Australian Teacher Education Association
Annual Conference Proceedings Archive

ATEA National Conference – Brisbane 2013

Promoting School Health? A Case for the Use of Interprofessional Education within Teacher Education programs to support Health Promoting Schools

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Abstract

Stemming from the Ottawa Charter for Health Promotion in 1989, the development of whole school approaches to Health Literacy have manifested in the Health Promoting Schools approach. Health Promoting Schools (HPS) have become increasingly prominent across Australia and internationally. The HPS emerged from a 'settings approach' which views schools as sites for health promotion, interventions, and activities. This approach requires collaboration between schools, community partners, and government agencies making schools increasingly spaces of interprofessional interaction. While there is widespread use and recognition of this approach across Australia, implementation is hampered by three key factors: the traditional structure and function of schools, teacher's practices and skills, and time and resources. The focus for this paper is the role teacher education can play in preparing pre-servivce teachers for work in the increasingly interprofessional context of schools. Interprofessional Education (IPE), defined as members (or students) of two or more professions learn[ing] with, from and about one another to improve collaboration and the quality of care, has been used internationally in health and social care professions and higher education institutions as a means for preparing students to work across interprofessional teams. Examples of IPE in education settings are used to present a rationale for including elements of IPE in teacher education classrooms and professional experience.

Introduction

In an attempt to redress the widening health disparities in developed nations, Health Education has shifted from a health promotion model focused on the transmission of preventative knowledge to a more contemporary model built upon the concept of Health Literacy (Nutbeam and Kickbusch 2000; Kickbusch 2001). Health Literacy is a composite term describing a range of outcomes in health education such as the ability to read, understand, and access health information and to make informed decisions in regards to one's health (Rudd, Moeykens et al. 1999; Nutbeam 2000). In response to the Ottawa Charter for Health Promotion in 1989, and the identified need for increased Health Literacy, there has been widespread development of whole-school approaches to Health Education which are visible across Australia (St Leger 1999; Mūkoma and

Flisher 2004). This has manifested in the creation of the Health Prompting Schools (HPS) framework. As early as 1996, the Australian National Health and Medical Research Council recommended the HPS as a "best practice framework for school health promotion and inter-sectoral collaboration for health in schools"(Parliament-Victoria 2010 p.17). A strong HPS presence in Australia was confirmed in a report in 1997 where each state and territory was found to use or recognize the HPS approach on some level and had previously funded HPS initiatives in school settings (Parliament-Victoria 2010). The Australian Health Promoting Schools Association defines HPS as a school that "strives to nurture the social, emotional, physical, spiritual well-being, and cognitive development of its students, staff and community" through a number of initiatives such as:

- coordinated and comprehensive approaches that link teaching and learning with action on the school's ethos/environment and engagement with the community.
- policies, planning and actions that are realistic and relevant to the school's needs
- a commitment to effective partnerships for sustainable outcomes.
- valuing the participation, skills, values and experience of students, staff and families in decision making and action (AHPSA 2012 www.ahpsa.org.au/who-are-we/)"

The HPS approach can be a powerful tool for increasing Health Literacy within a school population. However, the challenges schools face in adopting, sustaining, and building these initiatives into their school fabric in large part stem from "the traditional structure and function of schools, teachers practices and skills, and time and resources"(St Leger 2001 p.203). Due to the aforementioned challenges, schools and teachers need to be supported in adopting these approaches. As such, I argue that teacher education should play an active role in supporting the HPS approach in schools - starting with a focus on ways to equip pre-service teachers to confidently and proactively work within these settings.

