



Occasions when two or more professions learn with, from, and about each other to improve collaboration and quality of care.

INTERPROFESSIONAL EDUCATION @ UNMC

A SHORT HISTORY OF IPE @ UNMC

- × Campus joins HPEC in 2007
 - + Dean's sign letter of support
 - × "Promise" to implement an interprofessional activity
 - × Campus to host a national meeting
- × HPEC – Health Professions Education Collaborative
 - + The institutions participating in HPEC have worked on designing and implementing school-wide curricula that teach quality improvement, patient safety, and interprofessional care.



HPEC INFLUENCES IPE AT UNMC

- ✘ Brought interested persons on campus together
- ✘ Necessitated structure
 - + Campus HPEC committee
 - + IP Curriculum committee
- ✘ Resource
 - + Knowledge
 - + Motivation / enthusiasm
- ✘ Inclusion of IP language in Strategic Plan
 - + “4. Form Inter-professional faculty groups on common content to develop simulation modules/scenarios.”

INTERPROFESSIONAL EDUCATION DAY, 02/08

× Goal

- + Introduce principles of IP education, teamwork, & quality in healthcare.

× Structure

- + On-line preparatory work (reading, discussion, survey)
- + Presentation by a “Model Healthcare Team”
- + Small group activities
 - × Ice-breaker exercise
 - × Assumptions exercise
 - × Brainstorm to solve a healthcare quality problem
 - ★ Communication
 - ★ Hospital Acquired Infections
 - × Create a Poster to share their ideas

INTERPROFESSIONAL EDUCATION DAY

× Participants

- + IP planning committee – 10
- + Faculty moderators- 30
- + Student participants
 - × Pharmacy – 30, P1, randomized
 - × Nursing – 24, level 3 & 4, volunteer
 - × Medicine – 34, M 1-4, volunteer
 - × Dentistry – 6, D2, volunteer (Lincoln)
 - × Allied Health – 34 volunteer
 - × Public Health – 2 volunteer

INTERPROFESSIONAL EDUCATION DAY

Assumption Comments:

- ✘ Of Nursing...
 - + “Some seem under-trained”
 - + “Are the most kind and gentle people of any profession”
- ✘ Of Pharmacy...
 - + Not personal with patients.
 - + Great resource.
- ✘ Of Medicine...
 - + Med students and doctors have no bedside manner
 - + Very hard working

INTERPROFESSIONAL EDUCATION DAY

Modified READINESS FOR INTERPROFESSIONAL LEARNING SCALE (RIPLS)	Pre Mean (SD)	Post Mean (SD)
Learning with other students will help me become a more effective member of a health care team	4.45 (0.55)	4.72 (0.57)
Learning with health care students before graduation would improve relationships after graduation	4.31 (0.71)	4.53 (0.69)
Shared learning will help me to think positively about other professions	4.17 (0.65)	4.50 (0.76)
Small group interprofessional learning can help students develop trust and respect for each other	4.15 (0.77)	4.57 (0.67)
I would welcome the opportunity to work on small group projects with other health care students	3.87 (0.75)	4.26 (0.85)
Shared learning before graduation will help me become a better team worker	4.11 (0.72)	4.49 (0.77)

Scale of 1–5; 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree

INTERPROFESSIONAL EDUCATION DAY

Student Comments:

- ✘ I really appreciated and enjoyed this experience!
- ✘ I did not want to come but I'm so glad I participated!
- ✘ 'this is a first step but it will be a shame if it will be my only interaction with students from other colleges'.

INTERPROFESSIONAL EDUCATION DAY

What we learned...

- ✘ It's a grand effort
 - + 160 hours staff time
 - + >\$4,000
- ✘ Challenges
 - + Identifying time on the calendar
 - + Provide uniform credit
 - + Match academic maturity

SERVICE LEARNING

- ✘ Exploring partnerships between UNMC and communities in need
- ✘ Project outline
 - + Meet with community organizations
 - + Identify a health-related need
 - + Background research
 - + Outline a proposal
 - ✘ Including: activity, goals, personnel, budget, etc.

