


Interprofessional Education (IPE)  
Innovations at The University of Iowa



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Interprofessional Education Defined:

- IPE occurs when 2 or more professions learn with, from, and about each other to improve collaboration and the quality of care.

• Center for Advancement of Interprofessional Education, 2008  
• WHO, Framework for IPE, 2011

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Interprofessional Practice Defined:

Health care activity which requires:

- Collaborative, interdependent use of shared expertise directed toward a unified purpose of delivering optimal patient care.

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### Why IPE and IPP?

- The idea that teams and collaborative practice can improve health care has been around for more than 50 years. During this time, many have experimented with a variety of approaches for educating health professionals to work in teams.
- Interest in this topic was renewed after the Institute of Medicine issued a series of reports, in the early 2000's raising concerns about medical errors, patient safety and the quality of health care delivered in the United States, and noted a link to the need for health professionals to work better together in teams.
- This lack of teamwork, collaboration and communication was leading to a variety of adverse and costly outcomes.

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### Why IPE and IPP?

- Interprofessional education (IPE) and interprofessional practice (IPP) supports health professionals, health workers, students, residents, patients, families and communities to find solutions to enhance collaboration and improve health outcomes while reducing costs.

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### Why IPE?

- The US health care system is not providing the type of care the public needs or desires – too many medical errors and unsafe conditions.
- To provide health care that leads to optimal patient outcomes.
- IPE is considered one important mechanism to help in accomplishing this goal.

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### National Reports

- Some medical errors occurred due to poor communication and processes of care  
Institute of Medicine, *To Err is Human* (1999)
- Redesign the health care system to include six aims: safety, patient-centered, effective, timely, efficient, and equitable  
Institute of Medicine, *Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century* (2001)

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### National Reports

- "All health professionals should be educated to deliver client-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics."

Institute of Medicine, *Health Professions Education: A Bridge to Quality* (2003).

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### Interprofessional Education Collaborative (IPEC)

- In 2009, six national education associations of schools of the health professions formed a collaborative to promote and encourage constituent efforts that would advance substantive interprofessional learning experiences to help prepare future health professionals for enhanced team-based care of patients and improved population health outcomes.

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## IPEC Includes These National Associations:

- Academy of Nutrition and Dietetics (ACEND)
- American Association of Colleges of Nursing (AACN)
- American Association of Colleges of Osteopathic Medicine (AACOM)
- American Association of Colleges of Pharmacy (AACP)
- American Association of Colleges of Podiatric Medicine (AACPM)
- American Association for Respiratory Care (AARC)
- American Council of Academic Physical Therapy (ACAPT)
- American Dental Education Association (ADEA)
- American Occupational Therapy Association (AOTA)
- American Psychological Association (APA)
- American Speech-Language Hearing Association (ASHA)
- Association of Academic Health Sciences Libraries (AAHSL)
- Association of American Medical Colleges (AAMC)
- Association of American Veterinary Medical Colleges (AAVMC)
- Association of Chiropractic Colleges (ACC)
- Association of Schools and Colleges of Optometry (ASCO)
- Association of Schools and Programs of Public Health (ASPPH)
- Association of Schools of Allied Health Professions (ASAHP)
- Council on Social Work Education (CSWE)
- National League for Nursing (NLN)
- Physician Assistant Education Association (PAEA)

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## IPEC Core Competencies

Four competency domains form the core of interprofessional learning:

- **Values and Ethics for Interprofessional Practice**
  - Work with individuals of other professions to maintain a climate of mutual respect and shared values.
- **Roles and Responsibilities**
  - Use the knowledge of one's own role and those of the other professions to appropriately assess and address the health care needs of the patients and to promote and advance the health of populations.
- **Interprofessional Communication**
  - Communicate with patients, families, communities and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.
- **Teams and Teamwork**
  - Apply relationship-building and the principles of team dynamics to perform effectively in different team roles to plan, deliver and evaluate patient/population centered care and population health programs and policies that are safe, timely, efficient, and equitable.

Interprofessional Education Collaborative 2016

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## Accreditation Standards

- Dentistry, Pharmacy, Medicine, PA, PT, Public Health, Nursing and Health Care Administrators, Speech Pathology, and AT education programs all have standards addressing IPE.