The need to prepare teacher education graduates for interprofessional spaces is evident in the graduate standards criteria required by the Australian Institute for teaching and School Leadership (AITSL). Point 7.4 states that pre-service teachers should be able to

> Engage with professional teaching networks and broader communities [and] Understand the role of external professionals and community representatives in broadening teachers' professional knowledge and practice.(AITSL 2012)

yet there has been little attention of how teacher education may address this issue. Interprofessional Education, an approach currently being adopted within health sciences for preparing graduates to work in increasingly interprofessional settings, may be a promising framework for preparing pre-service teachers for the rigors of HPS (D'amour and Oandasan 2005; Oandasan and Reeves 2005; Bennett, Gum et al. 2010). Interprofessional Education (IPE) is defined by Hammick et al. as "members (or students) of two or more professions learn[ing] with, from and about one another to improve collaboration and the quality of care"(Hammick, Freeth et al. 2007). IPE is an approach that "develop[s] opportunities for universities and schools to collaborate and thereby improve the efficiency of resource allocation while more effectively preparing students for the future roles as health professionals" (Steinert, 2005 as cited by Bennett, Gum et al. 2010). Specific characteristics of IPE and benefits for its potential inclusion in teacher education are discussed. This paper focuses on the previously identified challenge of the inadequate level of education and training given to pre-service teachers for comprehensive adoption of the Health Promoting Schools approach (Lister-Sharp, Stewart-Brown et al. 1999; St Leger 2000; St Leger 2001), and uses examples of IPE currently employed within education settings to examine the role that this approach may offer in preparing pre-service teachers with the skills and knowledge needed to comprehensively adopt and support a Health Promoting Schools approach.

Interprofessional Education: What can we learn from Health Sciences?

Authentic collaboration between the health and education sectors was recognised as a crucial aspect of HPS in the guidelines created by the Ottawa Charter for Health Promotion(Rasmussen and Rivett 2000). The recognition of schools needing to becoming spaces of interprofessional collaboration is echoed by The European Network of Health Promoting School's Development Plan which identifies its goal as

"fostering of an increased degree of commitment to the concepts and principles of the health-promoting school among the key partners (schools, communities, health and education sectors, governments and others)". (WHO 1997 as cited by Rasmussen and Rivett 2000 p.3)

Despite this, the task of preparing graduates to work collaboratively across professional boundaries is not unique to teacher education. Health science faculties have been moving towards the model of IPE in their undergraduate programs due to the internationally recognised view that interprofessional approaches have the potential for improving professional relationships, delivery of service, and enhancing health outcomes for the population (Leathard 2002; Curran, Sharpe et al. 2007; Hammick, Freeth et al. 2007).

While teacher education and nursing education differ greatly in what professional practice looks like within traditional spaces such as schools and hospitals or clinics, HPS blur the lines between these distinctions. In HPS teachers and other community partners such as public health nurses, psychologists, dieticians and health promotion professionals are meant to work together for the benefit of students; manifesting in the redefinition of professional practice for all parties.

The HPS, which emerged from a 'settings approach' (or use of schools as sites for health promotion, interventions, and activities) "assumes [that] teachers will become more proactive outside the classroom in working with other key stakeholders in the school communities"(St Leger 2000 p.83). Whether teachers are prepared for this shift or not, the redefinition of the purpose of a school within the HPS approach has transformed schools into sites of interprofessional practice. The Department of Health for the UK identified a struggle to match the training and learning offered to health care workers with the changing community needs and patterns of service as resulting of the move from institutional to community-based health services (Barnes 2000). The result which

> has led to problems of staff recruitment, retention and low morale. It has been argued that in addition to new skills, a fundamental change in attitudes, values and culture in mental health services is needed if staff are to work interprofessionally and to provide user-centred care. These requirements imply that post-qualifying professional education should be interprofessional and that

there is an important role for service users in its provision (Lindow & Morris, 1995; Towns et al., 1997; Took, 1997) (as cited by Barnes 2000 p.191)

Despite their differences, parallels can arguably be drawn from the shift of health services from institutionally based to broader community based, and the shift of schools from being solely "predicated on the idea of academic ability"(Robinson 2006), to a HPS approach which aims to "actively promote opportunities… enabling [students] to take initiatives, make choice and exercise responsibility for their own and others' health. (HEA, 1996 as cited by Paulus 2005 p.32). Both document the shift away from the 'silo' approach to health and education where multi-faceted coordinated approaches across sectors, government agencies, and policy levels become necessary (Exworthy 2008). Many of the challenges documented by the UK Department of Health are echoed in the three main challenges facing HPS earlier identified in this paper. If many of the challenges facing teacher education are similar those being tackled by health care educators, IPE may offer teacher education a way to integrate knowledge and competencies for working in interprofessional spaces into teacher prepartation programs as a means to support their transition to the new reality of schools.

