

Developing an Evidence-Based Interprofessional Education (IPE) Program

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Background: The Push for IPE

- Commissions and Reports
 - 2003 – Health Professions Education: A Bridge to Quality, Institute of Medicine
 - 2010 - Health Professionals for a New Century, Frenk & Chen
 - 2011 - The Core Competencies, InterProfessional Education Collaborative
- Health systems stimuli (e.g. Health Canada)
- Curriculum and accreditation standards for health professions programs

Impetus for IPE at Lebanese American University (LAU)

- Medical and nursing schools opened in 2009 and 2010 respectively
- Board of Trustees expectation for multidisciplinary learning between the new schools
- Pharmacy, nutrition and social work programs invited to participate
- Faculty from all 5 programs involved since 2010
- Also incorporated IPE into the LAU Strategic Plan 2011-2016

Consistent Use of the Literature and Other Evidence

- Periodic Literature: CINAHL, Scopus and Cochrane data bases
- High profile reports: e.g. IOM, WHO, IPEC
- Web sites of international IPE centers and networks
- Need driven and iterative

Models of IPE

Conceptual

Structural

Curriculum

Instructional

Conceptual Models

What is IPE?

What impact does/can IPE have?

Defining IPE

- Definition from the UK Center for the Advancement of Interprofessional Education (CAIPE, 2002) is most common in use

"Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care"

- We replaced “care” with “health and social care” to reflect social work

Interprofessionality

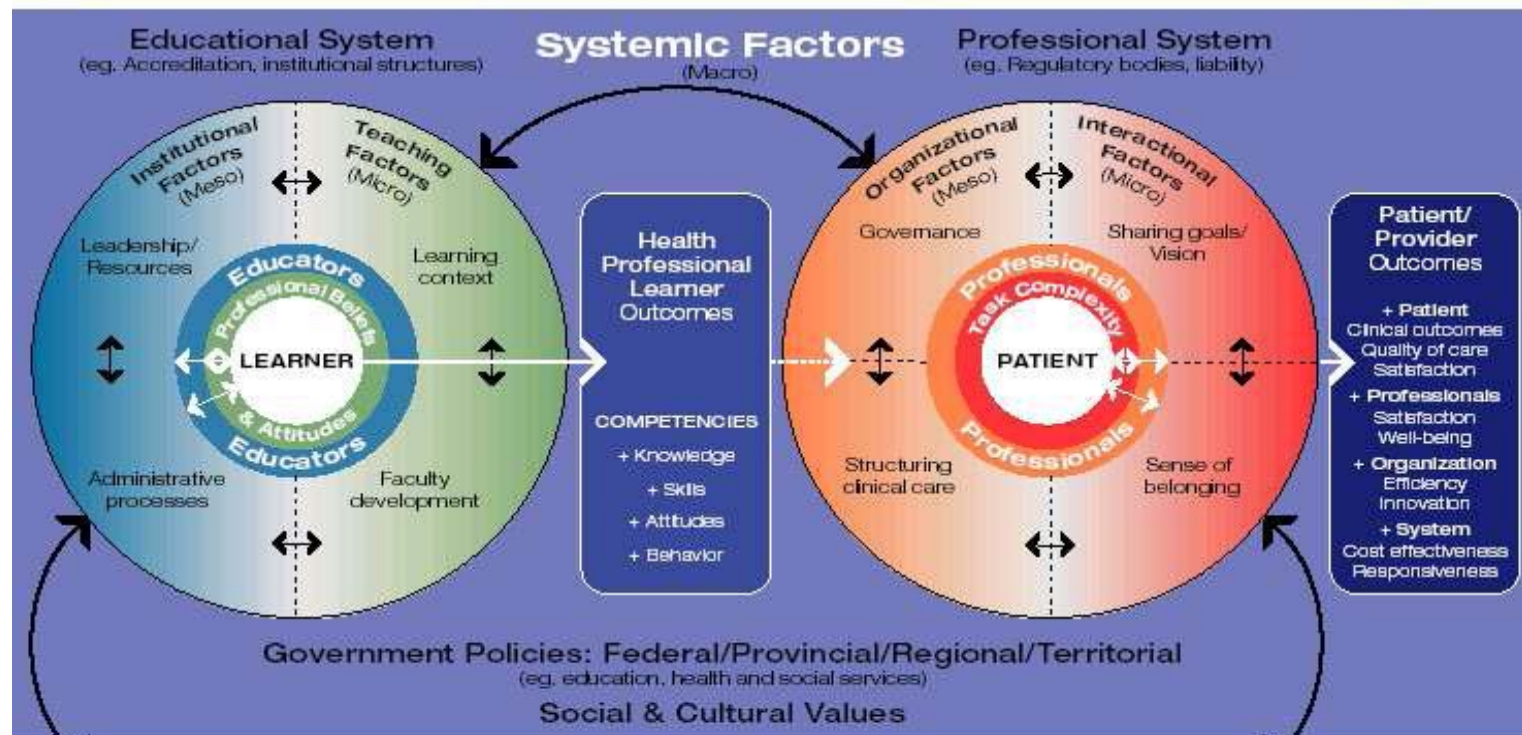
(D'Amour & Oandasan, 2005, p.11)

