

Go- Getter Proposal 2014-2015

Development of an Interprofessional Education Program for Health Care Students at the University of Findlay: A Collaboration between the College of Health Professions and the College of Pharmacy

Participating Departments:

COHP Departments of:

Athletic Training: Susan Stevens

Health Informatics, Nuclear Imaging: John Richey

*Nursing: Marjorie Walker

*Occupational Therapy: Cynthia Goodwin

Physical Therapy: Sharon Walsh

Physician Assistant Program: Richard Hopkins

Social Work: Robin Walters-Powell

College of Pharmacy:

*Sharon Ternullo

*IPEC Conference Group

Letters of Support: see Appendix D

Background:

“Interprofessional education occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes” (World Health Organization, 2010) The importance of interprofessional education(IPE) has increased in the United States as a result of multiple factors. Its growth parallels the increased emphasis on wellness and disease prevention that is driving health care reform efforts and the increasing complexity of health care. **The increasing body of literature in the health care professions that links errors in patient care to poor communication between disciplines has also put added emphasis on the need to train students to work effectively across disciplines.** The World Health Organization (WHO) advocates for IPE inclusion into curriculums for all health care students. IPE must prepare students to provide health care of the future which must be evidence-based, standardized, reliably delivered, efficient, equitable, and patient-centered. (For more background see Appendix A)

Purpose:

Dr. Goodwin began a part-time sabbatical and along with Drs. Ternullo, and Walker attended an IPEC Conference in January of 2014 and developed a

preliminary plan that was shared with the other colleges of COHP. The purpose of this project is to begin the development of an interprofessional collaboration among the various health professions students at the University of Findlay to facilitate the development of the skills needed for collaborative care among these future health care professionals. This project will establish a framework for designing a formalized educational program whereby future graduates continue to excel in the academic challenges of their own chosen profession and additionally can excel in today's complex interprofessional health care system. This project will focus on the first two stages of interprofessional education competencies include understanding roles and responsibilities of team members, demonstrating effective team communication, demonstrating conflict resolution and team building skills. The ultimate goal will be to improve the health and wellness of their individual patients, their communities, and the populations they will serve in the future.

Project Synopsis:

To introduce students and faculty in the health care disciplines to the concepts of interprofessional education and initiate the process at The University of Findlay, students within the disciplines of athletic training, health informatics, nursing, occupational therapy, pharmacy, physical therapy, physician assistants, social work, and nuclear imaging will be brought together to interact and learn core interprofessional competencies. The goal is to help students develop communication skills, a familiarity with the scopes of practices outside of their own discipline, and an appreciation of the roles of other practitioners with whom they will collaborate within our complex health care system. This will be done in the following ways to incorporate IPE into the education at various levels of the curriculum.

Awareness raising and skill development activity

- Freshman COHP and less experienced CPHM and PA students will be involved with communication exercises and panel discussions with faculty from across the disciplines in a cooperative games activity during the fall of 2014. The goal of this activity is to expose students to the concepts of IPE and begin to develop the key skill of communication for teams. These activities will be contained in PHAR 150, PA initial orientation, and HEPR 150.
- A Blackboard module will be developed for freshman COHP and less experienced PA students to complete during their Introduction to Health Professions or program orientation courses. The information contained in this module will come from the Institute for Healthcare Improvement (IHI) Currently pharmacy students are already required to complete these IHI modules as part of their third year curriculum.

Grand Rounds Activity

- During the spring 2015 all Health Professions faculty at The University and possibly clinical educators/preceptors, will attend a 'Grand Rounds' type

event with a nationally known guest speaker. The goal of this activity is to introduce faculty to the concepts of IPE and its relevance to practice and enlist their support in participating in extending IPE initiatives the following year. This activity will be videotaped and placed on collaborate for those faculty and preceptors unable to attend.

- Upper level health professions students will be required to attend this same event. In addition, activities will be arranged for that afternoon/morning for multidisciplinary groups of health care students. The goal of this activity is to provide upper level students an opportunity to communicate with other health profession students in case presentations or simulations.
- Estimated students campus wide involved in afternoon/morning activity:
 - Pharmacy 70
 - Physical Therapy 72
 - Occupational Therapy 60
 - Athletic Training 20
 - Physicians Assistants 20
 - Social Work 20
 - Diagnostic Imaging 20
 - **Total students 282**

Generally Heightened Awareness through student organization

1. We will reach out to the students in the Interdisciplinary Health Professionals group to obtain senior student assistance in facilitation of activities through their student group.