**Example: Accreditation Standards for Dental Education Programs**

- **2-20 Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.**

**Intent:**

- *In attaining competence, students should understand the roles of members of the health care team and have educational experiences, particularly clinical experiences, that involve working with other healthcare professional students and practitioners. Students should have educational experiences in which they coordinate patient care within the health care system relevant to dentistry.*

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## Envisioning an IPE Future at Iowa

A comprehensive IPE program will be transformative by:

- Shifting institutional culture from educational silos to students and faculty *learning about, from and with each other* with a common focus on competencies that transcend disciplinary boundaries
- Assuring that students are well-prepared to practice collaboratively in an evolving health care environment
- Promoting stronger relationships with peer institutions, professional associations and health systems in advancing IPE excellence
- Stimulating new scholarship and educational innovation

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## IPE Activities



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## Didactic IPE Activities

- Developed and implemented "Interprofessional Skills and Team Based Healthcare" as an introductory, 18-month course in September 2013
- Approximately 500 early career health professions students enrolled initially
- 523 students in September 2014
- 535 in September 2015
- ~600 in 2019
- Students are assigned to a team of eight for the duration of the course. (~70)

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### Didactic IPE Activities

- 2013 – Dentistry, Nursing, Medicine, Pharmacy, Physical Therapy, Physician Assistant, and Public Health,
- 2014 – Added Speech Therapists
- 2015 – Added Social Work
- 2017 – Added Athletic Training

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### Didactic IPE Activities

- Course formats include online assignments requiring individual and team responses, as well as one in-person team meeting that is facilitated by an IPE faculty member or staff.
- The course incorporates an overall theme of patient safety and patient-centered care relative to the effective development and functioning of interprofessional teams.
- Evaluation of individual student performance in the course is completed by the student's college. Overall course evaluation occurs at the end of each semester.

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### IPE Curriculum

- Semester I - focuses on the "Big Picture of IPE" – what is interprofessional education and team work and why it is important, developing knowledge about teamwork skills, understanding interprofessional values and ethics, and framing some discussion around population health.
- Semester II - addresses the student's understanding of their professional roles and responsibilities, as well as those of other health professions, communication skills and conflict resolution.
- Semester III - incorporates case-based activities relative to shared problem-solving, fulfilling responsibilities and effective communication strategies within an interprofessional team.

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### Examples of IPE in the CCOM

- **IPE @ Iowa Steering Committee**
  - A committee has been assigned to think about how we can best ensure that all health sciences students get exposure to IPE as part of their professional train at the University of Iowa.
- **IPE Education/Interprofessional Skills and Team Based Healthcare courses**
  - 600+ health science students meet during their first semester to begin learning about health care teams using a patient case. Students are assigned to groups of 8 to review and plan the care of their patient. They will meet multiple times during their education.
- **PA/Med Student Merged Curriculum**
  - Unique design in which Physician Assistant Students and Medical students complete their pre-clinical training together.
  - IPE thread in Medicine and Society, Medical and PA students have ongoing curriculum and educational activities integrated into their new curriculum.

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### Examples of IPE in the CCOM

- **PT senior students teaching anatomy lab to PA1/M1's**
  - Physical therapy students have been helping to teach medical students about examination of the shoulder to MD and now MD/PA students.
- **emrU is utilized for IPE activities**
  - The University has develop a version of our electronic health record to be used for delivering curriculum to our students so that they become skilled at utilizing the electronic health record while they learn curricular content
- **Mobile Clinic**
  - Students from numerous health professions work together to provide care to patients without insurance at various sites around Eastern Iowa

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### Faculty IPE

**Faculty Development:** The IPE Steering Committee has helped to sponsor visits by three IPE experts who have consulted with faculty, conducted presentations on IPE and met with UI administrators:

- **Ruby Grymonpre**, Pharm.D., FCSHP, Professor of Pharmacy, Coordinator, IPE Initiative; and **Laura McDonald**, Chair, IPE Faculty Development; Associate Professor of Dental Hygiene, University of Manitoba;
- **Barbara Brandt**, Ph.D., Director of the National Center for Interprofessional Practice and Education, University of Minnesota;
- **Lesley Bainbridge**, BSR(PT), Med, PhD, Director of Interprofessional Education in the Faculty of Medicine, University of British Columbia;
- **Richard W. Valachovic**, D.M.D., M.P.H, Director, The Interprofessional Education Collaborative.

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## Future Initiatives

1. **Increase opportunities to tailor the pre-clinical curriculum to better meet all professions needs**
2. **IPE and utilization of simulation**
3. **Investigating and implementing IPP activities**

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## Conclusion

- Given the complexity of today's health care environment, no single discipline is equipped to direct the multitude of providers who make up the care team.
- IPE teams have found their place in health care. Teams do not replace the provider-patient relationship, but rather enhance it—creating a more comprehensive, efficient, and tailored health care experience.
- We need to continue to promote, develop, and nurture collaborative teams that contribute to the better health outcomes for our patients and communities.
- Ideally, the new models of patient care involving interprofessional teams will help improve the fragmented care that plagues our health care system today resulting in safer, more effective health care for all patients and communities.

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## Questions?

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