Interprofessional Education as an approach to Teacher Education – Making the link

In their systematic review of the practice and scope of IPE interventions, Oandassan & Reeves (2005) identify a range of learning and teaching issues connected with IPE. Many of these are already practices which have been long employed in teacher education such as using education theory, creating a non-threatening learning environment, developing reflective practitioners, creating relevant learning experiences and employing a range of teaching and learning strategies. The amount of common themes and 'best practices' consistent between teacher and health care education suggests that these two fields may have much to offer each other in terms of pedagogical practice. Where IPE differs substantially in scope from teacher education is the inclusion of the following two

foci: exploring learning settings for IPE, and examining the nature of 'what' should be taught, as it pertains to collaborations defined as "interprofessional process[es] of communication and decision making"(Oandasan and Reeves 2005 p.30).

There has been continued research and inquiry from teacher educators into addressing the evolving needs of students and re-thinking the practicum or professional experience element of teacher education - especially within the area of strengthening partnerships between teacher education institutions and the schools in which pre-service teachers are placed (Beck and Kosnik 2002; Zeichner 2010). The importance of promoting partnerships to support teacher education is also recognized at the government level with the 2007 Minister of Education, Science and Training's Inquiry into Teacher Education titled *Top of the Class* which states that a key characteristic of a high quality practicum is one that is "designed and implemented within a partnership involving teacher education institutions, schools, school systems and relevant professional bodies"(2007 5.23). In a HPS, where the school site is to become an 'open participative network' between the school and community - strong ties between teachers, schools, and community partners are necessary (Paulus 2005). Within schools, however, if teachers lack the training, skills, and knowledge necessary to participate in an exchange of experiences and developments with external partners, and the ability to work across professional and institutional boundaries - there is little feasibility in implementing or sustaining a HPS approach. If we as teacher educators wish to prepare pre-service teachers for a HPS setting, a logical place may be to start with the inclusion of specific elements of IPE as part of pre-service teacher training. In addition, if we wish to see schools become collaborative spaces that promote the health and wellbeing of students, IPE may offer a platform for increasing the skills and knowledge of community partners who currently, or will in the future be working with students alongside teachers. The following section attempts to construct a rational for using IPE within teacher education classroom and practicum settings through current work being done in teacher education and examples from within a school context.

Supporting the Health Promoting Schools Approach – Whose Job it is Anyway?

Building strong collaborative and supportive connections with diverse professionals in schools is made difficult at an institutional level due to the different networks of organizations which coexist(Adler and Gardner 2002). Interprofessionality is further hampered when the structure of different departments or the goals of community partners and schools vary greatly, such as partnerships between schools and Police Departments.(Johnson 1999; Brown 2006; Theriot 2009). For partnerships with community organizations, which have been identified by the WHO as necessary elements (WHO 2013), to work effectively, consistent communication, identification of goals, and respect for the professionalism of all parties is essential.(Jackson and Jackson 2002). While collaborations with varied professional and community partners may seem like yet another initiative expected of teachers outside the realm of what teachers 'do', in reality, "Australian schools are increasingly engaged in partnerships with other organizations from across sectors"(Black 2008 p.6), and with them comes needed resources which helps to support students. However, as Black states, without formal partnerships and a willingness and knowledge of how to work interprofessionally, "these partnerships will remain peripheral activities, isolated exercise in an environment where collaboration is still not the norm(2008 p.6). Despite this, there are many examples of partnerships between community partners and schools for supplementing specific knowledge and competencies in subject areas that teachers may be lacking, such as the Artists in residence program (Kind, de Cosson et al. 2007). While this has been a successful program internationally, Kind et al. identified a number of challenges teachers and artists had in forming and sustaining "meaningful and mutually supportive" partnerships(2007 p.844) - which speaks to the inclusion of IPE in teacher education across curriculum areas. Preparing pre-service teachers to work collaboratively with community partners may enable further development of HPS approach and can help to support school health. What might IPE look like within higher education and school settings? Box. 1 outlines a project between a classroom teacher and a community partner within a Canadian primary school. Derived from the author's own experience, it provides an

