BEHAVIORAL MODEL FOR THE STUDY OF ACCESS TO INTERPROFESSIONAL EDUCATION

Sondip Mathur, PhD; Andrew Taylor, RRT-NPS, MS; Willie Capers II, PharmD, MBA; Aisha Morris Moultry, PharmD, MS; Shirlette Milton, PhD

**Problem Statements**

- Why does interprofessional education (IPE) not occur or remains limited in educational settings, given a perceived or evaluated need for IPE and collaborative care experience?
- Why is there a lack of perceived/evaluated need for IPE and collaborative care experience, given the want for student practice-readiness, patient safety, and healthcare quality?

**Objectives**

- Define interprofessionalism in educational settings as “access” to IPE or as “utilization” of IPE resources
- Present a Behavioral Model for Access to Interprofessional Education (adapting a seminal model from healthcare services literature)
- Characterize educational settings as comprising of predisposing and enabling factors that facilitate or limit access to IPE even when there is a perceived need
- Conduct a prospective case study of the TSU College of Pharmacy and Health Sciences (COPHS) IPE initiative to identify predisposing, enabling, and need factors

**Methods**

- Characterize educational settings as comprising of predisposing and enabling factors that facilitate or limit access to IPE even when there is a perceived need
- Review literature to develop predisposing, enabling, and need variables, including outcomes and utilization rates
- Apply the Behavioral Model to frame a prospective case study of the IPE initiative at the TSU COPHS

**Discussion and Conclusion**

- Certain inequities confound IPE access and collaborative care practices in educational settings (just as, due to inequities, perceived/evaluated need for care may not result in an individual being able to access or utilize healthcare services)
- Barriers to access or use of IPE and collaborative care resources exist in institutional settings (just as some predisposing and enabling factors inhibit access to and use of healthcare services among population groups, individuals)
- IPE resources are underutilized both in terms of scope and extent because of their inadequate valuation (just as a lack of perceived/evaluated need for medical care among individuals results in their underusing healthcare services)
- Leadership, advocacy, and awareness of need for IPE are key facilitative factors

**COPHS: Preliminary Data and Results**

- Faculty attended the IPEC Fall 2012 Institute October 2012
- IPE Committee was formed January 2013
- IPE Committee luncheon with 100 students from TSU, Houston Community College, St. Thomas University School of Nursing April 2013
- Ethics courses changed to modular IPE courses January 2014
- College reorganization to integrate faculty from all health science programs August 2014
- Faculty training series to implement IPE activities in existing courses January 2015
- Interdisciplinary Health Professions Simulation Complex ribbon cutting August 2015
- IPE Day event with UTMB January 2016
- Faculty poster presentation at IPEC Spring 2016 Institute May 2016
- IPE Curricular Planning Retreat June 2016

- Faculty attended AHRQ TeamSTEPPS Master Training Course April 2013
- IPE Strategic Initiative added to Strategic Plan August 2013
- TSU Seed Grant to foster IPE teaching and scholarship August 2013-14
- IPE continuing education programs provided for RT, CCLS, and Pharmacy technicians October 2014
- Faculty editorial published on IPE simulation August 2015
- IPE Committee Chair certified as IPE ambassador by NCIEP October 2015
- Inaugural TSU IPE Simulation Day event April 2016
- Faculty attending AACP Spring Institute May 2016

**Select References**


**Acknowledgments**

- S. Mathur and A. Taylor received a Texas Southern University seed grant to support IPE teaching and scholarship
- TSU COPHS IPE Committee
  - Sondip Mathur, PhD (Co-Chair)
  - Shirlette Milton, PhD (Co-Chair)
  - Edward Stemley, Jr., PharmD, MS (Ex-officio)
  - Willie Capers II, PharmD, MBA
  - Portia Davis, PharmD
  - Fanny Hawkins, EdD, CPHQ, RHEA
  - Judith Mazique, MPH, JD
  - Aisha Morris-Moultry, PharmD, MS
  - Kimberly Bounds, PhD
  - Dorothy Quiller, MEd, MLS (ASCP)
  - Monica Rasmus, PhD
  - Delores Saddler, PhD
  - Kit Shelby
  - Andrea Shelton, PhD
  - Andrew Taylor, MS, RRT-NPS, KPFT, RCP