Interprofessional Education **for**
Collaborative **Patient-centred** Practice: An Evolving Framework

Interprofessional Education
to Enhance **Learner** Outcomes

< Interdependent >

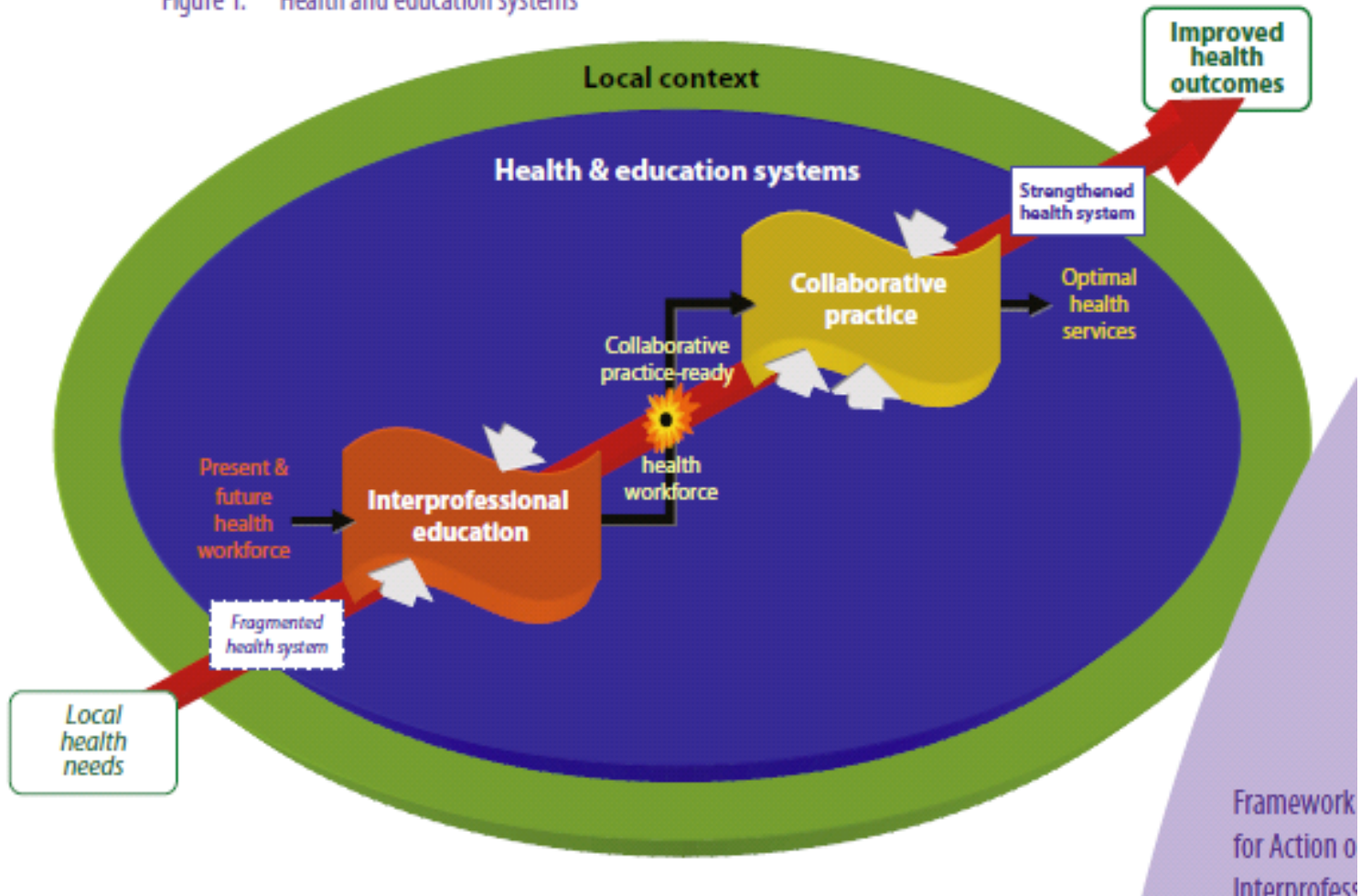
Collaborative Practice
to Enhance **Patient Care** Outcomes