Relevance to U Findlay:

Meet Academic Requirements:

Appendix B contains the IPE requirements required to maintain accreditation in our Colleges of the Health Professions participating in this initiative. The Colleges of nursing, occupational therapy, pharmacy, physical therapy, and physician assistants, currently have accreditation requirements.

Student Retention

We are attempting to utilize the educational modalities that students have reported as being most satisfying. Small group face-to-face activities, case studies as simulations, and panel discussions in our less advanced students. Some didactic informatics will be utilized from the modules developed by Institute for Healthcare Improvement for this purpose.

<http://www.ihl.org/education/ihopenschool/courses/Pages/default.aspx>

Preceptor Satisfaction

By offering this opportunity to participate in the IPE Grand Rounds we might be able to give a small thank you to the health care professionals that precept our health care students.

Funding Specifics:



Utilization Breakdown of Funding

Expense	Cost Estimate	Comment	Quantity
Speaker Honorarium Dr. William Riley	\$2,000	See Appendix C for speaker credentials	Speaker's customary honorarium
travel	\$1,000		
Student Teaching Aids			
Pandemic Games	\$1000	1 game for every 6-7 students in campus-wide activity. Estimated students campus-wide 30 games \$40.00 per game Maximum 6 students per game. Will need to stagger activity	25 games Can be used for additional classroom activity at college level and by IHP student group. Consider library checkout process. Number of students approximately 400.
Lego set	\$ 90	2 sets	\$40 per set
Escape Fire	\$80	1 CD per school	\$10 per CD
IHI modules	\$400		1 year subscription for up to 500 students
Signage and printing	\$250		Teaching material included
Student IHP training activities Interdisciplinary Health Professionals Organization	\$300	Pandemic Exercise Lego Exercise	Pizza and drinks. Train as facilitators for program

Grand Rounds Activity student refreshments	\$950	Through Sodexo. Could be less than one fourth of this if Koehler is able to be scheduled and we can provide bulk instead of packaged.	Water bottle/coke and bag of chips/pretzels \$2.29 per student and \$15 delivery fee. Estimate Max of 400 students.
Facilities	\$500	Rental for 50 tables.	Set up and take down of Koehler. Chairs for approximately 500 Tables of 8 for 400. Rental \$7/table and \$125 delivery fee.
Technology			
Record Grand Rounds speaker to Collaborate		Potential for UF remote students, preceptors, and faculty to access	
Total Cost	\$6570		

Resources required from Facilities and IT:

1. Videotaping and making Grand Rounds speaker available asynchronously through Collaborate.
2. Depending on available location. Either:
 - a. Set up and take down of chairs and tables in Koehler (preferred if scheduling permits)
Or
 - b. Set up and take down of just chairs in AMU and scheduling of classrooms campus-wide for small group sessions.
Or
 - c. TLB auditorium chair set up and take down (including balcony) and scheduling of classrooms campus-wide for small group sessions.

 Myreon Cobb (facilities)
 Ray McCandless (ITS)

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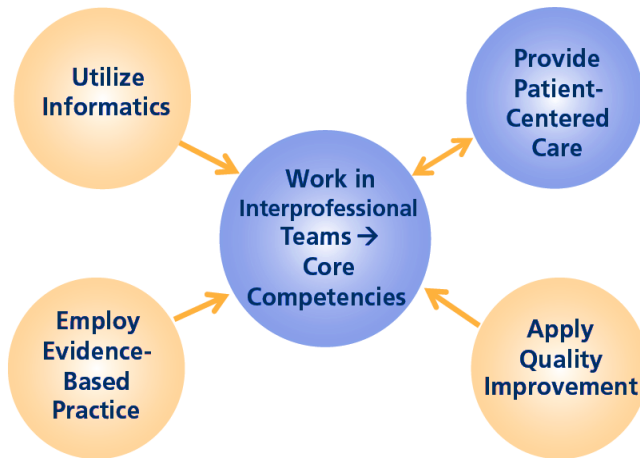
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Appendix A

