Interprofessional Education (IPE) Curriculum Innovation Using Academic and Practice Partners

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Abstract

Is your college looking for ways to enhance your interprofessional education (IPE) curriculum? This presentation describes the use of academic and practice partnerships to create curricular innovation in interprofessional education (IPE). These partnerships can enhance the preparation of baccalaureate nursing students, as well as students from other professions, for collaborative practice and patient-centered care. Core Competencies for Interprofessional Collaborative Practice (IPEC, 2011) are used to help develop graduates who can function with the knowledge, collaborative skills and attitudes to solve practice challenges in today’s healthcare settings.

This case study launches by engaging the audience with questions related to IPE. After the interactive presentation there will be time for question and answers along with closing remarks about the factors that contributed to positive student outcomes. Presenters discuss the IPE curriculum planning, implementation, evaluation and the dissemination at national, regional and local levels.

The goal of this change project stems from this college’s mission and strategic plan to provide academic excellence through innovative teaching-learning strategies. More qualitative and quantitative research is needed to fully understand best practices in preparing healthcare students for collaborative practice.

Outcomes achieved within the change project for recently graduated students are as follows: (1) Baccalaureate graduates meet national accrediting expectations regarding IPE as perceived by faculty, beginning in May 2014; (2) Students will find IPE experiences and simulation helpful in developing skills related to collaboration and patient-centered care; (3) There is collaboration among stakeholders regarding IPE and at least two meaningful learning opportunities resulting annually beginning in the 2013-2014 academic year.

Like many schools across the nation, our college seeks ways to transform nursing education and patient experiences in ways that will both enhance IPE and assist students to meet nationally accepted IPE competencies. Examples of titles of some past and present IPE experiences include: Wit End of Life Care, Civility Workshop (both classroom); Newborn Dyspnea (simulation); Cardio-Respiratory Care Day (simulation/cardio-respiratory Jeopardy game/ interprofessional panel discussion and blogs); MSIII ACLS simulation and clinical medication review; Hotspotting (classroom and clinical practice); and Transition to home (community setting). Presenters will share their lessons learned throughout the presentation.

The change project began as this Midwestern college was transitioning to a revised curriculum in the fall of 2013 and adding other nursing programs. Through academic partnerships, baccalaureate nursing students now participate in a variety of interprofessional simulation and classroom learning activities involving the disciplines of respiratory care, pharmacy and medicine and more. The project was sustained over the past three academic years with positive outcomes. To date, the project has resulted in the participation of approximately 550 students across at least four disciplines, eight different and successful IPE events and dissemination of project outcomes that provide the opportunity for project replication. Interprofessional relationships have been strengthened over the past few years through experiences with academic and practice partners. The college now has enhanced interprofessional resources and opportunities that promote leadership for the college and its graduates. This innovation increases the involvement and visibility of nursing as a key interprofessional partner while generating new knowledge about educating professionals who will solve healthcare challenges in the future.
Performance measurement is the primary evaluation design for the IPE. This design serves as both an evaluation tool and a management system to guide decision making and improve program outcomes. Measurements include formative and summative student clinical evaluations, student surveys including the Readiness for Interprofessional Learning Scale (RIPLS) (Parsell & Bligh, 1999), and faculty evaluations. Descriptive correlations were measured among the baccalaureate nursing groups and learners from other professions throughout the various IPE events held over the past academic years.

An example of results from the largest IPE, the “Cardio-Respiratory all day event” held in fall of 2013 with Year 3 PharmD students, Year 2 Respiratory Care students, & Year 4 BSN students, showed there was no significant difference on change scores pre and post event on the Readiness for Interprofessional Learning Scale (RIPLS). Pre and post event mean scores on the Team Roles Perception survey indicated that participants levels of agreement were higher post event on both “understanding my role” and “defining the roles of others.” In addition, when comparing cumulative faculty mean scores and cumulative student scores using a two factor analysis of variance, all p values were significant on all items. IPEs have showed positive student outcomes.

