Interprofessional Education (IPE) 101: An Overview

Report from the Interprofessional Affairs Council (IAC)
DHS First Friday
November 1, 2013

Objectives

- Become familiar with the role of the DHS Interprofessional Affairs Council (IAC)
- Define the term interprofessional education (IPE) and differentiate multi-professional activities from interprofessional activities
- Describe the benefits of IPE in terms of patient care and outcomes
- Become familiar with accreditation standards related to IPE
- Identify areas in the DHS where IPE may be implemented
The Interprofessional Affairs Council (IAC) was originally established as the Interprofessional Curriculum Committee (ICC) in August 2011.

- Was tasked with identifying areas of curricular overlap among DHS programs and reviewing DHS courses prior to review by the University Curriculum Council.
- Also charged with developing DHS-wide course offerings and facilitating IPE opportunities.

The original members of the Committee were:
- Karen Neill (Nursing)
- Tina Mladenka (Nursing)
- Kristen Calley (Dental Hygiene)
- JoAnn Gurenlian (Dental Hygiene)
- Galen Louis (Public Health)
- Janette Olsen (Health Education)
- Beth Guryan (CSED)
- Tony Seikel (CSED)
ICC to IAC

- In October of 2012, the IAC took on its current name and its purpose was narrowed to:
  - “Serve as a standing council of the DHS and establish an interprofessional curriculum and opportunities that prepare students to practice in a collaborative environment and thereby lead to an improved healthcare delivery system”

- Specific charges include:
  - Decrease DHS curricular overlap
  - Develop interprofessional course offerings
  - Develop an interprofessional core curriculum
  - Promote opportunities for interprofessional learning, research, and continuing education

Meetings & Membership

- The IAC meets on the 3rd Thursday of each month during the academic year at 3:30 PM

- Representation as follows:
  - College of Pharmacy (1)
  - School of Nursing (1)
  - Kasiska School of Health Professions (3)
  - Office of Medical & Oral Health (2)
  - School of Rehabilitation & Communication Sciences (2)
  - Institute of Rural Health (1)
Current Membership

- **College of Pharmacy**
  - Chris Owens
- **Kasiska School of Health Professions**
  - Allisha Weedon (Dietetics)
  - Monica Mispireta (Public Health)
  - Janette Olsen (Health Education)
- **School of Nursing**
  - Karen Neill
- **Office of Medical and Oral Health**
  - JoAnn Gurelian (Dental Hygiene)
  - Rachel Smetanka (Physician Assistant)
- **School of Rehabilitation and Communication Sciences**
  - Nancy Devine (Physical Therapy)
  - Beth Guryan (Speech Pathology)
- **Institute of Rural Health**
  - None

DHS Core Curriculum

- The following topic areas have been identified as a core curriculum for most DHS programs
  - Bioethics/Healthcare Law
  - Cultural Competency/Health Disparities
  - Research Methods & Writing
  - Biostatistics
  - Leadership/Administration
- Syllabi have been created for many of these with the idea of creating 3-credit online course offerings
  - Other possible core courses: pharmacology, complementary and alternative medicine
- Will the availability of these course be beneficial to your program? How can they be incorporated into your current curriculum?
Core Curriculum

- Each program will need to determine which of these courses have applicable content for their students
- Establish availability (Fall/Spring/Summer) to maximize utility and make available online
- Workload considerations for instructors need to be defined as well as credit hour cost and index numbers (including cross-listed courses for undergraduate, graduate, & professional students)

Experiential IPE Activities

- The IAC has also identified many programs within the DHS that provide service learning and other experiential opportunities that cross disciplines
- Examples:
  - Health Fairs
  - Community Health Screening Events
  - Operation Diabetes, Heart, and Immunization
  - Poison Prevention Week
  - Clinical rotations or advanced practice experiences
Future of the IAC

- The IAC will continue to work with individual programs to identify opportunities for IPE
- Will continue to develop core curriculum offerings and work with DHS administration to effectively implement courses and deal with workload issues
- Present IPE-related information and solicit input from DHS faculty at First Fridays
- Establish a Web page on the DHS site for disseminating information on IPE, opportunities for IPE activities, and resources to facilitate faculty development
- Please consider service on this council, your input is needed!

Interprofessional Education Collaborative (IPEC)
To learn what other universities are doing to enhance IPE at their institutions, a group of ISU faculty attended the IPEC institute in Chicago on Oct 7-9, 2013 in Chicago.

The IPEC is a coalition of national organizations dedicated to advancing IPE activities in professional programs and healthcare institutions.

- Made up of groups including:
  - AACOM, AACP, AACN, ADEA, AAMC, ASPPH

The conference was 2 and 1/2 days of presentations and break-out sessions where participants worked with Institute "coaches," as well as teams from other universities to develop an IPE pilot project.

