Linking Academic and Clinical Leaders to Promote IPP

Catherine Maher, PT, DPT
Genevieve Pinto Zipp, PT, EdD
Seton Hall University
IPE Taskforce Members
Ensuring that all health care professionals recognize the importance of an interprofessional practice model for patient-centered care is paramount in today’s health care arena.

While, the use of IPE experiences is not new in the academy linking those experiences to rich clinical experiences is less frequently observed.

Academic faculty partnering with clinical residency programs to design learning environments that capitalize upon the strengths of both can create an insightful IPE educational experience for students during their didactic training and support IPP.

This partnership provides mentorship for residents transitioning from their role as clinicians to that of an educator and advocate of IPP with students.
Partnership model

Seton Hall University
Kessler Institute for Rehabilitation

academic and clinical faculty used
  ◦ SOLO (Structure of Observed Learning Outcomes) taxonomy
  ◦ “train the trainer” model of teaching and learning

to develop the IPE experiences.
Partnership Capitalized on Strengths

Create meaningful IPE learning experiences for students that promote deeper level learning for critically reflective practice?

Provide mentorship for neurologic resident with regard to various teaching and learning strategies which could enhance their transition as critically reflective educator early in their journey?
Partnership developed

- Video Based Case Experience
  - Promote transition from novice to emerging experts
  - Connect and extend the learning beyond
  - Develop critical thinking and reflection
  - Learning together
How does this Partnership support SHU Core IPE Signature Experiences

| Pre-clinical Health Science Students cohort (prior to their full time clinical experiences). | “Interprofessional Education Symposium (IES)” | Promote and apply critical thinking skills across IP student groups for the evaluation of and development of an evidenced based patient plan of care
| | | Promote and express insightful dialogue amongst and across IP student groups, faculty and master clinicians
| | | Promote an awareness and appreciation of the existence of interdependence that exists amongst health care professionals when working under a patient centered care model
| | | Promote an awareness of the necessity for life-long learning for practicing clinicians in the health care arena |
what IS SOLO?

(Structure of Observed Learning Outcomes)

- model of learning that helps develop a common understanding

- “SOLO Taxonomy provides a simple and robust way of describing how learning outcomes grow in complexity from surface to deep understanding”
SOLO Taxonomy is Based on Constructivism

5 stages of classifying observed learning outcomes

- Prestructural
- Unistructural
- Multistructural
- Relational
- Extended abstract

Describe increasing level of complexity in one’s understanding of concepts being explored/mastered
A model of learning that helps develop a common understanding of learning. This model helps teachers (and students) understand the learning process.

**SOLO TAXONOMY**
(after Biggs and Collis 1982)

- Define
- Identify
- Do simple procedure
- Describe
- List
- Do algorithm
- Combine

- Compare/contrast
- Explain causes
- Sequence
- Classify
- Analyse
- Part/whole
- Relate
- Analogy
- Apply
- Formulate questions

- Evaluate
- Theorise
- Generalise
- Predict
- Create
- Imagine
- Hypothesise
- Reflect

Prestructural  Unistructural  Multistructural  Relational  Extended abstract
train-the-trainer

Clinical Residents
Academic Faculty
Qualitative data supports

mentorship provided to residents in this model aided in their transition from clinician to educator.

“learning how to unfold video cases so students have to think helped me to see the importance of teaching for critical thinking”

“the mentorship from the faculty helped me as to developed as a teacher”

“this partnership has expanded my awareness of the role that faculty play in developing students to be patient center interprofessional practitioner and also helped me to see my role as a clinical instructor”
Quantitative data:
Student's Awareness developed from IPE Experience (percent agreement)

- **Interprofessional collaborative competencies**: Agree 72.00, Neutral 26.12, Disagree 1.49
- **Common competencies amongst professionals**: Agree 75.00, Neutral 23.39, Disagree 1.61
- **Individual professional competencies**: Agree 75.00, Neutral 20.63, Disagree 1.97
Take home message

IPE experiences created through a partnership between academic and clinical faculty can support:

- development of insightful IPE experiences that focus on promoting IP patient centered care
- promotion of student’s deep learning skills as described by SOLO Taxonomy
- residents transition from their role as a clinicians to that of an educator
Question & Comments

Catherine.Maher@shu.edu

Genevieve.Zipp@shu.edu
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