Interprofessional Education Background

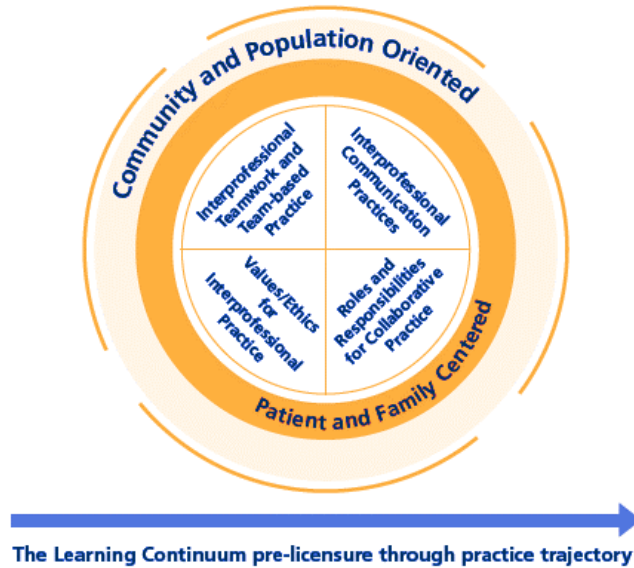
The Interprofessional Education Collaborative (IPEC) is sponsored by The American Association of Colleges of Nursing, Osteopathic Medicine, Pharmacy, American Dental Education Association, Association of American Medical Colleges, and the Association of Schools of Public Health. They have adopted the following Institute of Medicine (IOM) core competency goals: utilize informatics, provide patient-centered care, apply quality improvement principals, and employ evidence-based practice. (See figure 5 below)

FIGURE 5: Interprofessional Teamwork and IOM CORE COMPETENCIES



In order to meet these goals, they define a learning continuum of competency domains from pre-licensure through experiential learning and ultimately through licensure and professional practice. These four competency domains are: values/ethics for interprofessional practice, roles and responsibilities, interprofessional communication, and teams and teamwork. (Panel, Interprofessional Education Collaborative Expert, 2011). (See Figure 6 below)

FIGURE 6: Interprofessional Collaborative Practice Domains



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Interprofessional education brings students of different professional groups into contact with each other in a range of predetermined conditions that promote positive attitudes between professional groups. IPE is designed to facilitate the transfer of skills and knowledge learned within teams into practice. A combination of learning activities have been used to facilitate IPE learning in the academic setting and promote transition to the student's experiential settings. These activities have involved synchronous and asynchronous e-learning, formal and informal small and large group face-to-face activities, and classroom didactics. One literature review indicated that 71% of studies on implementation of IPE indicated that their activities had been in place for no more than 5 years and therefore implementation strategies vary between academic centers. (Abu-Rish, et al., 2012) The most frequently reported educational strategies include: small group discussions, patient case analysis, multi-disciplinary panels, large group lecture, clinical teaching/direct patient interaction, reflective exercises, intervention offered for credit, simulation, and community-based projects, and E-learning. (Abu-Rish, et al., 2012) These elements of learning, problems, and cases are meant to teach core content, encourage critical reflective thinking and practice, and challenge learners to integrate new knowledge by building complexity into clinical care plans and interprofessional practice simulations. (Luke, et al., 2009) In multidisciplinary forums students are encouraged to understand not only their own role and that of other professional students, but also to reflect on their own prior knowledge and skills and that of their co-

learners. IPE students are encouraged to emerge into interprofessionalism. IPE should include five elements of cooperative learning: positive interdependence, face-to-face interaction, individual accountability, interpersonal and small-group skill development, and group processing of information. (Luke, et al., 2009)

Three stages have been identified in the longitudinal provision of IPE. In the early stage the focus is on teamwork and group processes, reflection and documentation, communication, shared knowledge, and ethics. The middle stage also includes a more advanced focus on teamwork and group processes, reflection and documentation on these processes, communication with patients, awareness of diversity of the group's diversity of knowledge, and more complex ethical dilemmas in increasingly complex cases. The final stage uses the same domains but will occur during the experiential portions of the student's experience. (Wilhelmsson, et al., 2012)

