

ESTABLISHING A FOUNDATION USING CORE COMPETENCIES FOR INTERPROFESSIONAL EDUCATION (IPE): A REGIONAL INTERCOLLEGIATE COLLABORATION AMONGST MEDICAL, NURSING, OCCUPATIONAL THERAPY, PHARMACY, PHYSICIAN ASSISTANT, AND PHYSICAL THERAPY STUDENTS

Melissa Mattison, BS Pharm, Pharm D
Western New England University

and Elizabeth A. Montemagni, MSPT, DPT
Springfield College

BACKGROUND

The development of IPE through interactive learning with students in the educational setting is essential to foster a team based approach with defined core competencies to promote clinical readiness for collaborative practice. Learning and networking activities in and outside of the classroom enhance professional development. Many students are reluctant to take initiative in this area due to it's intimidating factor of lack of knowledge and confidence. In today's world of the changing healthcare system, it is essential for the students to model the core competency values in a positive, reflective, low stakes learning environment to develop the skills to become the new effective millennial healthcare professional.

PROJECT PURPOSE

The Healthcare Interprofessional Education Committee of the Pioneer Valley (HIPE of PV) was formed to establish a network for healthcare related professional programs to foster the IPE initiative. Student and faculty programs have been developed incorporating various healthcare professions from surrounding colleges, universities and most recently a medical institution.

The purpose of the IPE student workshop was to create a practice/ low stakes environment for the students to:

1. Introduce and practice core competencies
2. Develop interprofessional communication skills
3. Practice team based problem solving in an ethical patient case
4. Experience interprofessional collaboration and team work
5. Understand the importance of patient centered care and collaborative practice

Patient Case

•JB is 39 years old and was diagnosed with amyotrophic lateral sclerosis (ALS), about 2 years ago. When he was admitted to the Springhouse Medical Center one week ago, his initial diagnosis was severe bilateral pneumonia with accompanying shortness of breath. Upon admission, the admitting nurse asked if JB had a written advance directive, to which he replied no. The admitting nurse then asked what he desired and recorded in the chart that JB said he wished to remain comfortable, receiving appropriate nutrition, medical therapy, and nursing care. However, he did not want any heroic measures taken and did not want to be resuscitated should his breathing or heart stop (he was noted as a "DNR" on his chart).

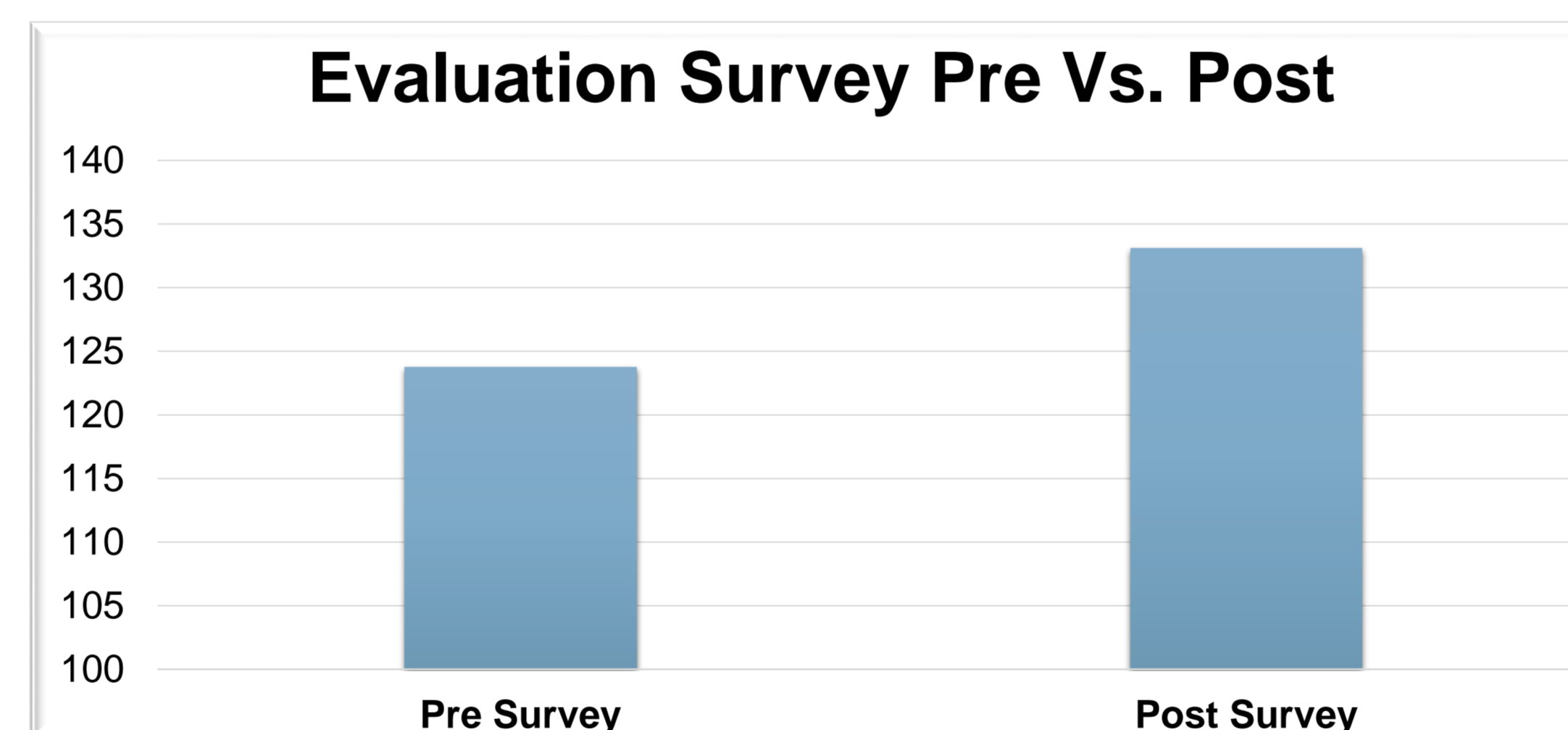
Being a neurology patient, JB is under the care of the neurology team to which you are all assigned. Your medical team is committed to both excellent patient care as well as research, since you realize that many future patients could benefit from what your team learns today through research.