Our most recent IPE was Student Hotspotting. For the past two years student-faculty teams represented the college in the national six-month Interprofessional Student Hot Spotting Collaborative, Camden NJ. During these experiences, interprofessional teams of several students and faculty members identify barriers and root causes to patients’ over-utilization of care in terms of repeat emergency room visits, hospital readmissions, and overall healthcare costs. Over the two six-month projects, eight patients in the community were defined as high utilizers of the healthcare system received care from the team. Project results, including cost savings, were shared locally and nationally. One of our academic partners was selected to be a hub for this national effort. Lessons from this program add a rich layer to an existing curriculum and places students in positions to think systematically about the root causes of illness, high utilization of healthcare and associated costs.

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Abstract Summary:
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Content Outline:

Outline

This case study launches by engaging the audience with questions related to interprofessional education (IPE). After the interactive presentation there will be time for question and answers along with closing remarks about the factors that contributed to positive student outcomes. Presenters discuss the planning, implementation, evaluation and dissemination of their interprofessional education curriculum.

Main Point #1: The purpose was to create a curriculum plan for IPE for our college.

1. Previously there were limited IPE experiences for nursing students.
   a) Timing for IPE development was during curriculum revision and during development of new programs.
   b) Academic partners assisted to provide IPE to enhance students’ ability to provide patient-centered care as they become practicing nurses. This collaboration led to more practice partners.

2. The four domains within the Core Competencies for Interprofessional Practice (IPEC, 2011) aligned with our mission. Faculty wanted to provide experiences that enhanced collaborative practice.
   a) Examples of core competencies that were achieved are shared.
   b) Faculty involvement and teamwork facilitated the process.
B. Main Point #2 The curriculum IPE plan of study is presented.

1. Local, regional, and national innovative IPE experiences throughout the curriculum are shared (Some IPE titles include: Wit End of Life Care, Civility Workshop (both classroom); Newborn Dyspnea (simulation); Cardio-Respiratory Care Day (simulation/cardio-respiratory Jeopardy game/interprofessional panel discussion and blogs); MSIII ACLS simulation and clinical medication review; Hotspotting (classroom and clinical practice); and Transition to home (community setting).

a) Linkages of input, activities outputs and outcomes lead to a sustainable plan

b) How did our IPE initiatives expand?

2. Examples of comparative data and change scores are provided pre and post IPE experiences including simulation and blogging.

a) Pre and post experience questionnaires, focus on teamwork and communication

b) Evaluation tools adapted from Readiness for Interprofessional learning Scale (RIPLS) Team Performance Scale (TPS) and Interprofessional Collaborator Assessment Rubric

C. Main Point #3: Outcomes met

1. There is collaboration among stakeholders regarding IPE and at least two meaningful learning opportunities result annually from collaboration, beginning in the 2013-2014 academic year.

2. Baccalaureate graduates meet national accreditation expectations for collaborative practice beginning in May 2014.

3. Students will find IPE experiences & simulations helpful in developing skills related to collaboration & patient-centered care.

4. Lessons learned, the 3 M’s, are shared. Aspects of our innovative strategies for a small college were disseminated locally, regionally and nationally.

First Primary Presenting Author

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Dr. Gloria Brummer, an Associate Professor at St. John's College, Springfield, IL has been a nurse educator for 26 years. She has dissemination IPE strategies at the NLN Summit 2015, the Midwest Nursing Research Society Conference 2014 and in publications. St. John's College received the American Association of Colleges of Nursing, Innovation in Professional Nursing Education Award, Small School Category, in 2014.

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Professional Experience: Mary Barnes is an Assistant Professor at St. John’s College and currently serves as the chair of the Medical-Surgical III course. Clinical experience has been in Critical Care for over 20 years.

Author Summary: Mary Barnes, Assistant Professor at St. John's College and chair of the Medical-Surgical III course, has worked closely with Gloria Brummer during IPE simulation. Ms. Barnes assisted with the planning and implementation of the Medical-Surgical IPE simulations, including coordination of clinical schedules, assistance with the creation of the assessment and evaluation tools, creation of the simulation guidelines, facilitation of the simulation, along with pre-briefing and de-briefing following the simulation.