INTER-PROFESSIONAL EDUCATION: GROWING FROM LESSONS LEARNED

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GOALS OF THIS PRESENTATION

• Describe evolution of IPE activities at GA-PCOM over past 5 years
  • Making intentional modifications from careful CQI

• Describe 2016-17 academic year’s involvement of DO, SOP and PA students across two campuses in different states

• Highlight pitfalls despite our best plans
  • How do we continue to improve student buy-in for IPE
“Interprofessional education occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of the collaborative practice team. This is a key step in moving health systems from fragmentation to a position of strength.”

- World Health Organization
COMPETENCY DOMAINS FOR IPE

- Values/ethics for interprofessional practice
- Roles and responsibilities
- Interprofessional communication
- Teams and teamwork
INTER-PROFESSIONAL EDUCATION AT GA-PCOM- 5 YEAR EVOLUTION

Interaction with various health care professions occurs in clinical settings with advanced students.

Efforts to incorporate IPE into didactic years for health care profession training piloted in 2012.

- First three years involved 3rd year SOP students working with 2nd year DO students.
  - Case-based interactions that focused on the role of professionals in medicine and pharmacy.
- Fourth year involved 1st year students in both programs, with emphasis on the opioid addiction and the role of health care professionals in perpetuating and controlling the epidemic.
  - Current and important topic, societal impact was not covered in curriculum.
- Fifth year involved first year SOP, DO and PA students from both PCOM campuses and 7 distinct modules.
LESSONS LEARNED FROM FIRST FOUR YEARS

• Incorporation of IPE into existing courses downplayed the importance of IPE
  • Some DO students resented the additional work, spending time on “soft” subjects that will not be on boards

• Building relationships among students in different programs is essential
  • Case discussions among students not on a level playing ground may foster divisions between students in different professions
  • Time factors been programs must be taken into account
  • Differences in training must be taken into account
    • SOAP notes in SOP vs DO programs
THE 2016-2017 IPE COURSE

• Developed a course: Inter-Professional Approach to Caring for the Community
  • This year 0 credits, P/NP
• Held on Friday afternoons 1-3 PM (typically open in all programs)
• Introduction panel discussion followed by 6 modules- 2 per trimester term
  • Case discussion to illustrate roles of various types of providers
  • Introduction to Teams and Team Work
  • Professionalism and Leadership
  • Medical Errors
  • Ethics
  • Religious and Cultural Competency
  • Opioid Addiction Epidemic
PROCESS

• Pre-class assignment
  • Reading assignment and short quiz on blackboard

• In-class activities and assignment
  • Short lecture or panel discussion
    • Live in one classroom on either campus, streamed to two other classrooms on GA and/or PA
  • Student breakout sessions to discuss specific learning outcomes
    • 53 groups of 4-5 students meeting in various rooms in GA, some groups skype with students in PA
  • Group submission of assignment to Blackboard

• Post-class reflective paper
  • Individual assignment submitted to Blackboard within 2 weeks of session
EXAMPLES OF MODULES
INTRODUCTION TO IPE
PANEL DISCUSSION AND CASE SCENARIO

THE IMPORTANCE OF A MULTIDISCIPLINARY, INTER-PROFESSIONAL APPROACH TO PATIENT CARE
INTRODUCTION AND PANEL DISCUSSION

LEARNING OBJECTIVES

• Define IPE

• Discuss the competencies necessary for effective inter-professional delivery of quality health care

• Discuss the roles of various health care professionals in providing care as illustrated in the case scenario
SCENARIO

• Case involved 78 year old widow, who lived alone, was active in church and community, and who fell in her home resulting in a broken hip

• Other health issues discovered in the hospital included cataracts, anemia and diabetes which would need to be addressed

• Her grown children lived in other states and visited infrequently

• She lived on a fixed income of $1500/month

• Discussion by panelists involved role of EMTs, physicians, nurses, dieticians, pharmacists, social workers, PT and OT professionals
TEAMS AND TEAM WORK MODULE

Introduction to Team Dynamics
and Functions of Health Care Teams
PROFESSIONALISM AND LEADERSHIP MODULE

Introduction to the characteristics of a good leader and the core attributes of medical professionalism
MEDICAL ERRORS MODULE

Understanding the ramifications of medical errors, the importance of root cause analysis and disclosure
RELIGIOUS AND CULTURAL COMPETENCY MODULE

Understanding the impact of religious beliefs and culture on acceptance of health care
Culture, Belief and Practice

CULTURE: the values, norms, and traditions of a particular group.

EXAMPLE: a Somali Muslim woman refuses to be seen by a male doctor.

BELIEF: conviction of the truth of some statement or the reality of some being or phenomenon.

EXAMPLE: a patient refuses treatment, believes God decides time to die.

PRACTICE: a repeated or customary action; the usual way of doing something.

EXAMPLE: a patient alters medication regimen to fast for Yom Kippur.
OPIOID ADDICTION MODULE

Understanding the societal impact of the opioid addiction and the role of health care professionals in the perpetuation and in the response to the epidemic
CHALLENGES AND SOLUTIONS: LESSONS LEARNED
CHALLENGES AND SOLUTIONS: ESTABLISHING THE COURSE

• Coordinating year long class schedules with 3 programs in 2 locations.
• Most be highly motivated to succeed
  • Driving force- IPE is an accreditation standard, or soon will be, for all health professionals
• Plan well ahead of time
• Be flexible
• Work closely with registrar
CHALLENGES AND SOLUTIONS: GETTING STUDENTS ENGAGED

• Make the activity its own course
• Divide into small enough groups so as to build relationships among students
  • Particularly important when working with different campuses
  • Insist that students working across campuses use skype or other technologies to interact with each other (not google doc)
• Make the activities relevant and engaging
• Expectations clearly stated in syllabi
• Gave feedback to students who underperform
CHALLENGES AND SOLUTIONS: CONTINUING QUALITY IMPROVEMENT

• Multiple team meetings and early development of activities prior to start of academic year

• Team meetings after each session to review successes and address challenges
CHALLENGES AND SOLUTIONS - PHYSICAL SPACE AND IT REQUIREMENTS

• Must secure enough rooms for students to meet
  • In GA, we met in every classroom, small group room and several conference rooms throughout the building

• Must have reliable IT capabilities for live streaming to large groups.

• Must have band width sufficient to support simultaneous wireless access for all students
CHALLENGES AND SOLUTIONS: GETTING FACULTY INVOLVED

- Expectations of faculty in the IPE course included facilitation of small groups and grading of submitted assignments.

- How to get faculty involved:
  - Be nice!
  - Don’t be too proud to beg!
  - Show gratitude!

- Have support of administration!
  - Difficult to garner faculty support unless administration recognizes activity as vital to institutional success

- Have support of tenure and promotions!
  - Should be recognized just as important as fulfilling any other activity for accreditation.
CHANGING CULTURE AND EXPECTATIONS OF STUDENTS (AND FACULTY) TOWARD MEDICAL EDUCATION

• Student attitudes
  • Students have naïve view of their future careers
  • Some students resent taking time away from studies for “soft” subjects
    • Knowledge as most important competency

• Faculty attitudes (especially Basic Scientists)
  • Basically the same as student attitudes
    • Knowledge as most important competency
  • Often strongly believe that their subject matter is so critical that attention to it by students cannot be reduced

• How do we change culture and attitudes?
QUESTIONS?