

Interprofessional Education Task Force
Summary Report and Recommendations

January 2010

The UTHSCSA Interprofessional Education (IPE) Task Force was chartered and convened on August 17, 2009 and consisted of the membership listed in Appendix 1. The membership included faculty from the five academic units at UTHSCSA, those with expertise in instructional technology and educational evaluation, a leader from Student Services, representatives from UT Austin College of Pharmacy, UTSA Social Work Program, and the UTHSC Houston School of Public Health. The task force was charged to identify, describe, and propose IPE activities across the UTHSCSA campus. The charge is outlined in Appendix 2.

Background

The Task Force met three times in 2009: August 17, October 13 and December 18. Activities included: a discussion of literature review done by Mr. William Hendricson (Appendix 3), review of the current status of IPE literature and research, identification of popular websites for IPE at various universities and academic health centers. There were significant discussions regarding how interprofessional education would be defined and characterized at UTHSCSA. Literature reviewed included the following..

WHO describes IPE as “the process by which a group of students or workers from the health related occupations with different backgrounds learn together during certain periods of their education with interaction as an important goal, to collaborate in providing promotive, preventive, curative, rehabilitative and other health-related services.” (WHO, 1988)

Several comprehensive reviews of the literature on IPE outcomes have been published in recent years. An analysis of 885 papers on interprofessional education published in 2007 as a systematic review for the Best Evidence in Medical Education (BEME) series reported that IPE is well received by participants and facilitates the learning of knowledge and skills necessary for collaborative work within health care facilities (Hammick, 2007). In the context of quality improvement, Hammick and colleagues reported that interprofessional education is frequently used as a mechanism to enhance the implementation of patient care services with generally positive outcomes.

A Cochrane review done in 2008 notes that “IPE aims to encourage different professionals to meet and interact in learning for the purposes of improving collaborative practice and the health care of patients/clients, and therefore has more potential for enhancing collaborative practice than a program of multiprofessional education (where professionals share learning experiences but do not interact with each other, such as attending a lecture) or uniprofessional education (where professionals learn in isolation from each other).” (Reeves, 2008). This Cochrane review also noted that four of six studies showed that IPE improved how professionals worked together and enhance the care they provided. A Cochrane Review published in 2009 on the effects of practice-based IPE indicated that interventions such as multidisciplinary rounds and conferences improved healthcare processes and outcomes, but noted that these conclusions were based on

only five studies that met research standards (Zwarenstein, 2009). A review from the University of Michigan suggests that research on outcomes is sparse, and future research in this area should consist of prospective, trials with outcomes related to learner behaviors, process measures, and patient-based outcomes (Remington, 2006).

Within the IPE literature, several studies of organizational strategies for implementation of interprofessional education have been reported. Ho, et al studied efforts to create IPE at five Canadian health science centers and identified success factors common to all institutions: (1) common vision, values, and goal sharing among all schools at the campus, (2) collaborative work in both learning and practice settings so students and faculty could actually experience IPE, (3) professional development of faculty members, (4) individuals who are champions of IPE in the curriculum, in practice settings and in organizational leadership, and (5) attention to sustainability (Ho, 2008).

Interprofessional education prepares health professional students to work and communicate effectively in teams, and will potentiate quality and safety in their future work (Institute of Medicine, 2001).

The group responded to a request from the co-chairs to collect information about IPE activities that are already established at the HSC. There are many of these across the Schools and they are listed in a Compendium that is attached as Appendix 4. Community service learning has been a popular and effective format for IPE locally and nationally. It became clear that IPE was alive and well at the HSC, but was generally within the “hidden curriculum” and not considered part of the mainstream/required curriculum for any of the health professions programs on campus. Individual faculty members developed and implemented their own IPE learning activities and included groups of faculty members across campus. Students readily join these educational sessions due to their overwhelming interest.

Definition of IPE

- IPE, as defined by the Centre for Interprofessional Education (CAIPE) in the United Kingdom, “occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.” CAIPE, first published in 2001, the first set of principles for IPE, which according to the community of authors, was based on literature, evidence, and experience of CAIPE members. The principles are underpinned by values common to all care professionals and include a commitment to equal opportunities and a positive regard for difference, diversity and individuality. CAIPE states that IPE:
 - Works to improve the quality of care;
 - Socializes health care providers in working together in shared problem solving and decision-making
 - Develops mutual understanding of, and respect for, the contributions of various disciplines; and
 - Instills the requisite competencies for collaborative practice (www.caipe.org.uk) Accessed Jan 10, 2010.

The task force members noted that IPE may occur before and after qualification (licensure); includes concepts of teamwork and working in teams, includes two or more professions (medicine, nursing, dentistry, pharmacy, social work, physical therapy, dental hygiene, etc.); and takes place in the community, laboratory, simulation laboratory, classroom, hospital, etc.,

Barriers and Obstacles to IPE

Several obstacles to IPE were noted, including but not limited to:

- 1) Asynchronous schedules of the various Schools; this issue must be addressed by the President of UTHSCSA;
- 2) Lack of coordination or mechanism regarding registration and credit for these types of courses;
- 3) Distribution of credit hours generated by the IPE courses (schools are partially funded by the number of students or credit hours generated from FT students enrolled in a course.);
- 4) Lack of identified space and time for IPE interactions to occur across campus;
- 5) Lack of an accessible compendium or directory of IPE courses already occurring
- 6) Need for a list of faculty from the schools who are interested in and teaching IPE;
- 7) There is visible need for a readily accessible place where anyone can ask about IPE courses or faculty;
- 8) Boundary infringements between and among different professions (Cameron, et.al. 2009);
- 9) Cultural differences between professions (Baldwin, 1996)
- 10) Protectionist attitudes; perceived power and hierarchy of the professions (Cameron, et.al. 2009);
- 11) Isolated nature of health professions curricula and sanctity of the classroom (Cameron, et.al. 2009);

The members of the task force felt that there are answers and solutions to the perceived barriers to IPE and there is no reason why they cannot be overcome. There are ways to assign course numbers or identify interprofessional courses so that each participating entities are recognized and rewarded for participation. The administration must find a way to better coordinate the schedules of the five academic units so that there are common times within the semesters for IPE to occur. Suggestions were made as to how this might be achieved.

