

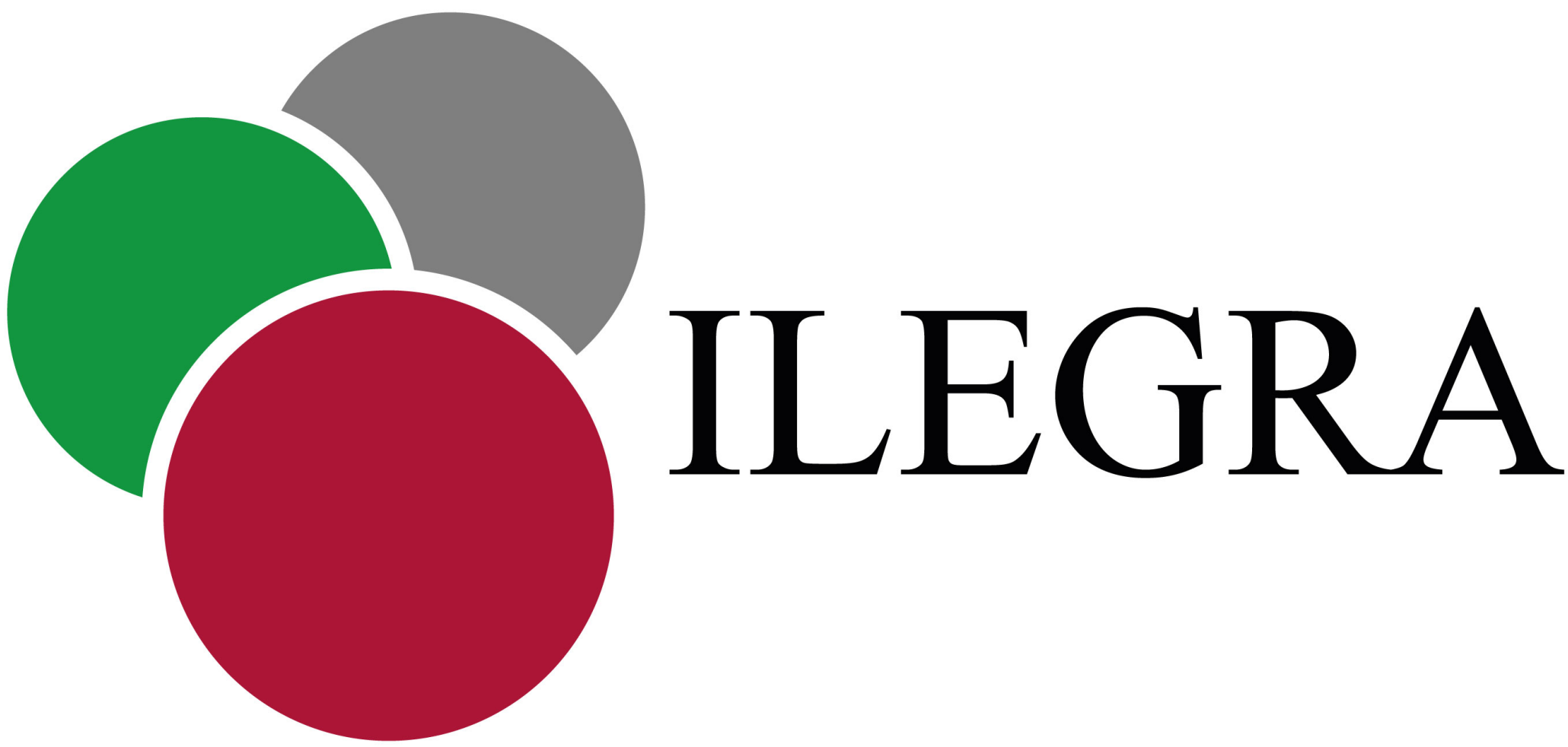
# Subjective Theories On Curriculum Development

## Timing decisions for interprofessional education of academic health professions

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### Background

Due to various changes in health care, cooperation and coordination between the professionals is becoming increasingly important [1, 2]. The actors concerned must be prepared for the professional challenges and interprofessional collaboration as early as in their training and studies [3]. In the development of interprofessional teaching/learning opportunities, the timing of an interprofessional teaching format in the course of educational programs is controversially discussed. Arguments exist for the early temporal placement of interprofessional education (IPE) to address stereotypical ideas or the late prescription to accommodate the development of a professional identity [4, 5]. However, there is a research desideratum regarding an empirically justified choice of the timing of IPE [6].