World Health Organization

(Health Professions Network, 2010, p. 9)

Figure 1. Health and education systems



Structural Model

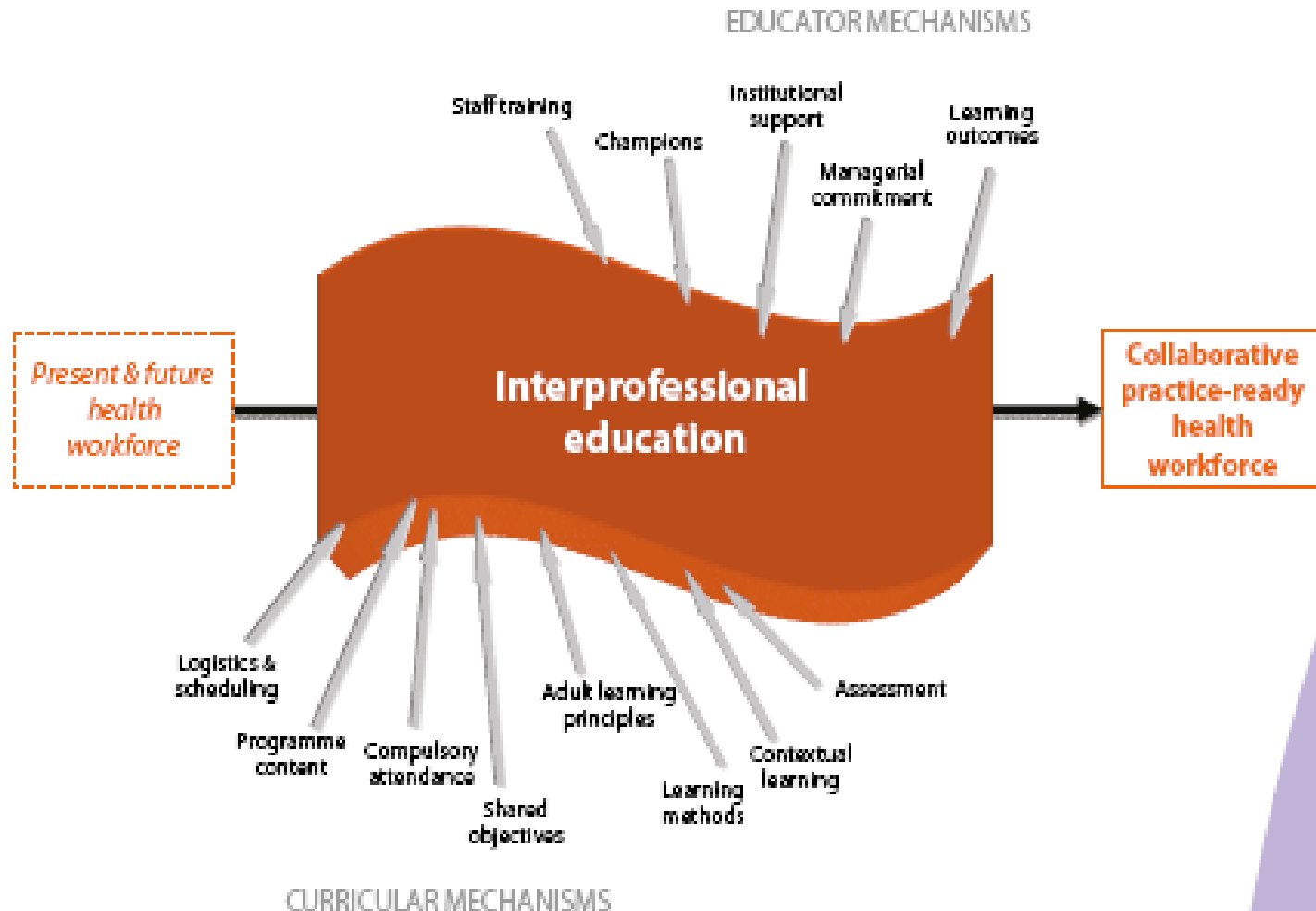
What is needed to implement IPE?
Who, what, when, where, & how?

