment should be based predominantly on student participation in learning activities
- IPL should have an allocation of assessment marks in at least one course each year in all clinical programs
- IPL should be taught in a blended format (ie a combination of face to face and online learning activities)
- In accredited programs all students should achieve the 8 IPL competencies
- IPL implementation in the Faculty of Health and Medical Sciences should be led by program coordinators
- There should be a senior Faculty IPL leadership position created
- IPL activities should be given high priority in timetabling

### **Respondents did not agree with the following items: (>70% disagreement)**

- All disciplines in the Faculty of Health and Medical Sciences should allocate the same % of overall assessment marks to IPL
- IPL assessment should be a hurdle requirement for students (ie a requirement to pass the course)

Careful consideration was given to the outcomes of the Delphi and the written comments in shaping the draft metrics that are presented in the following table.

These will now be presented to the Faculty Executive Team for endorsement and implementation.

### Draft Faculty IPL score card

| Domain                           | Metric   | Data source   |
|----------------------------------|--|---|
| <b>Curriculum</b>                | Number of clinical* programs with an IPL learning outcome in at least one course at each year level          | Course outlines review  |
|                                  | Number faculty courses with IPL learning outcomes  | Course outlines review  |
|                                  | % allocation of assessment marks for IPL learning outcomes assessment in clinical* courses                   | Programs board report via Assessment review committee minutes |
| <b>Student outcomes</b>          | Number of OSCE examinations with IPL content   | Programs board report via Assessment review committee minutes |
|                                  | Number of students achieving the 8 IPL competencies by graduation in accredited clinical* programs           | Programs board report via Program coordinator reports         |
| <b>Staff engagement</b>          | Number of academic staff who have received IPL induction   | Staff survey<br>Induction attendance rates                    |
|                                  | Number of academic staff who have participated in IPL training   | Staff survey<br>Training attendance rates                     |
|                                  | Reference to IPL is made in the Faculty Research Strategy  | Document review of Faculty Research Strategy                  |
|                                  | Number of program coordinator reports on IPL activities in programs board minutes                            | FLQIC via review of Programs Board minutes                    |
| <b>Community and staff value</b> | Number of assessment tasks where patients and standardised patients contribute to the assessment of students | Programs board report via Program coordinator reports         |

\* dentistry, medicine, nursing, oral health in 2019. To include Physiotherapy, Occupational Therapy and Speech Pathology from 2020.