One week after being admitted, JB's pneumonia was not getting better, so your team consulted Springhouse's Infectious Disease specialist, Dr. Patel. Dr. Patel informed the team that there was an experimental antibiotic regimen available that may be able to treat JB's resistant pneumonia. However, in order to enroll JB in the experimental trial, he had to agree to any heroic measures that might be necessary, including cardio-pulmonary resuscitation and being placed on an artificial respirator.

The case continues with real life issues that continually surface and complicate the case from an ethical standpoint. (Handout available)



RESULTS



Interprofessional Socialization and Valuing Scale (Evaluation Survey)

Total of 66 surveys completed

- Post survey results showed an increase in 21 of the 24 survey questions which illustrated that students felt more comfortable debating issues within a team and felt able to act as a fully collaborative member of a team.

Post Program Evaluation

Students appreciated the opportunity to work with their future colleagues in a noncompetitive environment. They also learned that they have more in common than they originally thought and appreciated different perspectives brought forth.

IPE Student Workshop

- Lunch served to all attendees.
- All participants signed a consent form.
- Interprofessional Socialization and Valuing Scale Survey was administered to students.
- Students split into small groups with a blend of healthcare professions from the local participating colleges/universities.
- Ice breaker event introduced roles and responsibilities of various health professions
- A faculty member from the HIPE of PV presented and reviewed ethical dilemma terms, questions, and the four-step model of ethical decision making
- An ethical dilemma case was presented to students in their small groups to read, discuss and select the best solution by problem solving together.
- All of the students participated in large group discussion with faculty from HIPE of PV committee serving as facilitators emphasizing the importance of patient centered and collaborative care.
- Post program evaluation survey was given to all participants.

DISCUSSION

This project evaluated the impact and process of healthcare teambuilding and students' knowledge of IPE needed for today's healthcare professional to model collaborative practice. Despite students having difference of opinion, generational gaps, and different knowledge base with their profession, they were able to work as a team. Students commented that the event increased their respect for one another, learned about other professions, and were able to listen and understand different perspectives.

Students kept patient centered care as a priority in the ultimate decision making process. Value was gained from this workshop allowing multidisciplinary health care students to communicate freely while promoting Interprofessional collaboration and problem solving in a low stakes setting. This experience better prepares students for the clinical setting. Future research will be required to determine if student IPE programs will yield the desired changes needed for effective Interprofessional collaborative practice.

REFERENCES

1. Interprofessional Education Collaborative. (2011). *Core competencies for interprofessional collaborative practice. A report of an expert panel*. Washington, DC: Interprofessional Education Collaborative.
2. Interprofessional Education Collaborative. (2011). *Team-based competencies: Building a shared foundation for education and clinical practice. Conference proceedings*. Washington, DC: Interprofessional Education Collaborative.
3. WHO Study Group on Interprofessional Education and Collaborative Practice. (2010). *Framework for action on interprofessional education and collaborative practice*. Geneva, Switzerland: World Health Organization.
4. Institute of Medicine. (2010). *The Future of Nursing: Leading change, advancing health*. Committee of the Robert Wood Johnson Foundation Initiative on the Future of Nursing. <http://www.nap.edu/catalog/12956.html>
5. King G, Shaw L, Orchard CA & Miller S. The Interprofessional Socialization and Valuing Scale: A Tool for Evaluating the Shift Toward Collaborative Care Approaches in Health Care Settings. *Work* 35 (2010), pp. 77-85.
6. Weinstein B, editor. *Ethical Issues in Pharmacy*. Vancouver: Applied Therapeutics, Inc.; 1996. pgs. 84-87.

Contributions: We are grateful for the cooperation and assistance from the members of the HIPE of PV subcommittee on this project.

David Baker, BS Pharm, MBA, JD, Cathy Dow-Royer Ed. D, OTR/L, Tina Jacques, MSN, RN, Lauren Meade MD, FACP, Carolyn Szafranski, MSN, RN

