MOVING BEYOND HEALTHCARE SILOS: DEVELOPMENT OF A GRADUATE IPE COURSE IN INTEGRATED CARE

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BACKGROUND
Paradigm Shift toward Integrated Care (IC)

- IC occurs when primary medical and behavioral health care professionals coexist and collaborate in same setting.
- Food security/nutritional status: crucial, but often missing piece
- Public health framework is critical
- IC model reflects ecological framework and strengths perspective - central value of social work profession

PURPOSE
Development of Graduate IPE Course on Integrated Care

- IPE, which brings together students from two or more professions, encourages learning about, from and with one another to enable effective collaboration and improve health outcomes for individuals, families, and communities (World Health Organization, 2010).
- Once students learn how to work inter-professionally, they are ready to enter workplace as a member of collaborative practice team (WHO, 2010).
- Dean of College of Health Sciences, West Chester University, has been working for three years with authors and other faculty across colleges to expand IPE opportunities

METHODS
Steps for Developing IPE Course at WCU

PRE/POSTTESTS UTILIZING UWE INTERPROFESSIONAL QUESTIONNAIRE & FOCUS GROUP

Pre/Posttest Findings
Statistical change over time in each item and UWE Inter-professional Education scale summary scores were measured using paired-t test and the non-parametric Wilcoxon test (significance at 0.05).

Communication and Teamwork Scale
- Five of nine items demonstrated change over time (p<0.05) to more positive attitudes
- Most significant change in attitude to being involved in new teams/groups from neutral (M=19.5, SD=3.3) to very positive (M=13.70, SD=1.6) p=0.000.

Interprofessional Learning Scale
- Overall summary score change, not found significant
- Item #10, Skills communicating with patients/clients improved through learning with students from other health and social care (HSC) professions showed statistical change in mean scores from slightly positive (M = 1.5, SD = 0.5) to more positive (M = 1.1, SD = 0.3), p<0.05.

Interprofessional Interaction Scale
- None of the scores in individual items nor summary score reached statistical significance.
- Overall, participants held a neutral attitude toward interprofessional interactions (Most students had limited practice experience).

Post-Course Focus Group Findings - Overall Themes
1. Course was extremely valuable, highly recommend to others (almost 100% reported this)
2. Learning from and about one another’s professions was very valuable
3. Being taught by an interprofessional team was great – modeling IP collaborative practice
4. Tools/Skills of IP Collaborative Practice (or Integrated Care) were especially helpful to learn, in particular:
   - Patient-centered Collaborative Care Model
   - Bio-psycho-social-cultural-spiritual lens (especially adding food security/nutritional status)
5. Need to eliminate barriers for students from different disciplines to take course

CONCLUSIONS
Practice Applications and Lessons Learned

- Interprofessional education and collaborative care are the wave of the future: need to stop teaching students in silos.
- Course was interprofessionally and team taught - not simply inviting students to sit in on another discipline’s course.
- Critical to include nutrition/food security frame.
- This course and graduate certificate in Integrated Health, Recovery and Resiliency (in development), can be replicated at other universities.

- Authors are happy to collaborate, provide resources, answer questions – please contact us:
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References
