Priorities, Strategies, & Accountability Measures in Interprofessional Education

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Research Objective

- Introduce a pilot study to identify the priorities, strategies, and accountability measures for Interprofessional Education (IPE) being used by health professions programs, allied health colleges, and/or universities.
Zorek and Raehl – Interprofessional education accreditation standards in the USA: a comparative analysis

- Assessed the accreditation mandate for interprofessional education (IPE) accreditation statements for DDS, MD, nursing, O.T., P.A., P.T., pharmacy, psychology, public health, and social work.

- Key words chosen based on frequency of use in IPE/IPCP literature
  - 205 potentially relevant IPE/IPCP statements identified
  - Categorized as either applicable or non-applicable
  - Applicable statements further categorized – accountable (n=60) or non-accountable (n=118)
Zorek and Raehl
Results & Conclusions

- Nursing and Pharmacy Education Accreditation Documents contained 77% (46/60) of accountable IPE statements
- Two-thirds (14/21) of documents contained two or fewer accountable IPE statements
- Collectively, US health professions’ graduates are not required to complete IPE and, therefore, may not be prepared for IPCP
- *US accrediting bodies are encouraged to collaborate to create a common IPE accreditation standard*
Priorities, Strategies, and Accountability Measures in Interprofessional Education

PILOT STUDY
Method

• 11 Question Electronic Survey
  • Deans, associate deans, and directors (program, clinical education, graduate studies)
• 6 Institutions with allied health programs
  • 34 different programs
  • Most frequently reported: PT, SLP, OT
• IRB Approval
  • UAMS IRB#202144
  • MU–Columbia IRB #1208830
  • WSSU IRB#2986-14-0003
  • GSU IRB#13-07-10
<table>
<thead>
<tr>
<th>Institution</th>
<th># Surveys</th>
<th>Total Surveys</th>
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<tr>
<td>GSU</td>
<td>26</td>
<td>61</td>
</tr>
<tr>
<td>WSSU</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>MU</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>UAMS</td>
<td>18</td>
<td>53</td>
</tr>
<tr>
<td>UK</td>
<td>18</td>
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<tr>
<td>OU</td>
<td>17</td>
<td></td>
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<tr>
<td>TOTAL</td>
<td></td>
<td>114</td>
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50% Response Rate (57/114)

- Deans/Assoc. Deans: 11% (6)
- Chairs/Program Directors: 58% (33)
- Directors/Coordinators: 23% (13)
- Faculty: 9% (5)
Institutional Type

- Comprehensive Public Institution: 54% (31)
- Academic Medical Center: 44% (25)
- Private, Non-Profit College/University: 2% (1)
Research Questions

1. Are accrediting bodies for professional programs establishing clear mandates for the inclusion of IPE in allied health programs?

2. What strategies are allied health programs using to address any mandates for IPE?

3. Is university/college/program leadership holding professional programs accountable for the inclusion and advancement of IPE in the curriculum?

4. What accountability measures are being utilized to assess IPE outcomes?

5. What limitations or barriers have programs experienced in efforts to incorporate IPE into allied health programs, and what solutions to these barriers have been created?
1. Clear accreditation mandates for IPE?

“Most all of our programs have indirect requirements.”

“No, not explicitly. There are goals for students to participate in interdisciplinary care in the clinic-- specifically with emphasis on professional duty, integrity, communication, and plan of care.”
2. Leadership holding programs accountable for the IPE?
3. What IPE strategies are being used?

- Set Aside Time: 71%
- Adequate Facilities: 60%
- Available Technology: 58%
- Staff with IPE Skills: 48%
- Schedule agreements: 39%
- Staff to Debrief: 37%
<table>
<thead>
<tr>
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<th>Academic Med Center</th>
<th></th>
<th>Comprehensive, Public*</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f (%)</td>
<td>No</td>
<td>f (%)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>IPE in Strategic Plan</td>
<td>Yes: 16 (28%)</td>
<td>9 (16%)</td>
<td>Yes: 7 (12%)</td>
<td>25 (44%)</td>
<td>57 (100%)</td>
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<tr>
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<tr>
<td>Physical space for IPE needs</td>
<td>Yes: 16 (28%)</td>
<td>9 (16%)</td>
<td>Yes: 11 (19%)</td>
<td>21 (37%)</td>
<td>57 (100%)</td>
</tr>
<tr>
<td>Commitment of time for IPE</td>
<td>Yes: 18 (32%)</td>
<td>7 (12%)</td>
<td>Yes: 14 (24.6%)</td>
<td>18 (32%)</td>
<td>57 (100%)</td>
</tr>
<tr>
<td>Confidentiality of PHI</td>
<td>Yes: 18 (32%)</td>
<td>7 (12%)</td>
<td>Yes: 12 (21%)</td>
<td>20 (35%)</td>
<td>57 (100%)</td>
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</tbody>
</table>