Student satisfaction is assessed in approximately one third of the IPE implementation studies. Curran et al found three types of educational opportunities that health care students assessed as being very positive. In general these activities were: (1) the opportunity to meet and interact with students in other health disciplines, hear their perspectives, and discuss approaches to care based on integrated perspective (2) panel discussions presented by an interprofessional mix of practitioners (3) Simulated patient interactions. Students were least positive about online small group discussions and didactic module material (Curran, Sharpe, Flynn, & Button, 2010)

The most commonly reported barriers to implementation of IPE have been: scheduling and limitations of timing of IPE inputs into the curriculum, learner-level compatibility, preparation time required, financial support, lack of functioning interdisciplinary clinical role models, lack of flexibility in locked models of professional education, disciplinary turf guarding, insular certification and accreditation requirements, the initial expense of new programs, and faculty/staff support. (Baldwin, 2007)

Appendix B

Accreditation Requirements for Health Care Professions

Accreditation Requirements for Athletic Trainers

Commission on Accreditation of Athletic Training Education (CAATE)

Foundational Behaviors of Professional Practice

These basic behaviors permeate professional practice and should be incorporated into instruction and assessed throughout the educational program.

Team Approach to Practice

- ♦ Recognize the unique skills and abilities of other healthcare professionals.
- ♦ Understand the scope of practice of other healthcare professionals.
- ♦ Execute duties within the identified scope of practice for athletic trainers.
- ♦ Include the patient (and family, where appropriate) in the decision-making process.
- ♦ Work with others in effecting positive patient outcomes.

National Accreditation (Nursing) Commission on Collegiate Nursing Education

American Association of Colleges of Nursing (2008). *The Essentials of Baccalaureate Education for Professional Nursing Practice*

Essential VI: Interprofessional Communication and Collaboration for Improving Patient

Health Outcomes

The baccalaureate program prepares the graduate to:

1. Compare/contrast the roles and perspectives of the nursing profession with other care professionals on the healthcare team (i.e., scope of discipline, education and licensure requirements).

2. Use inter-and intraprofessional communication and collaborative skills to deliver evidence-based, patient-centered care.
3. Incorporate effective communication techniques, including negotiation and conflict resolution to produce positive professional working relationships.
4. Contribute the unique nursing perspective to interprofessional teams to optimize patient outcomes.
5. Demonstrate appropriate teambuilding and collaborative strategies when working with interprofessional teams.
6. Advocate for high quality and safe patient care as a member of the interprofessional team.

Accreditation Council for Occupational Therapy Education (ACOTE) Standards and Interpretive Guide (effective July 31, 2013).

Standard B. 5.21

Effectively communicate and work interprofessionally with those who provide services to individuals, organizations, and/or populations in order to clarify each member's responsibility in executing an intervention plan.

Accreditation Standards for Physician Assistant Education, 4th edition, first published March, 2010 effective September 1, 2010, Clarifications 7/2010, 10/2011.

Standard B3.01:

The program must provide instruction in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals. Annotation: Such instruction includes content on the roles and responsibilities of various health care professionals, emphasizing the team approach to patient centered care beyond the traditional physician-PA team approach. It assists students in learning the principles of interprofessional practice and includes opportunities for students to apply these principles in interprofessional teams within the curriculum.

Accreditation Standards for Physical Therapy

CAPTE- Commission on Accreditation of Physical Therapy Education.

Professional Practice Expectation: Integrity

CC-5.10 Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

Patient/Client Management Expectation: Screening

CC-5.27 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Professional Practice Expectation: Communication

CC-5.17 Expressively and receptively communicate in a *culturally competent* manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION



**ACCREDITATION STANDARDS AND KEY ELEMENTS FOR THE
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THE DOCTOR OF PHARMACY DEGREE**

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Standard 3: Approach to Practice and Care

The program must impart to the graduate the knowledge, skills, abilities, behaviors and attitudes necessary to solve problems; educate, advocate and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally.

Key Elements:

3.1. Problem solving – The graduate must be able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.

3.2. Education – The graduate must be able to educate all audiences by determining the most effective and enduring ways to impart information and assess learning.

3.3. Patient advocacy – The graduate must be able to represent the patients' best interests.

3.4. Interprofessional collaboration – The graduate must be able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.

3.5. Cultural sensitivity – The graduate must be able to recognize social determinants of health to diminish disparities and inequities in access to quality care.