- Accreditation standards from several health programs related to IPE were reviewed
  - Established IPE competency areas were discussed

- Presentations were given by institutions who have successfully implemented IPE activities throughout their programs
  - From the University of Washington, Rosalind Franklin University of Medicine and Science, Arizona State University, and the Mayo Clinic
Sample of IPEC Participants

- Angelo State
- Appalachian State
- At Still
- Belmont
- Boise State
- Chapman
- Clarke
- Ferris State
- Georgia State
- Idaho State
- Loma Linda
- Loyola –Chicago
- Mercer
- Nova Southeastern
- Ohio State
- Rush
- Texas A&M
- Univ. of Alabama
- Univ. of Puerto Rico
- Univ. of Tennessee

ISU’s Team at IPEC

- Our group consisted of:
  - Chris Owens (Pharmacy)
  - Mary Nies (Nursing)
  - Cindy Seiger (Physical Therapy)
  - Kim Lloyd (Occupational Therapy)
  - Cathleen Tarp (Languages/Interpretation)
Definition of IPE

- Interprofessional Education (IPE) has been defined as:
  - “Occasions when two or more professions learn with, from, and about each other to improve collaborative practice and the quality of care.”
  - Centre for the Advancement of Interprofessional Education (2002);
  - http://www.caipe.org.uk/

Recent Timeline of IPE Initiatives

- 2005: Canadian Interprofessional Health Collaborative founded
- 2005: Collaborating Across Borders (CAB) I Conference
- 2005: Interprofessional collaboration added to Nursing Essentials for BSN
- 2005: Visionary statement for pharmacy education embraces IPE
- 2010: AAMC identifies IPE as one of two “horizons for action”
- 2010: Interprofessional Education Collaborative (IPEC) formed
- 2010: JCAHO Conference on Transforming Health Professions Education
- 2013: IPEC released Core Competencies for Interprofessional Collaborative Practice
- 2013: Collaborating Across Borders (CAB) III Conference
- 2013: WHO Framework for Action on IPE
- 2013: IOM IPE Panel formed
- 2013: National Center for IP Education & Practice established at Minnesota
- 2013: Canadian Interprofessional Health Collaborative founded
- 2013: Collaborating Across Borders (CAB) I Conference
- 2013: Interprofessional collaboration added to Nursing Essentials for BSN
- 2013: Visionary statement for pharmacy education embraces IPE
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- 2013: National Center for IP Education & Practice established at Minnesota
The Case for IPE- Why?

- IPE allows for students to work together in a collaborative way in preparation for clinical practice

- Clinical teams with good communication improve patient care and satisfaction

- Healthcare is already developing a culture of interprofessional collaborative practice

- Evidence from literature indicates that high functioning teams improve outcomes of care

- Being educated as teams is critical because “a team of experts in not necessary an expert team”
Improvement in Nurse-Physician Collaboration

- Improves patient satisfaction\textsuperscript{1}
- Improves patient outcomes\textsuperscript{2}
- Decreases risk-adjusted length of stay\textsuperscript{3}
- Reduces medication errors\textsuperscript{4}
- Improves job satisfaction for health care workers\textsuperscript{1}

\textsuperscript{1} Baggs, JG and SA Ryan. \textit{Nursing Economics} 1990; 8:386-92.
\textsuperscript{2} Horak BJ et al. \textit{Journ for HC Qual} 2004; 26:6-13
\textsuperscript{3} Shortell SM et al. \textit{Medical Care} 2000; 38:207-17.

Position Paper from ACP (2013)

- The American College of Physicians published a position paper in September 2013

- Recognize the shift in the US health care system toward team-based care
  - “In this new model, groups of physicians, nurses, physician assistants, clinical pharmacists, social workers, and other healthcare professionals establish new lines of collaboration, communication, and cooperation to better serve patient needs.”

- Provide definitions, outline principles, and cite examples to encourage dialogue and advance this new model of dynamic clinical care teams
### Summary Comparison of Accreditation Standards related to IPE

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<tr>
<th>THEMES</th>
<th>Schools:</th>
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<tr>
<td></td>
<td>Dentistry</td>
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<tr>
<td>Communication with other members of healthcare team or other professionals</td>
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<tr>
<td>Understand roles of other members of healthcare team</td>
<td>x</td>
</tr>
<tr>
<td>Collaboration and teamwork with colleagues/teams</td>
<td>x</td>
</tr>
<tr>
<td>Opportunity to practice or learn with other members/teams</td>
<td>x</td>
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### Interprofessional Collaborative Practice Competency Domains

- **Competency Domain 1:** Values/Ethics for Interprofessional Practice
- **Competency Domain 2:** Roles/Responsibilities
- **Competency Domain 3:** Interprofessional Communication
- **Competency Domain 4:** Teams and Teamwork