*Comprehensive public institutions - 44% [25/57] & Private, non-profit college or university - 2% [1/57]
Most Common IPE Activities

- **Common Course(s)**: 39
- **Special Events with Speakers**: 39
- **Community-based Projects**: 36

72% for Common Course(s) and Special Events with Speakers, 67% for Community-based Projects.
Community-based IPE Activities

- Collaborative Practice: 33 (72%)
- Community Partners: 23 (47%)
- IPE Projects: 30 (61%)
- Service Learning: 1 (2%)
- Interactive Health Care Gaming: 1 (2%)
- IPE Wellness Center: 1 (2%)
Identified Exemplars

- Dean's Honors Colloquium
- Interactive Healthcare Gaming
- LEND Program
  Leadership Education in Neurodevelopmental Disabilities
- Service Learning & Community Partnerships
- Problem-based Learning Course
4. Measures to assess IPE outcomes?

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Attitudes/Perceptions</td>
<td>82%</td>
</tr>
<tr>
<td>Knowledge of IPE</td>
<td>80%</td>
</tr>
<tr>
<td>Reflection on IP Exp</td>
<td>67%</td>
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<tr>
<td>IPE Skills or Competencies</td>
<td>53%</td>
</tr>
<tr>
<td>Patient-oriented Outcomes</td>
<td>40%</td>
</tr>
<tr>
<td>Student Satisfaction with IPE</td>
<td>7%</td>
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<tr>
<td></td>
<td>38%</td>
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</table>
5. Limitations & Barriers?

- Time in Curriculum: 20 (37%)
- Faculty Time: 12 (22%)
- Understanding of IPE: 7 (13%)
- Commitment: 4 (7%)
- Financial Resources: 4 (7%)
- Faculty Skill: 3 (6%)
- Support of Admin: 3 (6%)
“Everyone thinks it is a grand idea, but no one seems to have the time to devote to the project.”
Challenges – *Everything Else*

- “Silo mentality in some departments”
- “Inaccurate perspectives of my own discipline by other healthcare professionals”
- “Dominance by one or more professions”
- “Issues of experience and expertise when students are at different levels of study.”
- “Writing learning objectives that are inclusive and at the appropriate level for an often mixed group of students”
- “Responsibility for the development of the programming needed to make the experience successful.”
Accreditation Mandates for IPE

40% (23/57) skipped this question
35% (20/57) No IPE accreditation requirements
25% (14/57) IPE accreditation requirements

- Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)
- Accreditation Council for Occupational Therapy Education
- Commission on Dental Accreditation

Are the 40% unaware of accreditation standards or are they not aware or unsure about IPE requirements?
School Mandate for IPE

- Most often included in strategic plan-42% (23/55) and goal statement-35% (19/55)

- Demonstrating a clear movement toward accountability

31% indicated that their school’s vision for inclusion of IPE in programs was not included in any of the examples provided on the survey
Barriers to IPE

The top three main barriers to successfully implementing IPE are:

- Lack of available time in the curriculum
- Lack of faculty time
- Differing or conflicting understanding of IPE
Interesting findings...

- The number 1 strategy for IPE in their school of college was:

  Commitment from departments and colleges to set aside time for students to participate;

However...
“Competing priorities - IPE is not a priority in many colleges”

“Everyone thinks it is a grand idea, but no one seems to have the time to devote to the project”

“There is a silo mentality in some departments”
“Lack of cooperation of faculty in departments”

“Understanding what IPE is”

“Objectives are never written in a way that is inclusive of my profession or takes into consideration the learning needs of my students”
One size does not fit all!

Academic Med Center  VS  Regional Universities

Strategic Plan, Space and Time
Implications of findings

- Accountability is lacking across accreditation bodies with ~30% of institutions committing to the IPE through formal planning
- Real barriers exist to the implementation of IPE (*not new-recognized during the 1990’s with interdisciplinary team teaching*)
- Dynamic tension between academic disciplines in the approach to integrating IPE
- Students lack knowledge about roles of other health professionals (*not a new problem-document since the mid 1990’s*)
Questions?
References