

**Title:**

Structure and Process for Interdisciplinary Education

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**Session Title:**

Executive Academic Leadership

**Slot:**

LC 01: Friday, September 26, 2014: 3:30 PM-4:45 PM

**Scheduled Time:**

3:30 PM

**Keywords:**

Interdisciplinary and Programmatic accreditation

**References:**

Institute of Medicine. (2012) Core principles and values of effective team-based health care. Washington DC: Author. Zorek, J, & Raehl, C. (2013) Interprofessional education accreditation standards in the USA: A comparative analysis. Journal of Interprofessional Care 27: 123-130.

**Learning Activity:**

<b>LEARNING OBJECTIVES</b>	<b>EXPANDED CONTENT OUTLINE</b>	<b>TIME ALLOTTED</b>	<b>FACULTY/SPEAKER</b>	<b>TEACHING/LEARNING METHOD</b>	<b>EVALUATION/FEEDBACK</b>
<b>Example</b>  Critique selected definition of the term, "curriculum"	<b>Example</b>  Definitions of "curriculum"  Course of study Arrangements of instructional materials The subject matter that is	<b>Example</b>  20 minutes	<b>Example</b>  Name, Credentials	<b>Example</b>  Lecture PowerPoint presentation Participant feedback	<b>Example</b>  Group discussion: What does cultural training mean to you?

	taught Cultural "training"				
	Planned engagem ent of learners				
Review content analysis of 23 CHEA health related accrediting agencies Identify the 11 interdiscipl inary standards sets	Compare and contrast terminolo gy Overview of 11 standards sets	10 minutes	Janet H. Davis PhD, RN	PowerPoint presentation	Consider the gaps in interdisciplinary education expectations among health professions
Review content analysis of the 11 interdiscipl inary standards sets for structure and process requiremen ts	The role of the dean, advisory board and faculty credential s Gaps between the standards and related structure and process support	3 minutes	Janet H. Davis PhD, RN	PowerPoint presentation	Consider the lack of accreditation structure and process requirements to implement interdisciplinary education

#### Abstract Text:

**Purpose:** Due to the complexity of our current and emerging health care system, emphasis is increasingly being placed on the need for student education in interdisciplinary health care teams. The World Health Organization (WHO) defines interdisciplinary education as "when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." Models for interdisciplinary education have been developed and some institutions have

provided interdisciplinary education using case-based scenarios. The WHO proposes that interprofessional education is a necessary step in preparing a collaborative ready healthcare workforce. Programmatic accreditation standards provide a public record of a profession's interdisciplinary values and beliefs.

**Methods:** The Council of Higher Education Accreditation (CHEA) is a primary national voice for accreditation and quality assurance to the US Congress and the US Department of Education. It serves as a national voice for accreditation to the general public, opinion leaders and students. It is also represents the US accreditation community to international audiences. CHEA recognizes 60 institutional and programmatic accrediting organizations. Twenty-three of these organizations are human health-related. To identify interdisciplinary education programmatic standards, a content analysis of these 23 human health-related CHEA programmatic accreditation standards sets was conducted. Four (4) key words were used (interprofessional, interdisciplinary, intraprofessional, multidisciplinary) to locate potentially relevant statements within each accreditation organization's standards and guidelines documents. Identified statements were categorized as accountable, non-accountable or non-applicable.

**Results:** Accreditation standards for 11 health professions included the reference words of interprofessional, interdisciplinary, intraprofessional or multidisciplinary. The expectation that students are educated regarding interdisciplinary teams was evident in two disciplines, Nursing and Pharmacy, but the outcomes for these professions' respective standards were not measurable. No structure or process expectations in the standards to support interdisciplinary education were evident.

**Conclusion:** The majority of today's faculty are not credentialed to support interdisciplinary teaching as they were educated in a system reflecting traditional, professional "silos." Accreditation standards do not specify the dean's role or the programmatic advisory board's role in supporting interdisciplinary education. The purposeful cultivation of skills built on the values and ethics for interdisciplinary practice requires programmatic accreditation structure and process mandated support.