Institution Type

- What departments, programs, schools?
 - Academic health center (AHC)
 - Multiple health schools/programs within same university but no AHC
 - Programs from different universities
- What disciplines?
- Creation of an IPE Center with designated director is common
- The operative word - ***Idiosyncratic***

World Health Organization

(HPN, 2010, p. 23)



Collaborative Model

(Bluteau & Jackson, 2009)

Champions -- Professionals -- Resources



Create learning activities
for students



Communication, confidence and cooperation
grow through the learning experiences



Leads to cohesion in the team

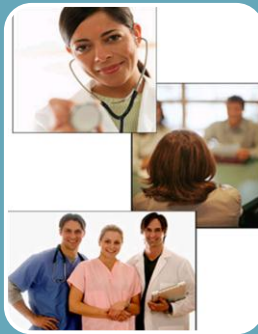
Curriculum Models

What are the educational goals?

What will be taught?

How will students be leveled?

University of Toronto Model



Constructs

- Collaboration
- Communication
- Values and Ethics

Exposure

Introduction

- Knowledge
- Skills/Behavior
- Attitude

Immersion

Development

- Knowledge
- Skills/Behavior
- Attitude

Competence

Entry-to-Practice

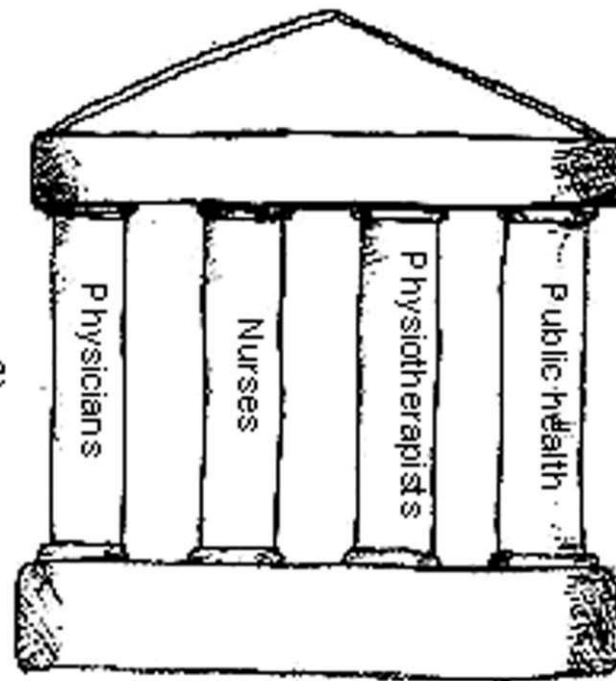
- Knowledge
- Skills/Behavior
- Attitude