example of the possible ways in which IPE could be employed within a classroom or practicum setting for pre-service teachers and community partners alike. This example of the effectiveness of IPE in tertiary Training for Police Officers working within school settings substantiates the investigation of IPE in teacher education. IPE strategies, such as bringing guest speakers from community organizations to speak to how teachers can facilitate interporfessional collaboration with different sectors, and professional experience in varying community/health settings, are teaching methods employed in IPE that may have potential value for teacher education.

While marked differences exist, IPE may offer a framework for which teacher education may be better able to prepare students for the changing landscape of schools, and work towards having graduates who are not

Box 1.
Kindergarten and the Cop
An example of IPE within a K-7 Canadian school and Police Training Institute – June 2012:

A School Liaison Officers (SLO) is a Police Officer who is assigned to a school or school district whose goals are to foster socially responsible behaviour in children and youth, goals which are best met when "trusting, respectful and positive relationships are established between students, school staff, and police" (NewWestminster-Police 2012).

These positive relationships are meant to be established through classroom visits, school assemblies, and the general presence of SLOs within schools. As a classroom teacher, while I have great appreciation for bringing community members into my classroom and helping my students to make connections with people outside the traditional school environment, SLO visits were extremely challenging to manage. These challenges were due to the lack of communication and collaboration between SLO and the classroom teacher, and the difficulties the officer had in tailoring content and message appropriate for a class of junior primary students.

In the interest of strengthening interprofessional collaborations within my school, I contacted the instructor, Constable Foley* of the School Liaison Office training course at the Justice Institute of British Columbia and asked what sort of training SLOs receive before they are posted within schools. Const. Foley (an Officer and former SLO himself) said that the training encourages SLO to use cooperative teaching with classroom teachers as a means to support student learning, marrying the expertise in the field of SLOs with the teaching and learning expertise of teachers. While this is a suggested strategy, he suggested that one of the biggest barriers for SLOs to employ a cooperative teaching approach is a lack of understanding in how to interact interprofessionaly with teachers. The lack of communication across interprofessional boundaries is evident within SLO literature, and remains a major obstacle to achieving their mandate(Lambert, Lambert et al. 2002). Another barrier identified was a lack of primary specific content within the SLO training course do to a lack of expertise on primary education at the Justice Institute.

To try to address the knowledge gap that was affecting students in schools, I ran an afternoon workshop during the SLO training course designed to give SLOs an understanding of appropriate teaching techniques, management strategies, and content areas appropriate to support health and wellbeing in junior primary settings. The workshop also included strategies for approaching teachers to teacher cooperative in classroom settings.

After the workshop, the instructor received extremely positive feedback from the participants about the inclusion of primary teaching pedagogy in the course and participants reported increased confidence in their abilities in early learning settings.

Experience from my work as a Kindergarten Teacher
*name changed to protect privacy

only professionals within schools, but knowledgeable and confident professionals within interprofessional settings.

Conclusion

The HPS model continues to be adopted in Australia and internationally due to its portrayal as a "most promising framework which should produce better health outcomes for students, now and into the future"(St Leger 1999 p.56). However, an essential element in addressing the key challenges facing the implementation and continuation of this approach is the way in which teachers are supported in working interprofessionally within schools. To meet this need and address the graduate standards outlined by AITSL, teacher education needs to play a more active role in preparing students for the challenges of working within HPS. IPE, a successful strategy for addressing the challenge of teaching interprofessionality within health science faculties, may offer teacher education an approach for addressing the needs of graduates entering HPS. Integrating IPE 'best practices' into teacher education classrooms and professional experience has potential to prepare pre-service teachers with the knowledge and skills needed to thrive in the interprofessional environments that schools have become.

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