Interprofessional Education (IPE): A Faculty Development Initiative



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Overview

This IPE Faculty Development Initiative was a 2-year Maryland Higher Education Commission (MHEC) grant funded by the Health Services Cost Review Commission.

The grant aimed to assemble interprofessional faculty from the 6 professional schools (Dentistry, Law, Medicine, Nursing, Pharmacy & Social Work) at the University of Maryland, Baltimore (UMB) to learn simulation pedagogy.

The IPE faculty developed a series of 6 simulations that stem from the Interprofessional Education Collaborative (IPEC) Core Competencies and TeamSTEPPS.

Background

The UMB campus identified IPE as one of the key themes in the system 2011-2016 strategic plan. Additionally, the University of Maryland School of Nursing included interprofessional initiatives within their 2012-2017 strategic plans.

This IPE Faculty Development Initiative was crucial in championing the UMB mission of IPE by creating a diverse group of faculty from each of the professional schools who are skilled in the use of clinical simulation as a platform for teaching interprofessional collaboration.

Methods

Implemented 2 faculty development courses: *Teaching with Simulation* & Using Simulation as a Platform to Teach IPC.

Created & piloted simulations with interprofessional learners. Patient care settings varied including primary care, outpatient clinics, acute/critical care and long term care.

Simulation themes:

- Coordination of Care
- Medication Reconciliation
- **Critical Communication**
- Patient Care Hand-off
- Multidisciplinary Team Rounding
- **Conflict Resolution**

Evaluation

Course evaluations were completed by faculty measuring satisfaction of the achievement of the learning objectives.

The Readiness for IPE Learning (RIPLS) measured students' perceptions related to IPE before the program (Parsell and Bligh, 1999).

Interdisciplinary Education Perception Scale (IEPS) measured students' perceptions before & after the program (Cameron et al,

Simulation scenarios and faculty debriefing skills were evaluated by students & simulation experts using the Debriefing Assessment for Simulation in Healthcare Tool (Brett-Fleegler et al., 2012).

Simulation Cases Linke	d to IPEC Competencies & 1	encies & TeamSTEPPS Strategies		
Simulation	IPEC Competency	TeamSTEPPS		
Care Coordination	Roles & Responsibilities	Communication Team Structure		
Medication Reconciliation	Teams and Teamwork Roles & Responsibilities IP Communication	Communication Team Structure		
Critical Communication	Values/Ethics IP Communication	Communication Leadership		
Team Handoff	IP Communication	Communication Team Structure		
Team Rounding	Roles & Responsibilities	Communication Team Structure		
Conflict Resolution	Values/Ethics	Communication Leadership Situational Monitoring Mutual Support		

IPE Learners



Results

Means of I	Means of Interdisciplinary Education Perception Scale (IEPS) Total and Subscale Scores						
Score Name (Highest Possible Score)	Pretest Mean (SD)	Posttest Mean (SD)	T	p-value			
Total Score (126)	87	91.3	-2.65	0.018*			
ISS1 (42)	38.7	40.5	-2.37	0.031*			
ISS2 (14)	11.4	11.5	-0.29	0.773			
ISS3 (28)	24.5	25.6	-1.93	0.072			
ISS4 (35)	13.1	14.2	-2.62	0.018*			
*p value < 0.05							

- The IEPS is used to assess the effect of interprofessional education experiences on undergraduate students.
- 18-item tool with a 5-point scale (later adapted to a 12-item tool)
- 4 subscales: (ISS1) competency and autonomy, (ISS2) perceived need for cooperation, (ISS3) perception of actual cooperation and (ISS4) understanding others' roles.

Students had a mostly positive professional identity

RIPLS	RIPLS "I am not sure what my professional role will be."					
Discipline	Disagree	Neutral	Agree			
Nursing (3)	1	1	1			
Pharmacy (3)	3					
Law (2)	1		1			
Dental Hygiene (2)	1	1				
Social Work (2)	1	1				
Case Management (1)	1					
Total (13)	8	3	2			
 The RIPLS is used to assess readiness of health care students for IPE 						

- 19 item tool with a 5-point scale with 3 subscales (teamwork/collaboration; roles & responsibilities; negative/positive professional identity)

Conclusions

- Created a tremendous opportunity for 17 faculty members and 5 grant team members to partner and create interprofessional simulations.
- Partnership has increased cohesion between the schools and faculty now have strong relationships with other faculty on campus.
- Faculty members involved in these simulations are now moving forward with addition IPE simulation projects.
- While this grant did not directly increase the number of bedside nurses or faculty, it did provide faculty development and created materials and simulations for all faculty members in Maryland.

