INTERPROFESSIONAL EDUCATION AND TRAINING

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Introduction and History of Interprofessional Approaches

- Boom or Bust Cycles
- Back to the turn of the Century in Boston and post WWII
- 1950’s – Montefiore Hospital in NY, teams into the community
- 1960’s – Community Health Center Movement
- 1980’s – 1985 HRSA’s establishment of Geriatric Education Centers
- 2001 – IOM Report, “Crossing the Quality Chasm”
- HRSA Advisory Committee on Interdisciplinary Community-based Linkages recommends interprofessional faculty and curriculum development
- 2010 – WHO Report Recommendation to move toward embedding interprofessional education and practice in all health service
What is Interprofessional Education?

- A process by which a group of students from the health-related occupations with different educational backgrounds learn together during certain periods of their education, with interaction as an important goal, to collaborate in providing promotive, preventive, curative, rehabilitative and other health-related services (WHO, 1998)

- What occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.” (Center for the Advancement of Interprofessional Education, 2002)
WHY IS IPE IMPORTANT?

- Evidence that IPE delivered in a variety of clinical settings is well received by participants and can enable students and professionals to learn knowledge and skills necessary for collaboration (Reeves 2010).

- Some evidence that team-based practice can make a positive impact on care (Reeves 2010).

- Potential for physician workforce shortages in the coming decades (Shannon 2011).


- Success of team-based care in geriatrics and the large increases in the geriatric population in the coming decades and concomitant chronic illnesses.

- Increased complexity of chronic conditions.
Why It Will Last This Time

- Recognition that IPC can enhance quality of care by leaders in the health professions and practice communities
- Federal Government Support
- Josiah Macy Jr Foundation
- Robert Wood Johnson Foundation
- Association of Schools of Allied Health Professions
- Interprofessional Education Collaborative (IPEC)
- Chiropractic Research Organizations
- Federal grant requirements for interdisciplinary approaches in grant proposals
Why It Will Last This Time

- Successful examples in many European countries Witness the Latest WHO Report along with ongoing International web dialogs

- On going international collaborations, specifically between the US and Canada
  - AIHC
  - CIHC
Major Programs and Collaborations


- Interprofessional Education Collaborative (IPEC)
  - American Association of Colleges of Osteopathic Medicine
  - American Associations of Colleges of Nursing
  - American Association of Colleges of Pharmacy
  - American Dental Education Association
  - Association of American Medical Colleges
  - Association of Schools of Public Health

- Will release the national core competencies for interprofessional collaborative practice on May 10th at the National Press Club

- International collaboration with the Canadian Interprofessional Health Collaborative and other European partners
Major Programs and Collaborations

- **American Interprofessional Health Collaborative goals:**
  - Function as the coordinating organization in the US for IPE developments and sharing of resources
  - Provide a venue for networking among those with leadership responsibilities in institutions
  - Advocate for interprofessional collaborative care for all patients, communities and populations
  - Collaborate with international consortiums to share best practices
  - Develop national warehouse for IPE education, research and collaborative practice
  - Newly incorporated and will officially launch in November 2011 at CAB III
  - Website (aihc-us.com) soon to be active

- **Collaboration Across Borders (Between Canada and U.S.)** Third conference scheduled for November 19-21 in Arizona

- **Association of Schools of Allied Health on interprofessional education to focus on accreditation and faculty resistance barriers that make it difficult to offer IPE**
Major Programs

- Jefferson Interprofessional Education Center (JCIPE), Thomas Jefferson University
- Saint Louis University Interprofessional Education Program
- Rosalind Franklin University of Medicine and Science
- Creating Collaborative Care (C3), Medical University of South Carolina
- Office of Interdisciplinary health studies Education, East Carolina University
- The Macy Interprofessional Collaborative Project, University of Washington
Major Programs

- InterProfessional Education Collaborative (IPEC), University of New England
- Collaborative Care for Older Adults (COCA), Palmer College of Chiropractic
- Interprofessional Education Program, Western University of Health
- Interprofessional Forum and Competition, University of Pittsburgh
- 1Health, the Center for Interprofessional Education, University of Minnesota

Note: Brief descriptions of these efforts can be found in the Journal of Allied Health. Vol. 39 Number 3 (part 2), Fall 2010. Descriptions of these programs can be found online at ingentaconnect www.ingentaselect.com/rpsv/cw/asahp/00907421/contp1.htm
What is Required for Successful Programs

- Learner focused factors
- Faculty focused factors
- Organizational focused factors
- And a change in the culture of the institution

(Reeves et al, 2007)
What is Required for Successful Programs

- Positive **attitudes** toward other professional and for working in teams
- **Knowledge** about the potential contribution of other professions
- **Skills** in working with others
- **Behavior** that is supportive of others
What is Required for Successful Programs:

Learner focused factors

- Promoting interprofessional interaction
  - Use of several types of interactive learning methods

- Group dynamics: professional balance and stability
  - Strive for equal mix of participating professions to ensure that one profession does not dominate

- Relevance and status: ensuring IPHE is valued
  - Learning needs to be assessed in meaningful ways and have a clear clinical focus

