The need for health profession students to engage in collaborative interprofessional education (IPE) is abundantly evident. In contemporary practice, creating clinical environments which promote healing relies not just on the dispositions of individual clinicians, but also on the collective capacities of interprofessional healthcare teams (Konrad & Browning, 2012). Health profession educators are therefore increasingly challenged to: 1. design robust pedagogical curricula that prepare students with discipline-specific competencies to care for future patients; 2. offer shared learning experiences in which students develop interprofessional, team-based capacities grounded in intentional and respectful collaboration; and 3. cultivate an interprofessional culture amongst faculty that models principles and practice being taught to students. These educational objectives emanate from comparable recommendations authored by the Institute of Medicine (2003) and national Interprofessional Education Collaborative (IPEC) Expert Panel (2011).

Barriers that derail interprofessional learning are well described in the literature (Barr, 2005; De Los Santos, McFarlin & Martin, 2014). They include ever-expanding curricular requirements already difficult to fulfill, scheduling and logistical obstacles, limited space for interactive learning with larger groups, accreditation requirements, and deeply entrenched departmental traditions and philosophies. Moreover, time for faculty development which builds instructional capacity for collaborative learning is commonly limited or overlooked, negating a critical ingredient for interprofessional culture change.

Over the last decade, health professions faculty and leadership at the University of New England (UNE) have worked to embed a culture of collectivity and interprofessional working across programs. Collaborative culture is reflected in the intentionality with which health professions faculty co-develop and implement learning opportunities to meet the shared learning needs of their students. It is similarly evidenced in the seamless ways in which students come together to learn from each other in classroom, simulation, clinical rotation, and community-based service learning.

Despite these efforts, many of the challenges cited above exist at UNE, given the goal of exposing 13 health profession programs on two campuses to core IPE competencies. Online learning offered one approach to reduce barriers and overcome location and space challenges. Epistemologically, online learning is grounded in social constructivism where learners create meaning through dialogue and exchange (Snyder, 2009). Adult learners are motivated and bring knowledge and their own past experience to the educational environment (Knowles, Holton, & Swanson, 1998). Through personal reflection and online peer interaction, students unite prior knowledge with new learning, thereby creating or constructing new understanding (Snyder, 2009). In order to achieve this, online instructional design necessitates authentic and personally relevant learning activities and assignments.

The potential of online learning provided impetus for developing five novel IPE modules. The purpose of this module series was to expose, advance or strengthen IPE competency development among students and faculty. A secondary intention was to use the creation and implementation of the IPE modules as informal faculty development. We believed the process of bringing faculty together to envision, design and orchestrate shared learning would further cement the collaborative culture which was being intentionally cultivated.

The outcome of this effort is COMPtime (as in “time for competency”), a new, online modular toolkit that offers accessible core interprofessional content to students, faculty, leadership, and institutional stakeholders. Module use is flexible; for example, as a single educational option to supplement IPE learning or as a comprehensive training using all five units. Each of the modules employs...
innovative approaches to teaching IPE competencies through the use of podcasts with IPE experts and videos with actors and faculty to illustrate application of key concepts such as TeamSTEPPS® skills. The adaptable nature of the modules allows faculty to use this resource in individualized ways, and subsequently assess learning outcomes after student engagement with COMPt ime.

An interesting clinical narrative was also created to breathe life into the sometimes static content common to competency skill-based instruction. Learners are introduced to a 31-year-old patient, Pat Chalmers, whose story unfolds in segments and is interwoven throughout the modules. This approach highlights how practitioners intersect with patients and each other at different points of care, and the benefits realized from understanding the varying roles each profession plays in rendering quality holistic care. Pat’s youthful age is intentional, promoting immediate connection between students, Pat, and her family.

Faculty authored Pat’s story and were additionally enlisted as video actors, portraying clinicians in disciplines other than their own. Assuming the role of others lent insight; faculty discovered firsthand how disciplines were distinctive yet sometimes overlapped when caring for patients and families. Focus groups with faculty at the conclusion of COMPt ime development identified valuable learning outcomes: educators viewed themselves as agents of positive culture change and as mentors to other faculty within and across their programs; felt assured of the sustainability of IPE learning goals; and enjoyed the new relationships that formed across previously siloed departments.

The final COMPt ime product is a free, online toolkit http://www.une.edu/wchp/ipec/comptime available to students, faculty, and institutional stakeholders seeking non-disruptive methods for infusing IPEC competencies into curricula or as faculty development. Concepts addressing cultural humility and respect for people across all levels of practice are woven throughout, content which adds to the national discourse on interprofessional competencies by explicit emphasis on diversity, empathy and compassion as foundational elements of health care.

COMPt ime is a multi-faceted, versatile tool that provides content to prepare future and current health providers with knowledge and skills for interprofessional practice. It is appropriate for a wide variety of health disciplines. Its co-designed production and novel instructional approach combine to render an especially good fit for affective learning. Learners have appreciated following “Pat’s” journey, aspects of which both students and professionals readily identify with and relate to in their own lives. We invite your utilization of COMPt ime in support of enhancing integration of collaborative learning throughout health profession education.

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