Title:

Taking the Road Less Traveled: Detouring Around IPE Roadblocks

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Session Title:

A Collaborative Academic-Practice Interprofessional Education Model: Overcoming the Barriers and Coaching Student Teams

Slot:

D 08: Sunday, 29 October 2017: 2:45 PM-4:00 PM

Scheduled Time:

3:05 PM

Keywords:

barriers to interprofessional education, benefits of successful implementation of interprofessional education and navigating roadblocks to interprofessional education

References:

Hall, L. W., & Zierler, B. K. (2015). Interprofessional education and practice guide No. 1: Developing faculty to effectively facilitate interprofessional education. Journal of Interprofessional Care, 29(1), 3 – 7.

Owen, J., Brashers, T., Peterson, C., Blackhall, L., & Erickson, J. (2011). Collaborative care best practice models: A new educational paradigm for developing interprofessional educational (IPE) experiences. *Journal of Interprofessional Care*, 26, 153-155.

Pardue, K. T., (2015). A framework for the design, implementation, and evaluation of interprofessional education. *Nurse Educator*, 40 (1), 10-14.

Thibeault, G. (2011). Interprofessional education: An essential strategy to accomplish the future of nursing goals. *Journal of Nursing Education*, 50(6), 312-217.

Thistlethwaite, J. & Moran, M. (2010). Learning outcomes for interprofessional education: Literature review and synthesis. *Journal of Interprofessional Care, 24* (5). 503-513. doi: 10.310/13561820.2010.483366

World Health Organization. (2010). Framework for action on interprofessional education and collaborative practice. Geneva: WHO.

Abstract Summary:

This session will enable participants to identify IPE barriers in their practice setting and discuss potential solutions to overcome these roadblocks. Equipped with a toolkit of solutions, participants will be empowered to implement change in their practice settings to overcome IPE obstacles.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Participants will appraise IPE barriers present at their current practice environment.	Survey will be given to participants to help them identify barriers.
Participants will compile a tool kit of solutions to strategize against identified and potential IPE barriers.	Solutions to the identified barriers will be discussed.
Participants will appreciate the benefits of IPE education including medical error reduction, and improved patient outcomes, teamwork, and collaboration.	Examples of how IPE teamwork and collaboration in the practice setting is enhanced through education and ultimately contributes to improved patient outcomes will be provided.

Abstract Text:

Background: When interprofessional (IPE) teams are utilized, patient outcomes are improved, fewer medical errors occur, discipline "silos" are reduced, healthcare team members better understand roles of multiple disciplines, and teamwork and communication are promoted. Though IPE teams offer many advantages, barriers that impede their progress are noted in literature. Those barriers that must be addressed to support a successful IPE experience include coordination of multiple student schedules, staff and faculty members who lack understanding of IPE concepts, student's perception that IPE is not valuable, and practitioner workload instability. The purpose of this presentation is to identify common barriers to IPE practice and offer solutions to remove those roadblocks.

Teaching Innovation: An extensive literature review was conducted identifying barriers to IPE. During this session, participants will be electronically polled regarding the most imminent IPE barriers encountered in their current practice area. The top three barriers will be identified per audience participation. Solutions to these three barriers will be addressed and offered to the audience as found in literature. A handout will be distributed to the audience addressing additional barriers for further exploration of possible solutions.

Outcomes: At the end of the session, participants will have identified and discussed the barriers to IPE as identified by the audience and have solutions to remove the roadblocks created by the barriers. In addition, participants will receive a tool kit containing solutions to common IPE barriers including literature supported strategies.

Implications for Practice: IPE experiences can present with a number of barriers; however, the benefits of increased patient safety and improved communication and teamwork outweigh the barriers. It is not only beneficial but necessary to address the barriers and forge forward with IPE student clinical experiences. As students learn and practice in IPE teams, breaking down discipline silos, health care practice will be transformed into a safe, patient centered care.