3.6. Communication – The graduate must be able to effectively communicate verbally and nonverbally when interacting with individuals, groups, and organizations.

Standard 11 Interprofessional Education

Standard 11: Interprofessional Education (IPE)

The curriculum must prepare all students to provide entry level patient-centered care in a variety of practice settings as a contributing member of an interprofessional team. In the aggregate, team exposure must include prescribers, as well as other health professionals.

Key Elements:

11.1. Interprofessional team expectations – All students must demonstrate competence in interprofessional team dynamics, including articulating the values and ethics that underpin interprofessional practice, engaging in effective interprofessional

communication including documentation skills, honoring interprofessional roles and responsibilities, and contributing to team-based professional activities in the classroom and laboratory, as well as in practice settings and/or the community at large.

11.2. Interprofessional team education – The curriculum must include opportunities for students to learn about, from, and with other members of the interprofessional healthcare team.

11.3. Interprofessional team practice – All students must effectively participate as a healthcare team member in providing patient care. They must participate in didactic and experiential educational activities with prescribers and other student/professional healthcare team members that are designed to advance interprofessional team effectiveness.

ACPE Guidance in Current Draft

3c. Interprofessional collaborations – Possible competencies for interprofessional collaboration could include:

- Working with individuals of other professions to maintain a climate of mutual respect and shared values
- Using the knowledge of the pharmacists' role and the roles and responsibilities of other professions to appropriately assess and address the healthcare needs of patients and populations served;
- Communicating with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease; and
- Applying relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable (3.4)

From "Core competencies for interprofessional collaborative practice"
<http://www.aacn.nche.edu/education-resources/ipecreport.pdf>

Guidance for Interprofessional Education: Standard 11

11a. Partnerships – Colleges and schools are encouraged to partner with external academic

institutions, healthcare systems, and health professions practitioners to provide students with meaningful interprofessional education and practice experiences throughout the professional program. (11.1 & 3.4)

11b. Continuity of IPE – Experience has shown that interprofessional education should occur throughout the PharmD program. (11.1)

11c. Interprofessional simulation experiences – The college or school is encouraged to develop interprofessional simulations. College/school and/or university financial and physical resources should be dedicated to support these interprofessional activities. (11.2)

11d. Faculty involvement – Faculty, including preceptors, should role model effective interprofessional communication and collaboration for students at every opportunity. (11.2)

11f. Interaction with prescribers – Key Element 11.3 states that IPE training must involve student pharmacist interaction with prescribers (and students training to be prescribers) in didactic and experiential education settings. This requirement is based on the fact that to have the greatest impact on direct patient care, pharmacists and student pharmacists must be able to interact effectively with prescribers. Prescribers include physicians, dentists, nurse practitioners, physician assistants, veterinarians, and their respective students in training. (11.3)

APPENDIX C

Proposed Speaker's Credentials

Those of us who attended the IPEC Faculty Development Institute in January of this year (Drs. Goodwin, Ternullo, and Walker) were impressed by Dr. Riley's keynote presentation regarding patient safety and found it effective and compelling. We felt that this topic would be broadly applicable for a first IPE Grand Rounds event.

Dr. William Riley, Ph. D

Professor and Director Arizona State University, School for the Science of Health Care Delivery. Attached is the brief bio from IPEC.

Dr. Riley was previously the Associate Dean for the School of Public Health at the University of Minnesota. He teaches Profess Engineering, Patient Safety, Quality Improvement and Health Finance. His research areas are quality improvement and patient safety in both acute care and public health settings.

Dr. Riley has consulted on quality improvement and patient safety in over 100 hospitals and public health departments. With several nationwide research projects currently underway to improve a quality and patient safety. Dr. Riley received his PhD from the University of Minnesota, School of Public Health. He is a former health care executive with more than 20 years of experience as a president and chief executive officer of several health care organizations.

Dr. Riley has been a reviewer for more than 20 journals, publications, and philanthropic organizations interested in health care. He has authored two books dealing with health organization and public health, contributed chapters to numerous books, and published over 70 refereed journal articles.