### Research Questions

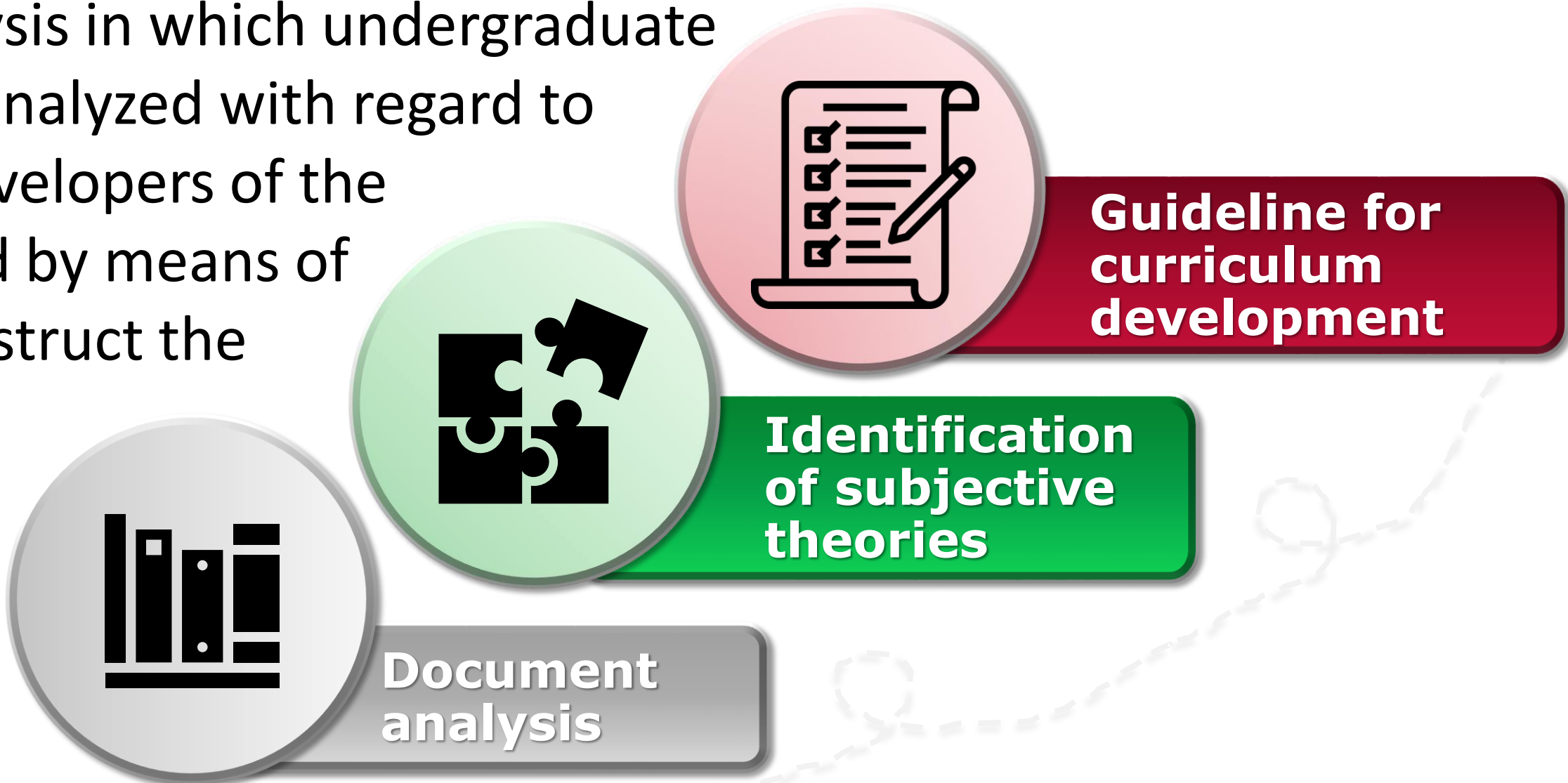
This research project studies the timing decisions for interprofessional teaching/learning opportunities (IPLL) in undergraduate health professions programs. In doing so, the focus is on the subjective theories of curriculum developers. The following research questions will be explored:

