The Interprofessional Education Collaborative: Bridging the Health Professions

Clay Graybeal, Ph.D., Associate Dean
Westbrook College of Health Professions

Peter Dane, D.O., Associate Dean
College of Osteopathic Medicine
Why Interprofessional Education (IPE)?

“Health Professions Education: A Bridge to Quality”
Institute of Medicine (2003)

- Patient-centered care
- Teamwork and collaboration
- Evidence-based practice
- Quality improvement strategies
- Informatics
Why Interprofessional Education?

Core Competencies for Interprofessional Collaborative Practice
Sponsored by the Interprofessional Education Collaborative
(AACN, AACOM, AACP, ADEA, AAMC, ASPH)

Four Domains:
- Values/ethics for interprofessional practice
- Roles/responsibilities for collaborative practice
- Interprofessional communication
- Interprofessional teamwork and team-based care

*
Interprofessional education (IPE) is defined as two or more health professions students engaged in learning with, from and about each other to improve collaboration and the quality of care (CAIPE, 2002).

Interprofessional collaboration is defined as an active relationship between two or more health care professionals who work together to solve problems or provide services (Zwarenstein & Reeves, 2006).

Principles: communication, teamwork, patient-centered, evidence-guided care.

Patients are active partners on the health care team.
Training for interprofessional practice requires that members of the health care team know their discipline-specific roles as well as the roles of other team members.

Desired outcomes: improved patient care, case management skills that promote sustainable and empowering patient-centered practice, health literacy, cultural sensitivity, increased critical thinking skills, decision-making competencies, and reduction of medical errors (Cook, 2005; Lumague et al., 2006).

Such competencies contribute to developing a system of health care delivery that is efficient, affordable to patients and curbs costs for health care systems.
RESEARCH:

Recommendations offered by IPE researchers include the following: interprofessional educational opportunities should be offered to students early in their education; integration of IPE core competencies across disciplines, IPE training of faculty early in their tenure, and further research that looks at IPE’s and collaborative clinical training’s impact on patient outcomes (Cook, 2005; Zwarenstein, Reeves, Russell, Kenazchuk, et al., 2007).

Cook (2005) and others have suggested that perhaps the most serious barrier to implementing IPE in health education curriculum is lack of convincing evidence that it indeed translates to improvements in clinical competencies and practice outcomes.
RESEARCH:
Studies that have examined IPE programs have thus far reported positive outcomes for students and faculty (Freeth, Hammick, Koppel, Reeves & Barr, 2005; Lumague et al., 2007; Parsell & Bligh, 1999; Zwarenstein & Reeves, 2006).

Ratings for these programs however have been based on self assessments or “happiness data,” which is seen as of limited value because it measures feelings rather than competencies or efficacy (Cook, 2005).

Research that objectively measures graduating students’ IPE competencies and also evaluates comparative patient outcomes is needed to garner institutional and faculty support.
Top-Ten List: *How Not to Implement IPE!*

1) Make it a mandate it from the top
2) Give it a funny name with an indecipherable abbreviation
3) Generate wildly optimistic expectations
4) Advertise to the world before you start
5) Come up with rigid rules (only 3+, research rooms, etc.)
Top-Ten List:
*How Not to Implement IPE!*

6) Move ahead without faculty support
7) Provide for no faculty development
8) Provide no administrative support
9) Provide no funding
10) Avoid talking about teamwork
The UNE Experience

• History and Establishment of IPEC
• Undergraduate: Common Curriculum
• Graduate: Certificate in IPE
• Community-based Clinical Practice
• Planning: a new College of Dental Medicine
• Evaluation
The UNE Experience

You know what didn’t work, now what did?

- Move away from administrative focus to a partnership
- Model collaboration in everyday action
- Identify and support creativity and innovation
- Invest resources
  - Money
  - Time
  - Personnel
  - Food
- Create the structure from bottom up
IPEC Strategic Plan: Mission

To educate practitioners, scholars, and researchers to work together and with patients and clients for relationship-centered health care that is comprehensive, collaborative, caring, safe, and continuous throughout the life cycle.
The InterProfessional Education Collaborative (IPEC) will contribute to the transformation of health care through interprofessional education. Health professions team-based training will be demonstrated, modeled and evaluated through classroom, campus and community-oriented primary care sites. The Collaborative will be utilized as a resource by other institutions and organizations seeking to enhance their own interprofessional work in this area.
Primary Goals

1) Develop innovative interprofessional health education curriculum, programs, and collaborative clinical practice sites.

