Unpacking Interprofessional Education (IPE) and Collaborative Practice

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Disclosure

Lisa Cain, Ph.D.
Paid consultant for AAL

Neither I, nor members of my immediate family, have any financial interests to disclose relating to the content of this presentation.

Learning Outcomes

The Learning Outcomes for this presentation titled "Unpacking Interprofessional Education (IPE) and Collaborative Practice" are the following:

- Understand the definition of IPE and collaborative practice.
- Define the benefits of working collaboratively across boundaries and disciplines.
- Be familiar with examples of IPE and collaborative practice.
Interprofessional education (IPE) refers to occasions when students from two or more professions in health and social care learn together during all or part of their professional training with the object of cultivating collaborative practice for providing client or patient-centered health care.

- Pharmacists
- Physician Assistants
- Nutritionists

Collaborative Practice

“When multiple health workers from different backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care”

A Necessity for IPE and Collaborative Practice

Academic healthcare professionals must work together to educate and train students. However, to achieve this, the following is required:

- Mutual respect
- Understanding individual disciplines
- Knowledge of academic health care
- Awareness, understanding, and acceptance of the diversity of students, residents, staff, and patient populations
- Knowledge of effective communication skills and teamwork
- Leadership in education and health care

IPE is now part of most accreditation standards.
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Importance of IPE and Collaborative Practice

Students can learn to be competent in their profession but they must understand how diverse teams of individuals work together to deliver efficient education, research and health care. Grouping together experts does not necessarily create a productive and efficient team.

Importance of IPE and Collaborative Practice

The benefits of interprofessional education and collaborative practice are the following:
- Increased appreciation of other disciplines
- Appreciation of teamwork and collaboration
- Increase in effective communication skills
- Enhancement of knowledge
- Greater effectiveness in the delivery of knowledge to students
- Enhanced appreciation of diversity and inclusion
- Improvement in the delivery of teaching, research and healthcare
- Increased patient satisfaction, outcomes and quality of care
- Community improvement
- Reduction of health disparities and health inequity
- Improvement in the surrounding communities/community engagement
Barriers to IPE and Collaborative Practice - Individual Team members

The barriers of interprofessional education and collaborative practice faced by individual team members are the following:

- Split loyalties between team and own discipline
- Multiple responsibilities and job titles
- Competition
- Gender, race, or class-based prejudice
- Persistence of a defensive attitude
- Reluctance to accept suggestions from team members representing other professions
- Lack of trust in the collaborative process

Overcoming Barriers to IPE and Collaborative Practice

The benefits of interprofessional education and collaborative practice are the following:

- Agree on unifying philosophy centered around primary care of the patient/client and the community
- Develop a commitment to the common goal of collaboration
- Learn about other professions
- Respect others’ skills and knowledge
- Establish positive attitudes about own profession
- Develop trust between members
- Be willing to share responsibility for patient/client care
- Establish a mechanism for negotiation and re-negotiation of goals and roles over time
- Establish method for resolving conflicts between team members; and
- Be willing to work continuously on overcoming barriers

Example of Interprofessional Education - Training for Faculty

Health Education Fellowship Program (HEFP) 2018-2019

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IPE Mass Casualty Incident Simulation

This is a simulation of a mass shooting incident at the Simulation and Clinical Performance Laboratory at the Cizik School of Nursing. Students will rotate through simulations focused on field management and hospital-based management of mass casualty incidents.

Learning Objectives:
• Practice effective techniques to control hemorrhage in an emergency situation
• Demonstrate safe field management and body mechanics
• Demonstrate appropriate interprofessional collaboration skills (closed-loop communication, situation monitoring, task assistance, and advocacy)
• Utilize patient-centered communication techniques
• Evaluate personal and team performance during debrief sessions
• Synthesize clinical information and resources to triage patients and allocate limited resources
• Demonstrate the importance of assigning clear roles to maximize functioning of a team

30 minutes - Caring for Regular Number of Emergency Room Standardized Patients & Mass Shooting
Debriefing
30 minutes - Caring for Mass Shooting Patients
30 minutes for Debriefing

Communication | Roles | Collaboration | Patient-Centered | Teams | Conflict Management

What do Students Learn from IPE?

Core Competencies
• Communication: Ability to communicate effectively in a respectful and responsive manner with others (“others” includes team members, patient/client, and health providers outside the team).
• Collaboration: Ability to establish/maintain collaborative working relationships with other providers, patients/clients and families.
• Roles and Responsibility: Ability to explain one’s own roles and responsibilities related to patient/client and family care (e.g. scope of practice, legal and ethical responsibilities); and to demonstrate an understanding of the roles, responsibilities and relationships of others within the team.
• Collaborative Patient/Client-Family Centered Approach: Ability to apply patient/client-centered principles through interprofessional collaboration.
• Team Functioning: Ability to contribute to effective team functioning to improve collaboration and quality of care.
• Conflict Management/Resolution: Ability to effectively manage and resolve conflict between and with other providers, patients/clients and families.

Examples of IPE and Collaborative Practice

Rosalind Franklin University of Medicine and Science: HMTD 500 Interprofessional Healthcare Teams course: clinical component sessions
Session 1 (two hours)
Student Groups
Observe Patients in Clinic
Select Patient to Discuss

Session 2 (1 hour)
Each group meets to discuss the patient history and their responses to the five interprofessional questions discussed in the clinic.
1. How will medicine, physical therapy, physician assistant practice, and podiatric medicine contribute to the care of this patient?
2. What would be the main objectives to be for this case?
3. How would your profession address these objectives? What is the evidence to support the methods used to address the issue?
4. Besides medicine, physical therapy, physician assistant practice, and podiatric medicine, which other professions would you collaborate with to assist this patient? What is your rationale for these collaborations?
5. What other information will you need from the patient and how will it guide the treatment?

Session 3 (30–60 minutes)
Each group of students returns to the clinic for a follow-up appointment with the chosen patient

Session 4 (one hour)
All four groups of students meet over lunch with the three course coordinators and present their patient and responses to the interprofessional questions.
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Examples of IPE and Collaborative Practice
Interprofessional Educational Collaborative Networks - International & National

Board of Directors

Challenge & Question

If you had to create a IPE program or curriculum for students, what would you create? What essential need(s) would you focus on?

Conclusion

It takes more than individuals joining together to be an effective and productive team.

http://www.funnyjunksite.com/funny-cartoons/teamwork/