Appendix D

Student Teaching Aids

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Pandemic 2013 ed

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Product Description

You are specialists at the CDC/Atlanta where you watch several virulent diseases break out simultaneously all over the world. The team mission is to prevent a worldwide pandemic outbreak, treating hot spots while researching cures for each of the four plagues before they get out of hand. Players must plan their strategy to mesh their specialists' strengths before the diseases overwhelm the world. For example, the Operations Expert can build research stations which are needed to find cures for the diseases. The Scientist needs only 4 cards of a particular disease to cure it instead of the normal 5. But the diseases are breaking out fast and time is running out: the team must try to stem the tide of infection in diseased areas while developing cures. If disease spreads uncontrolled, the players all lose. If they can cure all four diseases, they win. The board shows earth with some big population centres. On each turn a player can use four actions to travel, cure, discover and build. Cards are used for this but the deck also contains Epidemics...

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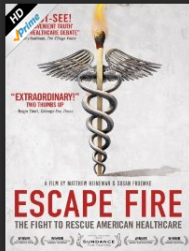
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Appendix D

Letters of Support

June 6, 2014

Goal Getter Committee
The University of Findlay

To the Goal Getter Committee,

Interprofessional Education (IPE) is a relatively new phenomena within health professional education but it is an initiative which is gaining momentum quickly, guiding curriculum transformation. The goal of Interprofessional Education is to improve the delivery of healthcare, enhance the client experience and also control costs. The premise is that these goals can be achieved by a more cooperative work place where healthcare professionals are in an environment of mutual respect, using their skills in a collaborative fashion.

In order to keep UF's health professional education "cutting edge", the College of Health Professions and the College of Pharmacy need to embrace this approach to client care and prepare our students to

enter the new health arena. In addition, the accrediting agencies which review the programs in the respective colleges are on the precipice of including the requirement as a component of the accreditation criteria.

A group of faculty within both colleges have worked over the last year to initiate this idea within the UF learning environment. The Goal Getter request asks for monies to bring a speaker to campus to educate all COHP and COP faculty in this process and includes an honorarium, travel expenses, room set-up and food for the event. Also, the faculty are asking for several games to use with the student body.

I wholeheartedly support this initiative and believe the Goal Getter award can assist COHP and COP in moving forward with the IPE concept. It will enhance our ability to meet accreditation requirements as well as improve the quality of the educational offering. Thank you for your support, allowing the colleges to move forward with an innovative and exciting process.

Sincerely,

Andrea W. Koepke, Ph.D., RN
Dean, College of Health Professions



June 7, 2014

To Whom It May Concern:

Dr. Ternullo, Dr. Goodwin and Dr. Walker have written a very persuasive paper to support their Goal Getter Award. Interprofessional Education is essential to all health professions now and will be more so in the future. We must incorporate these concepts into our curricula as fast as possible. Our budgeting process does not allow for this funding in the normal course of events since it is a first venture into a relatively untried area of education.

This idea fits with the idea of the Goal Getter as an opportunity to improve the quality of education at the University of Findlay by innovative practices for the class room. I am completely in support of it.

Sincerely,



Donald W. Stansloski, R. Ph., Ph. D.

Dean for the College of Pharmacy

FINDLAY
THE UNIVERSITY OF FINDLAY



June 5, 2014

Re: Goal Getter Grant Application
Sharon Ternullo, Marjorie Walker, Cynthia Goodwin

To Whom It May Concern,

As Chair of the Dept. of Pharmacy Practice, I am writing this letter in support of Drs. Ternullo, Walker and Goodwin. This group of individuals has written a proposal requesting support for the implementation of interprofessional education between healthcare programs. We know this is a growing expectation of health care programs. What is not known, however, is the best and most cost-effective way for this to be implemented.

This grant opportunity provides the benefit to the involved colleges as well as The University of Findlay to provide a start for this type of education. It is very much in align with the concept of the Goal Getters Grant and is expected to an excellent way for multiple programs on campus to collaborate to enhance education and be innovative in their approach to interprofessional education (IPE).

We do not currently have a budget for supporting IPE, and this venture will allow us to gauge what is reasonable and practical for future IPE endeavors.

I support this grant application and thank you in advance for your careful consideration of it.

Sincerely,

A handwritten signature in cursive script that reads "Debra L Parker".

Debra L Parker, PharmD, BCPS
Chair and Associate Professor
Pharmacy Practice Department College of Pharmacy