Title:

Interprofessional Collaborative Care: An Evidence-Based Approach to Healthcare Education

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ACCEPTED

Session Title:

Clinical Poster Session 2 (Monday/Tuesday, 18 & 19 November)

Slot:

CLIN PST2: Monday, 18 November 2019: 8:00 AM-8:45 AM

Abstract Describes:

Ongoing Work/Project

Applicable Category:

Clinical, Academic, Students

Keywords:

Education, Healthcare and Interprofessional
References:


Abstract Summary:
Interprofessional education (IPE) is a best practice for health care education, but large group implementation is challenging. This project describes the efforts at a Midwestern health care college to implement IPE using an online course for all incoming students in all health care programs in the fall 2018 semester.

Content Outline:
I. Introduction
   a. Describe traditional approach to healthcare education
   b. Describe the World Health Organization’s (2010) definition of interprofessional education (IPE), its influence on positive client outcomes, and advocacy for IPE to influence global health
   c. Explain previous IPE implementation efforts in healthcare education, higher learning accreditation requirements, and challenges with IPE implementation

II. Purpose of the project
   a. Introduce IPE at a small Midwestern, non-profit private healthcare college and evaluate students’ interprofessional competency after completing an IPE online course with application components and reflective journaling

III. Description of the process
   a. A group of IPE Champions, a task force that comprised of college faculty members from various disciplines and administrative staff with various areas of expertise and professional backgrounds, researched IPE beginning in 2016
      i. Higher Learning Commission Criterion 3B was used to guide this process
      ii. Extensive review of the literature regarding IPE efficacy and feasibility was conducted
      iii. The healthcare college community was surveyed to determine understanding of IPE, areas of interest for IPE offerings, and willingness to participate in IPE
      iv. Task force received approval from students, faculty, and administration for implementation of formalized IPE program development on campus
   b. Course development “IPE 301: Interprofessional Education”
      i. Designed as a pass/no pass, zero credit hour course required for graduation for all incoming students from all healthcare programs beginning in the fall 2018 semester
      ii. Course format: Online (to make it fully accessible to on-campus students as well as distance students) and consisting of five modules
iii. Course materials include lectures created by IPE Champions, reading assignments, YouTube and interactive videos, open-book/note quizzes, and a pre-, mid-, and post-assessment tool is used by adopting the 20-item Interprofessional Collaborative Competency Attainment Scale (ICCAS) Revised that requires participants (students) to rate their competencies in communication, working in a team, conflict resolution, and negotiating responsibilities.

iv. Course modules 1-4 focused on and addressed the Interprofessional Education Collaborative (2016) core competencies of IPE.

a. To be completed any time after the completion of modules 1-4, but before graduation.

v. Course Module 5, entitled “My IPE,” required students to participate in a minimum of three IPE activities on campus or in the community that met the IPE rubric’s requirements.

a. Must be completed after modules 1-4 were completed and up until graduation.

b. Examples of IPE activities included projects from designated service course, Academic Travel Abroad, clinical simulation, and collaborative events with community partners.

IV. Participants

a. Fall 2018 cohort of incoming students included approximately 250 students who were enrolled in the IPE course.

V. Conclusions

a. IPE has implications to address the “global health workforce crisis” (WHO, 2010).

i. Strengthens healthcare systems

ii. Influences public health policy on local and global levels

iii. IPE supports the Institute of Healthcare Improvement’s vision of improving patient experiences and population health, reduces costs, and improves experiences of health care workers.

b. IPE Champions would like to conduct a retrospective, descriptive research study of the impact of the online course with clinical applications pending the approval of the Institutional Review Board.

**Topic Selection:**

Clinical Poster Session 2 (Monday/Tuesday, 18 & 19 November) (26148)