2) Establish interprofessional health research, scholarship, and training agenda, responsive to specific community needs.
Key Steps

- Invest in faculty and faculty development
- Create half-time faculty Director position
- Appoint other part-time faculty leads
- IP Clinical Site Partnerships
- Incorporation of the Arts – Add Verb
- Orientation (nine disciplines, next year ten)
- Research initiatives
- Meeting with Provost Council to ask for comparable investment
- Appoint Associate Dean for Undergraduate Education
- Develop a new common curriculum
The UNE Experience

Undergraduate: Common Curriculum
WCHP IPE Undergraduate Learning Outcomes

1. Employ critical thinking & problem solving in the study of the health professions.

2. Demonstrate effective communication & interprofessional collaboration abilities.

3. Integrate ethical knowledge, professional standards & values in exploring interprofessional practice.
4. Explore personal abilities to contribute as an effective & compassionate member of the health care team.

5. Determine future directions & personal fit in the health care professions.

6. Gain foundational skill & knowledge inherent in the health professions.
WCHP IPE Courses: Freshmen Year

IHS 110: Introduction to the Health Professions
- Roles & Education
- Communication
- Teamwork
- Conflict Resolution
- Language of Healthcare
- Foundational Skill

IHS 120: Issues in Health Care
- Problem solving
- Communication
- Issues
- Professionalism
WCHP IPE Courses: Sophomore Year

IHS 210: Scholarly Inquiry
- Introduction to EBP/EBM
- Spirit of inquiry; Framing ??
- Scholarly peer-reviewed publications, electronic databases
- Boolean searching
- Writing to a manual of style

IHS 310: Ethical Practice
- Philosophical & moral decision making
- Communication
- Dealing with ambiguity, uncertainty
- Prof. codes of conduct
- Team communication
Educational Philosophy & Approach for Foundational IPE Coursework

- Presentation of “content” is minimal. Foundational IPE education seeks to develop health care provider’s values/ comportment & personal capabilities more than imparting knowledge & data.

- Faculty serve as role models for developing these abilities.

- Learning activities of team/ group work, reflection, self-assessment, & problem solving are emphasized.
The UNE Experience

Concept: Certificate in IPE
The UNE Experience

Certificate in IPE

- Introduction to the Health Professions (Grad)
  Overview of findings and recommendations
  Principles: person-centered, community-based, safe and compassionate care
  Descriptions of the various professions
  Benefits of shared learning
  Integrated team-based care

- Will incorporate podcasts, simulations, lectures, discussion, and campus events.

- Four additional courses from electives – cultural awareness & proficiency, EBP, ethics, teamwork, innovation, informatics
The UNE Experience

Community-based Clinical Practice
The UNE Experience

Community-based Clinical Practice

- Create capacity to demonstrate IPC in community

  Partnerships with:
  - Local hospitals and hospital systems
  - Community health clinics and networks
  - Geriatric residences
  - Homeless shelters

- Build it from the ground up:

  “Don’t let me build a dental clinic!!” Kneka Smith
College of Dental Medicine
DMD Program Plans

Three IPE/IPP Objectives:
1. Explore personal abilities to contribute as an effective & compassionate member of the health care team.

2. Demonstrate effective communication and interprofessional collaboration abilities with other members of the health care team.

3. Independently supervise, coordinate and provide evidence-based clinical patient care in an interdisciplinary health care model.
College of Osteopathic Medicine
Curricular Innovation & Integration

IPE/IPP Objectives:


2. Collaborative clinical simulation exercises (e.g. physician-pharmacist, physician-physical therapist)

2. Inclusion of inter-professional perspectives in patient case study discussions
Next Steps for Participants

Where do we go from here?
Next Steps for Participants

Small groups – “Visioning the next step at home institution”

- What would it look like?
- What resources do we have to get there?
- What do we need to keep doing?
- What do we need to more of?
Next Steps for Participants

Large group

- Sharing examples and challenges
- Identifying next steps
- Strategies for overcoming barriers
REFERENCES (1)


Dillon, PM, Noble, KA, Kaplan, L (2009). Simulation as a means to foster collaborative interdisciplinary education. *Nursing Education Perspectives*, 30(2), 87-90.
REFERENCES (2)


DOI: 10.1080/01421590701682576

REFERENCES (3)


Institute of Medicine (2010). Redesigning continuing education in the health professions, Committee on planning a continuing health profession education institute, National Academies Press, Washington, D.C.


REFERENCES (4)


REFERENCES (5)


REFERENCES (6)


