MOVING BEYOND HEALTHCARE SILOS: DEVELOPMENT OF A GRADUATE IPE COURSE IN INTEGRATED CARE

Nadine M. Bean, PhD, LCSW & Patricia Davidson, DCN, RDN, CDE, LDN, FAND
West Chester University of Pennsylvania

BACKGROUND
Paradigm Shift toward Integrated Care (IC)

- IC occurs when primary medical and behavioral health care professionals coexist and collaborate in same setting.
- Food security/nutritional status: crucial, but often missing piece
- Public health framework is critical
- IC model reflects ecological framework and strengths perspective – central value of social work profession

PURPOSE
Development of Graduate IPE Course on Integrated Care

- IPE, which brings together students from two or more professions, encourages learning about, from and with one another to enable effective collaboration and improve health outcomes for individuals, families, and communities (World Health Organization, 2010).
- Once students learn how to work inter-professionally, they are ready to enter workplace as a member of collaborative practice team (WHO, 2010)
- Dean of College of Health Sciences, West Chester University, has been working for three years with authors and other faculty across colleges to expand IPE opportunities

METHODS
Steps for Developing IPE Course at WCU

Crossing the Boundaries of Health Disciplines: Promoting Recovery and Resiliency - Symposium, 10/1/14
- Planning, participation with faculty, students, and community health care stakeholders across disciplines
- Discussed ways to increase IPE with all stakeholders (e.g. IPE courses, increased student internship opportunities at integrated care centers, research opportunities)

IPE Model Components in Course Building:
- Utilized IPEC Core Competencies (2011):
- Developing interprofessional, collaborative skills with shared decision making frame via experiential exercises, assignments
- Working confidently across professional silos
- Sharing responsibilities for improved health outcomes
- Valuing mutual respect

Building a Culture for IPE
- Bridging academic institutions & health disciplines
  - Nursing
  - Nutrition
  - Public Health
  - Social Work
- Partnering with community providers

RESULTS
Pre/Posttests Utilizing UWE Interprofessional Questionnaire & Focus Group

Pre/Posttest Findings

Statistical change over time in each item and UWE Inter-professional Education scale summary scores were measured using paired-t test and the non-parametric Wilcoxon test (significance at 0.05).

Communication and Teamwork Scale
- Five of nine items demonstrated change over time ($p < 0.05$) to more positive attitudes
- Most significant change in attitude to being involved in new teams/groups from neutral (M=19.5, SD=3.3) to very positive (M=13.70, SD=1.6) p=0.000.

Interprofessional Learning Scale
- Overall summary score change, not found significant
- Item #10, *Skills communicating with patients/clients improved through learning with students from other health and social care (HSC) professions* showed statistical change in mean scores from slightly positive (*M* = 1.5, *SD* = 0.5) to more positive (*M* = 1.1, *SD* = 0.3), p<.05.

Interprofessional Interaction Scale
- None of the scores in individual items nor summary score reached statistical significance.
- Overall, participants held a neutral attitude toward interprofessional interactions (Most students had limited practice experience).

Interprofessional Relationships Scale
- Responses overall increased from neutral attitude (M=18.4, SD=5.5) to a more positive attitude (M=14.8, SD=4.8), p=0.154)
- *Item #30, I have a good understanding of the roles of different health and social care (HSC) professionals - d*emonstrated a large improvement in scores from pretest (M = 3.2, SD = 1.1) to posttest (M = 1.5, SD = .05), *p* = 0.001.

Post-Course Focus Group Findings – Overall Themes

1. Course was extremely valuable, highly recommend to others (almost 100% reported this)
2. Learning from and about one another's professions was very valuable
3. Being taught by an interprofessional team was great – modeling IP collaborative practice
4. Tools/Skills of IP Collaborative Practice (or Integrated Care) were especially helpful to learn, in particular:
   - Patient-centered Collaborative Care Model
   - Bio-psycho-social-cultural-spiritual lens (especially adding food security/nutritional status)
5. Need to eliminate barriers for students from different disciplines to take course

CONCLUSIONS
Practice Applications and Lessons Learned

- Interprofessional education and collaborative care are the wave of the future: need to stop teaching students in silos.
- Course was interprofessionally and team taught - not simply inviting students to sit in on another discipline's course.
- Critical to include nutrition/food security frame.
- This course and graduate certificate in Integrated Health, Recovery and Resiliency (in development), can be replicated at other universities.
  - Authors are happy to collaborate, provide resources, answer questions – please contact us:
  - Nadine Bean, PhD, LCSW, Associate Professor, MSW Program, West Chester University, nbean@wcupa.edu
  - Patricia Davidson, DCN, RDN, CDE, LDN, FAND, Assistant Professor, Nutrition Department, West Chester University, pdavidson@wcupa.edu

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Connecting health professions for better care

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