**Abstract Text:**

**Introduction:** Healthcare education has traditionally occurred within the confines of each discipline’s instructional program, limiting students’ knowledge of other disciplines and potentially impacting communication with the healthcare team, quality of care delivery, and patient outcomes (D’Amour & Oandasan, 2005; Interprofessional Education Collaborative Expert Panel [IPEC], 2011). The World Health Organization (2010) defines interprofessional education (IPE) as “students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” and advocates for its use with global health perspectives to influence health policy (p. 7). Although the concept of IPE is not new, many healthcare education programs encounter challenges with its...
implementation due to funding, scheduling concerns, sustainability, as well as faculty and student buy-in (Hinderer & Joyner, 2014; Sandhu, Robert Hosang, & Madsen, 2015). From a healthcare education perspective, many accrediting bodies now require IPE within their accreditation standards as interprofessional education and collaboration are best practices for achieving safe, high quality patient-centered care (Accreditation Commission for Education in Nursing, 2013; Berman, 2013; Commission on Accreditation in Physical Therapy Education, 2015; Higher Learning Commission [HLC], 2015; IPEC, 2011). IPE has been successfully implemented within higher education (Sanborn, 2016); however, most efforts have been limited to a classroom or a healthcare program. Inclusion of IPE within and among all programs at healthcare colleges or universities is highly recommended during pre-professional training as opposed to workplace training (Hinder & Joyner, 2014). Purpose of the project: The purpose of this project was to introduce IPE at a small Midwestern, private healthcare college and evaluate students’ interprofessional collaborative competency after completing an online course, participating in IPE events, and completing reflective journals relating to the IPEC (2016) core competencies. Description of the process: An interprofessional group of college faculty and instructional design experts, collectively known as IPE Champions, performed an extensive review of the literature regarding interprofessional education and collaboration as part of a year-long task force in 2016 which examined effective teaching-learning strategies for higher education. HLC Criterion 3B “The institution demonstrates that the exercise of intellectual inquiry and the acquisition, application, and integration of broad learning and skills are integral to its educational programs” was used to guide the process (HLC, 2015, p. 10). The campus community completed a SurveyMonkey® questionnaire that asked participants to indicate their understanding of IPE, awareness of campus IPE activities, areas of interest in IPE offerings, and willingness to engage in IPE activities, either as a participant or an event organizer. Survey results indicated that a small percentage of participants felt confident in their understanding of IPE, but the majority of participants expressed interest in pursuing IPE as part of their academic healthcare studies. After achieving faculty, student, and college administration buy-in for implementation of a formalized IPE program on campus, the IPE champions created an introductory course entitled “IPE 301: Interprofessional Education.” The course was designed as a pass/no pass, zero credit hour course required for all incoming students from all program levels and fields of discipline beginning in the Fall 2018 semester. The course consisted of recorded lecture videos, reading assignments, YouTube and interactive videos, open-book quizzes, as well as a pre-, mid- and post-assessment using the Interprofessional Collaborative Competency Attainment Scale (Revised) ([ICCAS], (MacDonald et al., 2010). The ICCAS is a 20-question item assessment where participants rate their abilities relating to effective communication, providing constructive feedback, working in a team, resolving conflicts, and negotiating responsibilities when working with care providers with overlapping scopes of practice (MacDonald et al., 2010). The first four online course modules related to the four IPEC core competencies, respectively, and were to be completed within the first semester of health care education. The fifth module, entitled “My IPE,” required students to attend and participate in a minimum of three interprofessional activities either on campus or within the community that met the IPE activity rubric requirements established by the IPE Champion group. The interprofessional activities could be completed at any time after finishing the first four modules and up until graduation. Examples of IPE activities included: projects from designated service courses, Academic Travel Abroad, programs from the campus-wide Student Support Team and Diversity Council, clinical simulation, and collaborative events with community partners. A pilot group of 17 faculty and staff reviewed the IPE course and provided feedback for changes, focusing on strategies to assist students who were taking
college level courses for the first time. **Participants:** Participants in IPE 301 Fall cohort included traditional and non-traditional college students from the undergraduate and graduate level programs for both on campus and online student groups. Approximately 250 students were enrolled in the first cohort group. **Conclusions:** The collaborative nature of IPE has implications to address the “global health workforce crisis” by influencing local public health policy and ultimately strengthening healthcare systems and influencing public policy throughout the world (WHO, 2010, p. 7). Additionally, improved health care collaboration supports the Institute for Healthcare Improvement’s vision of improving patient experiences and population health, reducing costs, and as well improving work experiences of health care providers around the world (Bodenheimer & Sinsky, 2014). The IPE Champions intend to conduct a retrospective, descriptive research study on the impact of the IPE 301 didactic and clinical applications pending Institutional Review Board approval.