

# BEHAVIORAL MODEL FOR THE STUDY OF ACCESS TO INTERPROFESSIONAL EDUCATION

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## Problem Statements

- Why does interprofessional education (IPE) not occur or remains limited in educational settings, given a perceived or evaluated need for IPE and collaborative care experience
- Why is there a lack of perceived/evaluated need for IPE and collaborative care experience, given the want for student practice-readiness, patient safety, and healthcare quality

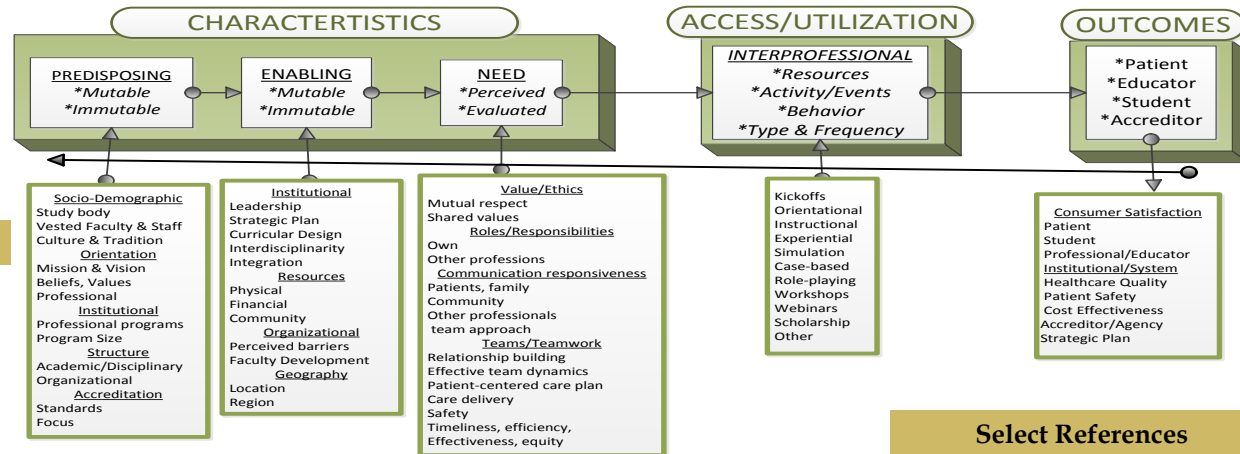
## Objectives

- Define interprofessionalism in educational settings as “access” to IPE or as “utilization” of IPE resources
- Present a Behavioral Model for Access to Interprofessional Education (adapting a seminal model from healthcare services literature)
- Characterize educational settings as comprising of predisposing and enabling factors that facilitate or limit access to IPE even when there is a perceived need.
- Conduct a prospective case study of the TSU College of Pharmacy and Health Sciences (COPHS) IPE initiative to identify predisposing, enabling, and need factors

## Methods

- Characterize educational settings as comprising of predisposing and enabling factors that facilitate or limit access to IPE even when there is a perceived need
- Review literature to develop predisposing, enabling, and need variables, including outcomes and utilization rates
- Apply the Behavioral Model to frame a prospective case study of the IPE initiative at the TSU COPHS

## Behavioral Model



## Discussion and Conclusion

- Certain inequities confound IPE access and collaborative care practices in educational settings (just as, due to inequities, perceived/evaluated need for care may not result in an individual being able to access or utilize healthcare services)
- Barriers to access or use of IPE and collaborative care resources exist in institutional settings (just as some predisposing and enabling factors inhibit access to and use of healthcare services among population groups, individuals)
- IPE resources are underutilized both in terms of scope and extent because of their inadequate valuation (just as a lack of perceived/evaluated need for medical care among individuals results in their underusing healthcare services)
- Leadership, advocacy, and awareness of need for IPE are key facilitative factors

## Select References

- IPE Collaborative Expert Panel (2011). Core Competencies for Interprofessional Care : Report of an expert panel. Washington DC.: IPE Collaborative.
- Aday, L., & R. Andersen, “A Framework for the Study of Access to Medical Care”, *Health Services Research*. 1974 , Fall; 9(3): 208–220.

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## COPHS: Preliminary Data and Results

