

The Improving Health Care-Creating Healthy Communities (IHC-CHC) through Interprofessional Education (IPE) with Non-Traditional Partners Project

## Abstract

**Purpose:** Our project aimed to introduce new partners to IPE concepts and, engage them in interprofessional skill building. **Method:** An introductory (online) course, 4 case workshops, and 2 Sim Labs, were created, launched and evaluated AY 2017-18. Case content focused on aging, chronic disease management, and lifestyle change; a focus motivated by the challenge of the aging populations' increased longevity and chronic disease burden. Rather than having an acute care focus, team work focused on prioritizing and planning for non-acute care. **Results:** Formative and summative evaluation resulted in many lessons learned. Participants' knowledge of their own & one another's scopes of practice increased and, a culture of mutual respect and cooperation was created. However, confidence in challenging one another's viewpoints on treatment recommendations and program planning was more difficult to generate. IPE competencies are best achieved using an incremental approach. **Recommendations:** Scaffold knowledge and skills throughout program components. More interdisciplinary coursework early-on and content knowledge specific to the target population are also needed to increase confidence in interdisciplinary teamwork.

## Background

UCCS' strategic plan includes being a national model for health and wellness with specific instructional, research, and clinical programs of national repute. The first phase toward the redesign of healthcare services and structures is the development of the Lane Center Academic Health Sciences building where 7 Health Circle clinics co-locate.



<https://www.uccs.edu/healthcircle/>

Our mission is to provide relevant health and wellness services to our community while simultaneously educating future generations of health services professionals who understand and respect one another's' scopes of practice and know how to work as a team; a mission that aligns with the Institute of Healthcare Improvement's Triple Aim Initiative.

## New Partners

Opportunities for IPE have typically resided in large medical schools. By nature these experiences tend to focus on developing IPE competencies with traditional partners in primary care and associated specialties such as pharmacy, dentistry, and physical therapy. Fewer opportunities to prepare graduates for meaningful collaborative practice have been afforded those considered "non-traditional" partners. Using our Health Circle clinics as a model for Collaborative Practice we designed IPE experiences for our graduate students in the following programs:

- **Psychiatric Mental Health Nurse Practitioner**
- **Health Promotion**
- **Nutrition**
- **Geropsychology & Trauma**
- **Exercise Science**



## New Methods

**PROGRAM COMPONENTS provided exposure to and immersion in IPEC competencies.**

**A. KNOWLEDGE:** Students completed an online course addressing:

- Introduction to IPE-CP as a Concept
- Integrated Care Initiatives to Improve Health Care & Create Healthy Communities
- Team Formation: Professional Identity, Roles, and Responsibilities
- Team Building: Communication and Collaboration
- Team Work: Using Team STEPPS™
- Team Effectiveness

IPE Competencies	Learning Activities			
	Introductory Course IPE-CP	IPE Scholars Lit. Reviews & Bi-weekly Meetings	Case Workshops (4)	SIM Labs (2)
Professional roles and responsibilities	E	E	I	I
Interprofessional communication	E	I	I	I
Team work	E	E	I	I
Values and ethics (Patient safety/quality care)	E	E	E	I

E = Exposure I = Immersion

**B. SKILL: Interprofessional Case Workshops:**

- Provided immersion in collaborative practice experiences with the aim of having students and faculty learn a unique set of process skills and competencies central to interprofessional, collaborative practice.
- Increased awareness of the aging population and chronic disease.
- **4 case workshops** gradually built student skill with each of the IPEC core competencies
  - ✓ Workshops used case-based learning in non-acute settings, caring for patients with complex chronic diseases. Referrals to the "Integrated Services Team" (IST) were made by each discipline.
  - ✓ Workshop methodologies included- facilitated discussion, fishbowl, & modeling by experts



• **2 Simulation Labs** added a level of realism to the cases as the teams learned to:

- ✓ interview the patient in a team setting
- ✓ negotiate treatment priorities and establish a contract with the patient.
- ✓ Consider cultural preferences



**C. ATTITUDES:** Team competencies

- included changes in reciprocal attitudes or perceptions among participants
- ✓ Changes in attitudes toward health care teams were measured
  - ✓ Changes in perception about older adults with chronic disease were observed

## New Learning

Online course

- ❖ Not all participants completed the introductory course. **Recommendation (R): Make course mandatory and give students from all programs credit**
- ❖ The course was spread out over 2 semesters decreasing carry-over **R: One semester course**

Case workshops

- ❖ Cases were complex and students who were early in their respective programs lacked confidence to speak up in team meetings. **R: Provide discipline-specific coaching**
- ❖ Case workshops and evaluation tools addressed all of the IPEC competencies. **R: Use a scaffolding approach. Focus on 1 competency at a time. Start with Mutual Respect.**

Students-

- ❖ Students had a lot of difficulty distinguishing their scope of practice from other disciplines **R: Complete scope of practice assignment prior to case workshops. Create videos that explain discipline-specific language and assessments.**
- ❖ Students lacked a mental model of an expert collaborative practice team. **R: Create videos that model expert practice for non-acute care teams.**

Faculty

- ❖ Faculty had different ideas about what IPE is and the objectives. **R: Team-building and a shared mental-model.**

Outcome Measures-

- ❖ RIPLS- students came in with a high regard for interprofessional learning- no change noted pre-post. **R: Discontinue. Not discriminating enough for graduate healthcare students.** Parsell G, & Bligh J. (1999). The development of a questionnaire to assess the readiness of health care students for interprofessional learning (RIPLS). *Medical Education*, 33(2), 95-100.
- ❖ iTOfT basic and advanced- students showed steady improvement over time. Gaps in learning were clearly identified. **R: Continue to have faculty rate case workshops. Faculty observers needed inter-rater training. Students also used to rate a clinical practice team.** Thistlethwaite, J., Dallest, K., Moran, M., Dunston, R., Roberts, C., Eley, D., ... Fyfe, S. (2016). Introducing the Individual Teamwork Observation and Feedback Tool (iTOfT): Development and description of a new interprofessional teamwork measure. *Journal of Interprofessional Care*, 30(4), 526-528. doi: 10.3109/13561820.2016.1169262
- ❖ Collaboration and Satisfaction about Care Decisions- students self-identified areas needing improvement. Reinforced desired skills. **R: Continue to use post case workshops.** (Adapted from Baggs JG. (1994). Development of an instrument to measure collaboration and satisfaction about care decisions. *Journal of Advanced Nursing*, 20(1), 176-182.
- ❖ Confidence surveys- student confidence post simulation showed 41% improvement in concisely summarizing discipline specific data for the team. Confidence in other team skills also showed slight improvement. **R: Continue to use post-simulation.**

## Next Steps

**Faculty workshop to develop a shared mental model of IPE**

- **Formal education IPEC competencies**
- **Individual course review for intersections/additions of IPE content**

**Marketing**

- **Obtain student video testimonials**
- **Work with student advisors**

**Community Placement of Integrated Teams**

- **Stakeholder meeting with potential sites**
- **Pilot Fall 2018**

**IPE course and case workshops- run Spring 2019**