SERVICE LEARNING

- ✘ 21 student groups (5 inter-professional)
 - + Meetings outside regular class hours
- ✘ 6 groups selected to present proposals in class
- ✘ 3 proposals selected for implementation
 - + Funds awarded (Grant from the, Association for Prevention Teaching Research)
- ✘ 8 projects are moving forward

SERVICE LEARNING

- ✘ Decreasing Donor Deficit
 - + educate and recruit African American bone marrow donors
- ✘ Empower
 - + Domestic abuse victims healthcare screening and education
- ✘ H.E.L.P.
 - + HIV/AIDS Education for Life Program
- ✘ St. Francis House
 - + Student-run health-care clinic for homeless

ON THE DRAWING BOARD

- ✘ Patient Handoff Simulation
 - + Communication, teamwork
- ✘ Cardiac Arrest Simulation
 - + Teamwork
- ✘ Labor and Delivery
 - + Teamwork

PATIENT HANDOFF

Table 5. Potential Barriers to Interprofessional Education and Possible Alternatives⁴⁶

Barriers	Solutions and Alternatives
Academic calendars	Integrate calendars (and catalogs) into one calendar (or, at most, two academic and professional) Schedule IPE courses and activities in the "core" months of a semester
Academic requirements	Develop a distinct grading system that would allow any school to use a conversion protocol to translate IPE grades to the grading system of the school
Academic reward structure	Redirect faculty to IPE activities whose primary distribution of effort is not directed toward promotion/tenure Particularly with junior faculty that IPE work is linked to Create a separate merit plan Continue to promote effective scholarship, particularly in IPE
Clinical practice sites	Forge alliances with existing health care delivery organizations
Communication issues	Coordinate program communications across the school/departments through IPE organizational units
Cost issues for students	Add required IPE courses, providing this cost is covered
Disciplinary/departamental	Create a separate organization and structure Reimburse school/departments
Disciplinary and professional	Devote significant implementation planning to faculty and staff communication and traditions and cultures development Reinforce that a major goal is to create an IPE department
Evaluation	Design a rigorous program evaluation process
Faculty development	Ensure that the IPE office development efforts are supported
Fiscal resources	Fiscal wherewithal problem should be reallocated Assign IPE curriculum hours Redeploy faculty or staff from current assignments
Geographic separation	Provide "universal parking" for all Ensure that faculty time is not lost to class preparation
Insufficient interdisciplinary faculty	Define competencies desired Recruit initially from PBA Seek preceptors from the field Use advanced-level students
Leadership and administrative support	If leadership moves forward with planning for implementation of IPE activities, there should be support at the university, school, or institution administration levels Leadership within the organization at that level
Levels of student preparation	Categorize the courses, programs in and maturity terms of IPE Establish pre/post assessment Modify prerequisites if necessary Monitor, during registration, students' own advisers Establish all IPE courses as competency-based
Logistics	Hold classes at every academic building on campus Offer flexible schedules for group sessions including a variety of options such as monthly, weekly, weekends, early mornings, or late evenings Establish a faculty advisory board for the IPE curriculum Charge the IPE faculty with leadership of recruitment
Power dispositions and territorial imperatives	This will change only as IPE activity becomes more commonplace

IPE CHALLENGES

Academic Calendars

Academic Requirements

Create an IPE Department

Train Faculty

Incentive / Recognition

Table 5 - continued

Barriers	Solutions and Alternatives
Administrative considerations	Promote efforts for APT committees to recognize the scholarship of teaching as demonstrated in IPE activities Create an IPE career path and recruit junior faculty
Administrative and financial	Develop a means of recognizing the contributions of the faculty who participate in IPE, which includes both tangible and intangible rewards Create a separate office for IPE activities; allocate faculty FTE on IPE efforts to that organization Create seed grants to faculty for the development of courses Continue leadership efforts to stimulate interest in teaching including faculty development plans
Administrative mechanisms and	Include on-site IPE activities as part of negotiation and renegotiation of affiliation and schedules for clinical positions - other agreements Influence state legislation regarding reimbursements of IPE teams for care Continue to promote efforts for APT committees to recognize the scholarship of teaching as demonstrated in IPE IPE office should be responsible for assisting faculty with grant opportunities/publishing associated with IPE activities Create a separate organizational entity for IPE activities for bookkeeping purposes; allocate faculty FTEs to that organization Reimburse school/departments for faculty FTEs allocated to IPE units

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Promotion, and tenure; FTE = full-time employee; IPE = interprofessional education.

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