



THE SERVICE LEARNING IPE MODEL: IMPLEMENTATION AND RESULTS FROM QUALITATIVE STUDIES: PROGRAMMATIC CONSIDERATIONS FOR INTERPROFESSIONAL EDUCATION - THE UNIVERSITY OF FLORIDA EXPERIENCE

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IPE: learning about, from and with members of other health professions to improve collaboration and the quality of care

Working towards "Population Health"

- Collaborative effort of multiple disciplines
- Working locally, nationally, globally
- Attain optimal health for people, animals, community

Promote learners learning from each other

- Interactive efforts
- Enhanced teamwork
- Mutual planning



Role modeling collaboration

- Collective decision making
- High level communication
- Shared responsibilities





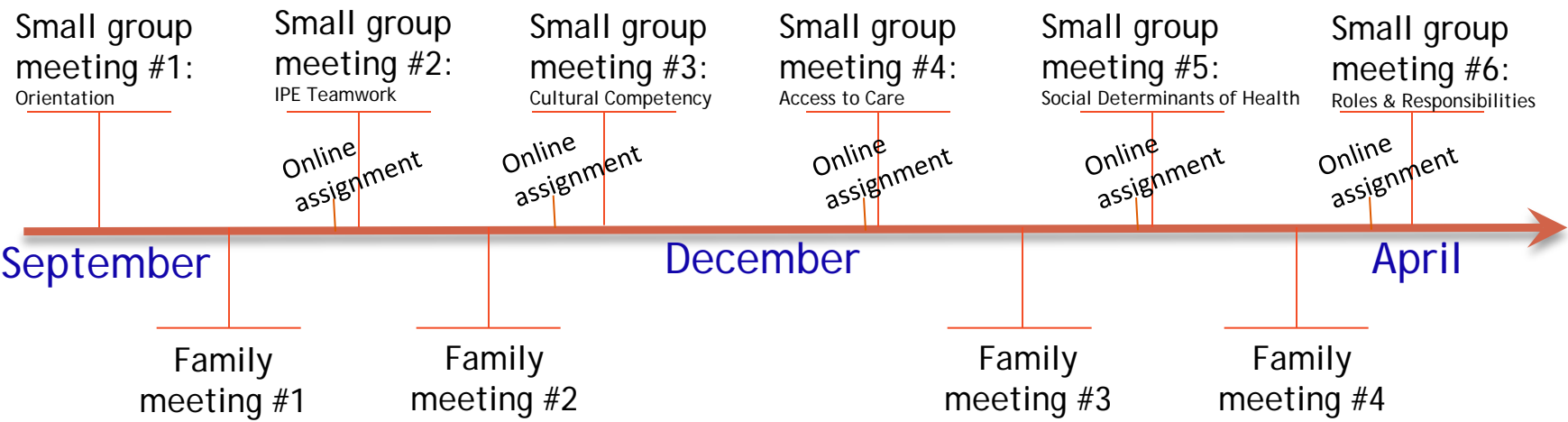
UNIVERSITY OF FLORIDA INTERPROFESSIONAL EDUCATION: PUTTING FAMILIES FIRST HIGHLIGHTS

- 18 years running
- 6 colleges of health
- Small group faculty facilitation
- Community outreach with families
- On-line learning modules
- Central coordinating office



All first year health professional school students

- Over 700 students
- 98 faculty facilitators, 55 meetings rooms (capacity for 18+)
- 179 families in Alachua County (pre-screened)
- Student teams of 4; small group sessions of 16 + 2 faculty facilitators



Family meeting #1

Family meeting #2

Family meeting #3

Family meeting #4

01

Logistics and schedules

Set schedule for IPE every year
 Finding small group locations (Yikes)
 Identify break schedules for programs
 Plan WAY ahead with programs

02

Content vs. process

Students as teachers (CN, VM)
 Faculty as facilitators (55 flavors)

03

Faculty development

Familiarize faculty with program
 Familiarize faculty with other health professions and each other

