Engaging Stakeholders to Establish a Culture of Interprofessional Education and Collaboration

Modupeola O. Akinola, MD1; Tiffany Hiatt, MMS, PA-C2
Department of Pediatrics, Wake Forest School of Medicine1; Physician Assistant Studies, Wake Forest School of Medicine3

Background
• Various factors such as institutional commitment to patient safety and a favorable learning environment for learners coupled with accreditation bodies’ requirements for compliance with standards on interprofessional education (IPE) drive the need to establish a culture of IPE and collaborative practice at our institution.
• IPE related activities initiated across different healthcare programs at our institution are few, lack intentional curricular alignment across programs and faculty who are trained in IPE competencies.

Aim
• Establish a culture of IPE and collaborative practice through engagement of stakeholders such as institutional leadership, clinical and non-clinical faculty and healthcare learners.

Setting
• Wake Forest Baptist Health is home to the Wake Forest School of Medicine (WFSM) and Wake Forest Baptist Medical Center (WFBMC.)
• Wake Forest School of Medicine houses the Doctor of Medicine (MD), Physician Assistants (PA) and Certified Registered Nurse Anesthetist (CRNA) programs.
• Wake Forest Baptist Medical Center serves as a preceptor site for Pharmacy, Nursing and allied health learners from other surrounding universities.

Methods
• Institutional Leadership Support – WFSM Dean charged all associated deans and program chairs to select a representative to the IPE Working Group.
• IPE Working Group formed in 2016 – consists of representatives from MD, PA, Nursing, CRNA, Pharmacy, Graduate Medical Education, School of Medicine Administration.

IPE Working Group activities based on Framework for IPE Culture. (Figure 1)

- Multi-institutional Collaboration
  • High Point University
  • Winston Salem State University

- IPE Working Group – MD, PA, Nursing, CRNA, Pharmacy, Administration

IPE Vision and Mission Institutional Values

- Define IPE Operating Principles
  • Define scope of practice for specific programs
  • Evaluate program specific IPE competencies
  • Curricular Mapping across programs to identify areas of synergy

- Continuous Faculty Development
  • Curricular Enhancement
  • New Longitudinal IPE Curriculum across programs

- IPE Scholarship
  • IP collaborative ready learner
  • Improved patient outcomes

- Bimonthly meetings to discuss progress with action items on the IPE Culture Framework identified that faculty development is crucial to establishing IPE culture.
• Held our institution’s first IPE retreat for clinical and non-clinical faculty (faculty from our collaborating institution – High Point University - also attended.)

Results
IPE Faculty Retreat
• Eighty two attendees participated in the IPE retreat (clinical/basic science faculty, medical education staff.)
• 74% completed survey on Perception of Practice and Teaching of IPE competencies.
• Sixteen IPE projects created during the interprofessional faculty retreat.
• Three projects selected for further development and implementation.

Next Steps
• Design and evaluate a continuous IPE curriculum for faculty’s professional development.
• Engage authors of three selected projects to refine and implement projects.
• IPE faculty development/healthcare learner curricular development funding opportunities.

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