(Reeves et al, 2007)
What is Required for Successful Programs: 
Faculty Focused factors

- **Expert facilitation**
  - Search for faculty with abilities to facilitate small group learning, resolve conflict, know health professions relationships
  - Recruit high status facilitators

- **Facilitator support and training**
  - Provide preparatory faculty development for facilitators
  - Develop ongoing faculty support activities to provide opportunities for discussion and reflection

(Reeves et al, 2007)
What is Required for Successful Programs:
Organizational Focused Factors

- Organizational implementation
  - Decide whether to implement pre or post licensure IPE
  - Consider and provide organizational resources for IPE
  - Deliver IPE as a continuous professional learning activity

- Organizational support
  - Pay close attention to organizational factors which may inhibit implementation
  - Attract enthusiastic faculty to join planning team
  - Secure senior management support

(Reeves et al, 2007)
The Jefferson Center for Interprofessional Education (JCIPE): A Brief Case Study

- Underlying philosophy:
  - Students in the health professions need to understand that good chronic illness care requires expert interprofessional team
  - Professionals must understand each others’ roles in the healthcare team
  - Professionals must understand the patient’s perspective in order to practice person-centered care
  - Professionals must appreciate how a person’s health conditions and impairments interact with other personal and environmental factors

- All students in Medicine, Nursing, Occupational Therapy, Physical Therapy, Pharmacy, Public Health

- Two year commitment

- First cohort of students in 2007
The JCIPE Case Study

**Jefferson Health Mentor Program**

- Teams of 3-4 students that contain 2 or 3 different disciplines are formed
- Each team visits a volunteer (Health Mentor) living in the community with one or more chronic conditions
- Teams work collaboratively and with Health Mentor
- Review such issues as access to health care and expectations of patients related to healthcare providers
- Teams return to debrief and reflect on the experiences
- Feedback obtained from community individual
The JCIPE Case Study: Health Mentors Curriculum

Year One
- Orientation: Introduction to IPE
- Module 1: Comprehensive Life and health History
- Module 2: Preparing a Wellness Plan
- Continual debriefing and reflection

Year Two
- Module 3: Assessing Patient Safety/Reducing Medical Error
  - Housing safety checklist with Mentor
- Module 4: Evidence-Based Practice
  - Root cause analysis and evidence-based practice reporting
- Continual debriefing and reflection
JCIPE Case Study: Evaluation and Lessons Learned

- Numerous evaluations in the past four years
  - Jefferson Attitudes toward Chronic Illness Care survey – Veloski et al
  - Readiness for Interprofessional Learning Scale - Parsell G and Bligh J
  - Interdisciplinary education perception scale - Luecht RM, Madsen MK, Taugher MP, Peterson BJ
  - Perception of Health Scale – Diamond et al
  - Faculty attitudes toward IPE
  - Attitudes Toward Health Care Teams – Heinemann et al
  - Qualitative evaluation of reflection papers and focus groups – Collins et al, Giordano, Hewston
  - Knowledge regarding the roles of Health Professions - Hewston
  - Course Evaluations
  - Discussion Sessions
  - Student acculturation into IPE (planned)
  - IPC experiences of Practitioners – Lyons and Giordano

- Significant modifications made to the program as a result
The JCIPE Case Study: Positive Evaluation Results

- Prior to 2007-2008, medical and nursing students had relatively negative attitudes towards chronic illness care.

- Attitudes toward chronic illness improved at the conclusion of the program.

- After 1 year, students report a better understanding of the training and perspective of those in other disciplines.

- Students report appreciation of their Health Mentors as teachers.

- Student attitudes positive toward IPE at entry and continue generally high throughout the program.
The JCIPE Case Study: Positive Evaluation Results

- Appreciate the opportunity to get more patient and team contact early in training.

- Student leadership increased. Student liaisons from each discipline and each year contributed to curriculum changes, created quarterly newsletter for Health Mentors, and worked closely with faculty.

- Most understand the potential impact on future practice and patient/client care.

- Appreciate the opportunity to meet other health professionals.
The JCIPE Case Study: Negative Evaluation Results

- Students in early cohorts:
  - Lack of understand the goals and objectives of the experience
  - Administrative aspects of the program such as scheduling/traveling to meetings with mentors is a burden
  - Desire more lectures
  - Prefer to meet with patients currently in the hospital.
  - Misunderstanding resulting in complaints that some disciplines weren’t contributing because the experience wasn’t required
  - Lack of understanding of implications for their future practice

- Negative comments appear to be lessening as a result of program modifications
The JCIPE Case Study: Future Plans

- Increase in qualitative analyses of student attitudes
- Assessments of student who participated in Health Mentor Program at graduation
- Assessments of graduates in practice
- Baseline survey of alumni in practice for 5 and 10 years reported surprisingly:
  - positive attitudes about IPC
  - Excellent understanding of the roles of other professions
  - Inclusion of patients in setting goals
  - Importance of interprofessional teams
BIBLIOGRAPHY


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- Center for the Advancement of Interprofessional education (CAIPE, 2002).