

Making it 'AIPPEN'

Sharing a vision for collaborative
practice:

the formation of an Australasian
interprofessional practice and
education network,

AIPPEN

How did AIPPEN evolve?

- Initial meeting at “All Together Better Health” IPL Conference, April 2006
- Various levels of experience with IPL; however similar issues:
 - Gaining support for IPL initiatives
 - Evaluation of IPL
 - Sustainability of IPL programs

Why AIPPEN?

- Need for an Australasian IPL network
- Utilise experience and expertise of existing Networks e.g CAIPE , InterEd, RIPEN.
- Review of other IPL Networks

The Next Steps

- Developing a collaborative steering team
- Formulating draft objectives
- Seeking feedback on direction via a needs analysis

Who is the Steering Team?

- Gillian Nisbet
University of Sydney
- Monica Moran
University of Queensland
- Janice Chesters
Monash University
- Marion Jones
Auckland University of Technology
- Karen Murphy
ACT Health
- Sue Gilbert-Hunt
University of South Australia
- Denese Playford
University of Western Australia
- Jill Thistlethwaite
University of Sydney

Draft TOR and Objectives

- Promote communication and collaboration between health care sectors, government, practitioners and service users
- Organise seminars and conferences to share information and learn from each others' experiences
- Facilitate workforce policy and practice change in Australia and New Zealand
- Influence research and collaboration between teams to demonstrate the care and economic advantages of IPL
- Disseminate information on IPL

Feedback Mechanism

- Introductory document circulated
- Brief needs analysis questionnaire
- Sampling approach and response rate

What did Questionnaire ask?

- Priorities over 1 and 5 years
- Level of agreement with objectives
- Existing involvement with IPL orgs
- Nominate other objectives or roles
- Frequency, level and mode contact

Priorities for AIPPEN

Priority of Objectives on a scale from 1-5 with 5 being most important N=44	1 year	5 years
Promote communication and collaboration between healthcare sectors, government, practitioners & consumers	3.8	4.3
Organise seminars and conferences to share information and learn from and about one another	3.1	3.5
Facilitate workforce policy and practice change in Australia and New Zealand	3.4	4.2
Influence research and collaboration between teams to demonstrate the care and economic advantages of IPL	3.9	4.1
Disseminate information on IPL	4.1	4

Existing IPE/IPL Affiliations

Respondents already members of an organisation or affiliation with an IPL (IPE/IPP) focus

- No = 22
- Yes = 25

Level of agreement with how draft objectives meet needs

% Level of Agreement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Objective 1 N=46	54% (25)	37% (17)	2	1	1
Objective 2 N=44	45% (20))	40% (18)	14%(6)	1	
Objective 3 N=45	42% (19)	46% (21)	9% (4)		1
Objective 4 N=45	64% (29)	29% (13)	2		1
Objective 5 N=42	64% (27)	29% (12)	27% (3)		

Level of Involvement and preference for contact

Level of Involvement and preference for contact % and number of responses N=46

- Email updates of developments 98% (45)
- List Serve membership 63% (29)
- Teleconferences with other members 43% (20)
- Site visits to areas of IPL practice 56% (26)
- Research collaborations 65% (30)
- Mentoring relationships 52% (24)
- Collaboration on development of teaching resources 76% (35)
- Collaboration on development of conference presentations 61% (28)
- Other 5% (2)

What do members want from AIPPEN?

- Dissemination of information on IPL
- Promotion of communication between key stakeholders
- Promotion of research to demonstrate advantages of IPL
- Facilitation of workplace policy and practice change

Where to from here?

- Establish a communication network to share information on IPL
- Seek seeding funding for administrative support
- Link in with other established IPL Networks, e.g. InterEd

What can we do today?

- Over to you!

5 members of the AIPPEN steering group