Many activities currently going on in the DHS (and at many universities and institutions) involve several different health professionals working together to deliver patient care
- Example: ISU Health Fairs

These are best described as multi-professional activities; we need to take steps to turn these *multi-professional* activities into *interprofessional* ones

To do this, *incidentally* working together needs to be transformed into *deliberately* working together
- Learning “with, from, and about each other” in the process
- Reflecting on what was learned and documenting in a student portfolio

**Examples from the University of Washington**
High Technology, high fidelity simulation lab

Standardized patient actor w/ Congestive Heart Failure
Challenges

- **Logistics – Infrastructure**
  - Timing of IPE experiences (calendaring/scheduling)
  - Availability of shared space
  - Including DL components as feasible to include both Pocatello and Meridian (as well as students in IF and Twin Falls)
  - Assessment and documentation of activities

- **Faculty**
  - Change to status quo
  - Creating IPE learning opportunities
  - Mentoring and modeling effective communication

- **Students**
  - Demanding active learning
  - Working with others in different ways (outside the classroom, after “regular” hours)

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**What did we learn from the IPEC Institute:**

“Top 10” Ideas to consider and discuss
Take Home Point #1

- Although we are just starting out with IPE, so are most schools
  - We are not behind the curve and in some respects, we are actually ahead in that there are many multi-professional activities we are already doing that could be turned into inter-professional ones with adequate planning and support
  - Financial and administrative

Take Home Point #2

- Successful programs seem to have started small and set achievable goals
  - Getting all 19 of our DHS programs together is probably not the best place to start
  - We should identify natural partnerships of 2 or 3 programs and design activities that bring students and faculty together once or year
  - Look to clinical rotation sites where students are already together and incorporate once weekly or once per rotation IPE activities
Take Home Point #3

- IPE Core Competencies have been mapped from various health programs’ standards and have been condensed to 4 major areas
  - Make sure these concepts are included in syllabi and program descriptions
  - Include these concepts in some of our didactic course offerings
    - Example: Introduction to Pharmacy Practice course in the first professional year of the PharmD program could include content related to healthcare teams and teamwork
  - At the DHS First Friday in December, there will be a brief presentation on these core competencies

Take Home Point #4

- As faculty, we need to better understand the professional roles and responsibilities of the various health professions in the DHS
- We would like to “spotlight” or “showcase” a different profession for a few minutes at each DHS First Friday
- We can better lead by example if we understand the various roles of our colleagues in the DHS
Take Home Point #5

- The experience presented from different programs and schools suggests that students love IPE and once initiated, such activities can be sustained due to student interest and satisfaction
  - Ongoing administrative and financial support must also be present

Take Home Point #6

- IPE activities need not represent a major burden on faculty (but they can be labor intensive, especially during the initiation stages)
  - Should be led, directed, and driven by faculty
- Workload credit and promotion/tenure considerations must be recognized by administration and appropriate credit given to faculty who spend time and effort developing and maintaining such activities
  - There are teaching, research, and service opportunities associated with IPE
An Office of Interprofessional Education would be very helpful for developing IPE programs, and for establishing and maintaining relationships among programs and with community partners.

- Development of these activities may be more than the current IAC is equipped to do.

A DHS-linked Web site needs to be established to showcase the IPE calendar, opportunities, and resources (including brief descriptions of various professions and links to more information).

- There are a lot of resources out there for training, including TeamSTEPPS (http://teamstepps.ahrq.gov).

DHS First Fridays are an excellent place to showcase the importance of IPE, generate interest, build relationships, and discuss ways to overcome barriers.

- IPE should be a standing agenda item, and time should be spent on:
  - Profession “spotlights”
  - Surveys of faculty experience and concerns
  - Review of IPE topics – competencies, resources, assessment, and faculty development opportunities
Take Home Point #9

- We need to identify an IPE representative from EACH program in the DHS
  - All programs are not represented on the IAC
  - Faculty development and strategic planning needs to be occurring at the program level
  - Liaison between programs and the IAC
- IPEC team members who attended the Chicago meeting are an important resource and will continue to play a role in the development and implementation of IPE

Take Home Point #10

- We can start planning for at least one event for next year right now:
  - An IPE orientation for incoming students in various programs during orientation week, with an online, large group, and perhaps a small group component as well
  - We all have an orientation for our new students at roughly the same time; need to plan at least one day to bring all of our students together
The Interprofessional Affairs Council (IAC) was established to develop, promote, and facilitate Interprofessional Education (IPE) at ISU.

A cooperative effort on the part of all DHS programs is needed to implement IPE activities.

IPE leads to graduates who are prepared to work in clinical care teams, and clinical care team are the model for future health care and are being shown to have a positive impact on patient care and outcomes.

There are things we can start doing right now, but support from faculty and administration is critical.