Linkoping Model

(Wilhelmsson et al., 2009, p. 127)

Inter-professional
competence

Professional
competence

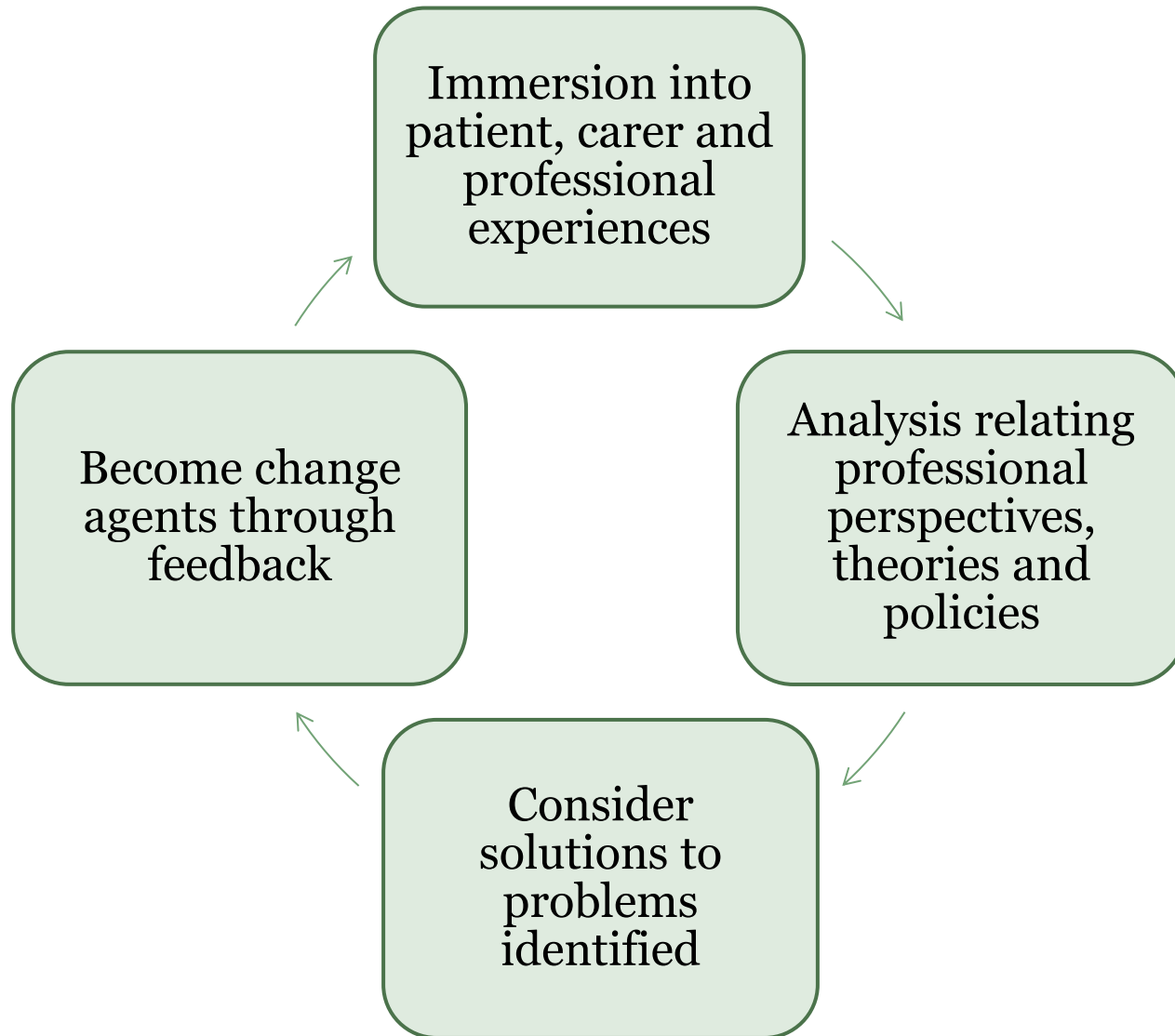


Common set of
professional values

- Knowing roles and capabilities of other professionals
- Co-operation with other professions
- Awareness of skills and competencies of other professions
- Professional identity
- Scientific approach and critical thinking
- Holistic view
- Health-perspective
- Problem-based learning approach