Recommendations:

- 1) **Establish an Office of Interprofessional Education.** There should be a physical location and sign that states “Office of Interprofessional Education.” It was made clear by other university faculty with experience in IPE, that credibility is gained by such action. IPE becomes real, recognizable and has a “home” for discussion, training, meeting, information, directories, schedules, etc.
- 2) **Incorporate IPE into standard curricula.**
- 3) **Conflicts and asynchronicity in the academic calendar schedules should be resolved to facilitate interactions.** Proposed solutions include designating 1-2 weeks of the standard curricula for IPE efforts. The group agreed that some IPE experience should become part of the standard curricula. IPE electives should continue, but incorporating IPE into standard curricula is important.

- 4) **Establish faculty development programs specifically for IPE.** Faculty development in IPE should occur collaboratively among established entities, such as the Academic Center for Excellence in Teaching (ACET), the Center for Medical Humanities and Ethics, and the Center for Patient Safety and Health Policy.
- 5) **Design and implement a website dedicated to IPE.** The website should include definitions of IPE, IPE resources at UTHSCSA, faculty interested in IPE, the Compendium of IPE courses, and links to key sources of IPE information, such as the Association for Prevention Teaching Research (APTR), Centre for the Advancement of Interprofessional Education, literature on IPE, and links to websites for IPE at other universities.
- 6) **There should be resources available to further development and expand existing IPE opportunities,** as well as development of new IPE opportunities at the UTHSCSA.
- 7) To facilitate creative thinking about implementing IPE, **each school should include an objective strategy and outcome measures related to interprofessional education in their strategic plan.**
- 8) Faculty participation and initiation of IPE activities should be recognized and considered as support for strength in teaching or service in the **promotion and tenure process.** Recommendations from the recent Promotion and Tenure Task Force 2009 recognized the value of IPE and recommended that faculty efforts in IPE should be considered in future promotion and tenure deliberations.
- 9) **Establish an award for exemplary IPE** by an interdisciplinary faculty team to be presented at the annual convocation to raise visibility of IPE, recognize faculty efforts and provide CV documentation for individuals who develop IPE.
- 10) **Appoint a permanent Interprofessional Education Committee/Council** that consists of members of the Curriculum Committees and/or Deans of Students, and/or an appropriate faculty representative from UTHSCSA Schools of Medicine, Nursing, Health Professions, Dental School, Graduate School of Biomedical Sciences, Regional campus of UTHSC Houston School of Public Health, UT Austin's College of Pharmacy's Pharmacy Education and Research Center on the UTHSCSA campus and from UTSA's College of Public Policy, School of Social Work, as applicable. Appropriate representation from Harlingen and Laredo may also be included as appropriate.

The function of the committee would include but not be limited to:

- Establish guidelines for what qualifies a course for IPE
 - Suggest information for the website, and oversee the relevancy and currency of the website
 - Suggest training courses for faculty
 - Establish a relationship with other universities that offer IPE for collaboration purposes and new ideas of what works
 - Develop suggestions for assessment of IPE
 - Design educational research programs to assess and report on our IPE efforts; add to the literature on IPE
 - Decrease redundancy in courses across Schools
- 11) The Registrar's Office support will include, but may not be limited to:
 - Facilitate and coordinate schedules to improve opportunities for IPE;
 - With the Registrar's Office, facilitate registration and credit among Schools for IPE courses;
 - With the Scheduling Office, coordinate and facilitate academic space for IPE to occur

12) **The UTHSCSA is an ideal site for IPE education, research and community service.**

Potential sources for funding could include SALSII grants, educational grants, indirects on IPE grants, and start-up funding from the institution,. An annual small grant funding mechanism, similar to the Teaching Innovation Grant Program administered by ACET, should be implemented to enhance awareness of IPE and provide seed money (e.g., two 5K awards) for cross-school educational collaborations.

13) There should be adequate **physical space** dedicated to IPE activities to allow:

- IPE faculty interaction
- IPE student interaction
- Teaching space suited for IPE
- Encouragement and facilitation of IPE learning opportunities in
 - Spanish
 - Professionalism, ethics and humanities
 - Community-service learning
 - Quality Improvement and patient safety
 - Trauma
 - Aging
 - Pain
 - Death and Dying
 - Epidemiology and research methods
 - Evidence-based practice and critical appraisal of literature

In particular, it is recommended that designated IPE space be designed in any new plans for an education building on the HSC campus. The new structure could house those efforts that are truly interprofessional in nature; such as the Center for Medical Humanities and Ethics, ACET, the Regional Campus of the UT Houston School of Public Health, etc. In the meantime, an office, perhaps in the Academic Center for Excellence in Teaching (ACET) or other space to be identified, could be designated.

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