**When in the curriculum are interprofessional teaching/learning opportunities placed in academic curricula of health professions and what conditions and factors influence the temporal location?**

- What are the subjective theories of curriculum developers regarding IPE and the temporal location of interprofessional teaching/learning opportunities in health professions curricula?
- How do curriculum developers justify their timing decisions for IPLL in the curriculum?

### Study Design

The qualitative study design consists of two parts. Part (A) consists of a document analysis in which undergraduate programs in speech therapy, occupational therapy, physical therapy, and medicine are analyzed with regard to curricularly embedded IPE. Part (B) surveys the subjective theories [7] of curriculum developers of the study programs. For this purpose, their ideas about timing decisions of IPE are collected by means of semi-structured interviews (n=10) and subsequently structural images are laid to reconstruct the subjective theories. From the results of the research project, recommendations will be derived that serve as support for curricular considerations and promote the constructive expansion of the IPE.



### International Frameworks



Four international frameworks were examined for categorization of curricula:

- The *Framework for Action on Interprofessional Education & Collaborative Practice* der World Health Organization (WHO, 2010)
- The *National Interprofessional Competency Framework* from the Canadian Interprofessional Health Collaborative (CHIC, 2010)
- The *Core competencies for interprofessional collaborative practice* in a 2016 update from the Interprofessional Education Collaborative (IPEC, 2016)
- Curtin University's *Interprofessional Capability Framework* (CUICF, 2011).

From these frameworks, a synthesis was created with eight domains to analyze content and competencies in the context of interprofessionality in curricula.

### Aim and Perspective

The individual and the overarching characteristics of the subjective theories of curriculum developers allow an empirical classification of the respective justifications for timing decisions. Furthermore, the results can be used to show which factors influence the temporal placements. Thus, a contribution from the perspective of empirical educational research to the incipient theory building in the field of IPE is provided. An orientation guide for curriculum development supported by empirical findings promotes the (further) development of binding curricula for interprofessional teaching and learning in health professions education.



### Reference

[1] Sachverständigenrat zur Begutachtung der Entwicklung im Gesundheitswesen (2009): Koordination und Integration – Gesundheitsversorgung in einer Gesellschaft des längeren Lebens.  
[2] Wissenschaftsrat (2012): Empfehlungen zu hochschulischen Qualifikationen für das Gesundheitswesen. Berlin: Selbstverlag.  
[3] Walkenhorst et al. (2015): Positionspapier GMA-Ausschuss – „Interprofessionelle Ausbildung in den Gesundheitsberufen“. GMS Z Med Ausbild. 2015;32(2):Doc22.  
[4] Tunstall-Pedoe S, Rink E, Hilton S (2003): Student attitudes to undergraduate interprofessional

education. In: Journal for Interprofessional Care 17 (2), S. 161-172.  
[5] Freeth D, Hammick M, Reeves S, Koppel I, Barr H (2015): Effective interprofessional education. Development, delivery and evaluation. Oxford: Blackwell.  
[6] Wissenschaftsrat (2018): Neustrukturierung des Medizinstudiums und Änderung der Approbationsordnung für Ärzte. Köln: Selbstverlag.  
[7] Groeben N, Scheele B (2010): Das Forschungsprogramm Subjektive Theorien. In Günther Mey und Katja Mruck (Hg.): Handbuch Qualitative Forschung in der Psychologie. Wiesbaden: VS Verlag. S. 151-165.

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