Leicester Model

(Anderson & Lennox, 2009, p. 559)



LAU's IPE Educational Objectives

- Value IP collaboration for high quality care
- Understand knowledge and skills of various health and social care professionals
- Employ effective communication, collaboration, and teamwork
- Use evidence-based practice to improve patient/client care
- Participate in IP quality improvement
- Integrate the ethical perspectives of professionals and patient/client

Our Content Continues to Emerge

Moves from foundational knowledge to application of the knowledge; 5 steps so far

1. Introduction to IPE, collaborative practice and our 5 health disciplines
2. Interprofessional Communication using the TeamSTEPPS program (<http://teamstepps.ahrq.gov/>)
3. Interprofessional Teams and Conflict Management
4. Improving Quality of Care through Teamwork
5. Ethics – under development

What Students, Which Sessions?

Amount of Clinical Experience

- Pre-clinical students
- Students in earliest clinical experiences
- Students in mid-clinical experiences
- Students in final clinical experiences

Content and Progression

- Step 1 - Intro to IPE and roles
- Step 2 - IP Communication
- Step 3 - Teamwork & Conflict Management
- Steps 4 & 5 - Quality and Ethics

Instructional Models

What teaching methods will be used?

How will learning be assessed?

Wide Array of IPE Teaching Strategies

Where

- Classroom
- Clinical
 - In-patient
 - Community
- Web-based
- Service-learning
- Co-curricular

How

- Courses
- Classes/Sessions
- Modules
- Problem-based
- Case-based
- Gaming
- Simulation
- Required
- Optional
- Pilot projects

LAU: IPE Days Each Semester

- 3 hour programs
- Each offers one “Step”
- Each session includes
 - Ice breaker for a mixed group of students
 - Short content presentation through lecture, videos, panels...
 - Application to case study in faculty-facilitated small group (facilitator’s guide)
 - Evaluation of the experience

Application to Practice

- Clinical IPE
 - Community clinical site providing care to underserved
 - Medication rounds in hospital
 - Anticipate more experiences
- IPE Simulation – formative stage
- Serendipitous extracurricular
 - Student clubs have co-sponsored health awareness campaigns on campus

Evaluation & Assessment

- Least developed aspect of IPE
- Recent reviews:
 - Thannhauser et al. (2010)
 - Theoretical base for IPE is weak
 - Lack of psychometrically sound instruments
 - Gillan et al. (2011)
 - Recognized need for outcomes assessment
 - Lack of psychometrically sound instruments
 - Assessing only lower level outcomes

Kirkpatrick/Barr Hierarchy of Learner Outcomes (Gillan et al., 2010)

1. Reaction of the learner to IPE
- 2a. Modification of attitudes and perceptions
- 2b. Acquisition of knowledge and skills
3. Behavioral change – transfer of IP learning to the practice setting
- 4a. Change in organizational practice and care delivery
- 4b. Benefits to patients/clients

Summary

- Huge body of literature, websites, conferences to draw from for developing prelicensure IPE
- Work being reported is largely anecdotal
- Creativity and passion are evident
- Will that sustain the work?

At LAU

- Since 2010 we have involved over 600 students and 40 faculty in our IPE initiative
- Enthusiastic response
- The challenge now is to demonstrate the efficacy of the work

Thank You

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- The Josiah Macy Jr. Foundation <http://macyfoundation.org/>
- TeamSTEPPS®: National Implementation <http://teamstepps.ahrq.gov/>