Interprofessional Education: Meeting and Navigating the Standards

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Interprofessional Education

- Interprofessional education occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.

- Interprofessional education is a necessary step in preparing a “collaborative practice-ready” health workforce that is better prepared to respond to local health needs.

- A collaborative practice-ready health worker is someone who has learned how to work in an interprofessional team and is competent to do so.

~World Health Organization, 2010
ARC-PA 4\textsuperscript{th} Edition Standards

• B1.08: The curriculum \textit{must} include instruction to prepare students to work collaboratively in interprofessional patient centered teams.

• B2.04: The program curriculum \textit{must} include instruction in interprofessional and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health care professionals.
Program Implementation

1. Health care professional seminar
   - Academic background
   - Participants
   - Outcomes
2. Simulation Lab Experience
   - Academic Background
   - Participants
   - Cases
   - Outcomes
• Communicate effectively with everyone in the room
• Teamwork
• Importance of having differentials
• To become familiar with the protocols of the establishment
• The importance of a good history
• Importance of critical scenarios and acting quickly
UB SIMULATION LAB OUTCOMES

• The nurses attitude.
• More opportunities to participate in simulation
• More ER scenarios
• A little more education about protocol
• more patient background
• Have access in room for ER meds/doses
• Cases seemed similar, vary them more
• A little more orientation to the emergency room and tools to use
DYC IPEC Initiative

3. IPEC Collaboration Grant

– DYC: 7 Health Profession Programs: PA, PT, OT, Dietetics, Nursing, Chiropractic, Pharmacy
– IPEC Steering Committee
– Funding: Community Health Foundation of W&CNY: $60,000 initial; $58,000 phase 2
Costs in Year 1: ~$65,000.00

- Foundation Grant $60,201.00
  - Create 2 simulation rooms
  - All hardware/software for live feed and recording
  - Hire/Train 4 simulated patients in 4 scenarios
  - Offer thirty 4 hour simulation experiences to 245 students (volunteer faculty; paid simulated patient/family member)
Figure 1 Interprofessional Education: From Concept to Implementation

- **January 2012**: Establish a 14 member IPEC
- **February 2012**: 5 member team attends IPEC Institute
- **May 2012**: 9 member retreat for Chris Dulles case development
- **July 2012**: Faculty development workshop on facilitation and debriefing
- **August 2012**: Case scenario pilots and simulated patient training
- **November 2012**: Formative program assessment and curricular revisions
- **January 2013**: Outcomes assessment
- **February 2013**: 2 weeks later
- **April 2013**: Infrastructure Build
- **July 2012** → **January 2013**
IPEC Development

- Cases: “Chris Dulles” 4 scenarios
- Patients: Actors from the Kavinoky Theater
- Participants: Faculty/Students
IPEC Outcomes:
Important core ideas emerged during session:

- Balance act between each care provider (PA)
- Verbal management of patient and family (PA)
- Patient and family get fed a lot of info – reiterate and make sure they understand (PA, PT)
- How multifaceted nursing is (NURSING)
- Communication with patient and disciplines (NURSING, OT, PA)
- Answering patients questions (NURSING)
- Learning how to speak with/answer questions of overbearing family members (OT)
- Confidence in other professionals and not being afraid to admit if it’s not your specialty (OT)
- Repetition and explanation of procedures (OT)
- Coordination and smooth hand off from one team to the next (PA)
- Firm and confident when speaking to family members (PA)
- Important to understand each person’s role (PT)
IPEC OUTCOMES:
Questions that surfaced relevant to content presented:
Were questions answered?

• How a stroke is encountered – yes (PA)
• How PT and OT work together – yes (PA)
• Who is in control when all disciples are present – yes (PA)
• Proper stroke procedure in general – not really (NURSING)
• What is OT scope of practice (NURSING)
• When would PHARM come to the room – yes (NURSING)
• Difference between CHIRO and PT – yes (OT)
• The role of PA – yes (OT)
• DIET role in D/C – yes (OT)
• Are all discharge plans that hectic (OT)
• What is a CHIRO – no (PA)
• What is the clinical role of PHARM – no (PA)
• Assessing the patient from the nurse’s point more in detail (RN)
Audience Discussion
Roadblocks to IPE

• Scheduling
• Faculty time commitments
• Unfunded Mandates
• Student willingness
• Perceived role of a PA
• Future of IPE in PA Education
Conclusion

• The Interprofessional Education Collaborative has established core competencies for health professionals which they believe will help to improve the nation’s health care system and patient outcomes.

• PAs are an integral part of the healthcare team

• PA educator’s must be at the forefront of meeting the expectations of ARC-PA, IPEC, and most importantly, patient care.
References


