

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)

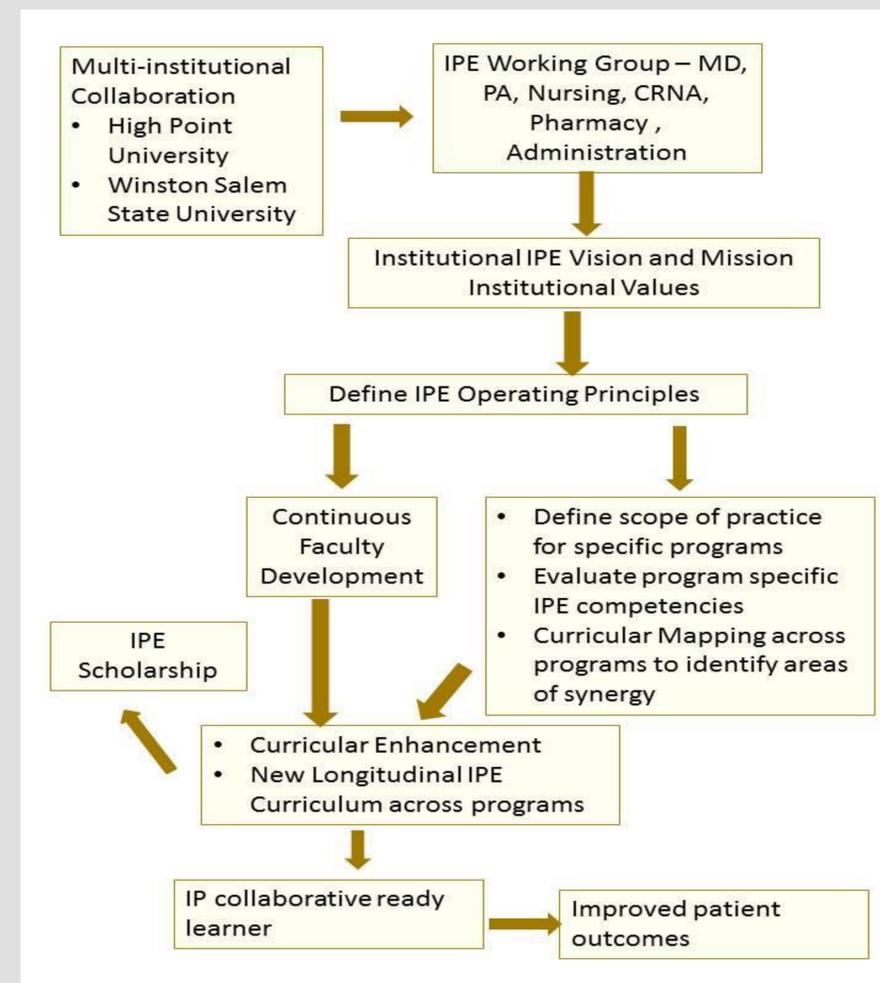


Figure 1: IPE Working Group Framework for IPE Culture

- 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.)

- Participating faculty surveyed on individual perceptions of practice and teaching of IPE competencies prior to the IPE retreat.
- IPE faculty retreat designed to use a small group session to guide an interprofessional team of faculty through the process of designing an IPE curriculum for learners.

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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