04

Learner Assessment/Program Evaluation

Pass/Fail embedded into existing courses
 Learning management system (make it do things it wasn't designed to do)
 Student reflections
 Peer to peer evaluations (CATME)

05

Resources

Engaged faculty
 Engaged staff
 Engaged families
 Central coordinating office (3.0 FTE)

06

Leadership Commitment

2/6 Deans teaching + VP for Research and Education
 Hard-money - integration with HSC community efforts
 Time
 Collaboration (can be forced)





DATA- FOCUS GROUPS: VET MED*

REFLECTIVE STATEMENTS: MHA**, PT**

Reflective prompt: *“Describe an experience that you had during PFF. What did you learn from this experience? How will you use this knowledge in the future as a practitioner?”*

Focus groups: 28 students, 3 focus groups; (1) ideas about working with students in other professions, (2) ability to work as a team player with others across the professions, (3) perceived value for other professions as well as for veterinary medicine, (4) understanding of their role in the community as a veterinarian, (5) awareness of access and disparity issues in health care, and (6) perceptions of how this experience affected their clinical problem-solving skills.



Focus Groups

Four themes emerged from the analysis:

- (1) Recognizing what I might not
- (2) Working with other health professions
- (3) Reaffirming career path
- (4) Leadership and professional skills.

“We got to see what is their priority in life. I think that is important for us to know as a veterinarian. For us it is about the animal. This dog needs this antibiotic, but there are so many other things going on in their lives. This lady had diabetes and 20 grandkids. Her cat being obese was not her biggest priority.”

“There are so many other minds in the room that might have alternative solutions that could be better than mine, or even a different perspective on things. It really sort of taught me to quiet my mouth and realize that other people have important things that they can say too.”

“They just thought that we played with dogs and cats all day. They did not know anything else about our field, but they were very open to learning.”

“as veterinarians we are trained to look at problems systematically and the One Health approach that veterinary schools are really starting to focus on is very important and it is starting to come up in almost every event I go to.”

“I care about people just as much as I do about their animals. So even though this family didn't have any animal, I was really able to care for them and I know that my team, really like, told me that they valued that.”



Reflections – Major Themes

MHA

1. Seeing through the patient's eyes
2. Where I fit
3. Patient as Teacher
4. Social Determinants of Health

PT

1. IPE Learning
2. Patient as a whole person

MHA: ““In my field, it is easy to forget that there are patients on the other side of everything you do. When you’re crunching numbers and planning operations it is important to remember that the ultimate goal is to make sure patients are healthy and satisfied.”

MHA: “The most challenging part of this experience had to be the external factors that were out of our control. For example, our family mentioned that paying for medications was becoming exceedingly difficult with her level of income.”

MHA: “The family environment and life was something very different than what we were all used to 246 growing up in or experiencing in our own lives. This different culture allowed us to be reminded 247 of the wonderful ways we are all diverse, and in this diverseness we can learn so much from each 248 other.”

MHA: “They seem to be very compliant with doctor’s recommendations and staying on top of their health conditions. However, in having visited their home it was evident that their home environment including extreme mold, lack of proper heat and an unbalanced nutrition could be leading to and prolonging their sickness.”

MHA: ““ involving the patient’s daughter during our last visit was the most beneficial thing we could have done for the family. The patient often do not want to bother or burden their daughter so at times they don’t tell her of their health disparities. I believe that the patient’s daughter will now serve a better advocate for her parent’s health and well-being...”

PT: “The most significant insight I gained from this experience was just learning how different health profession members think”

PT: I think this kind of collaboration is hard to teach within our curriculums but applying it through IFH was a great way for us to gain that experience.

PT: “As health care providers we often fall into the trap of seeing patients as patients. We often forget about their daily environment, lifestyles, and/or what they genuinely enjoy doing. Patients can bring it up, but unless you see it outside the clinic, it can be hard concept to grasp. Therefore, with this experience I really liked seeing ___ as a person rather than just a patient.”

PT: “I felt that I learned how to listen very well through this experience and that giving advice is not always the answer even when we feel patients need it.”



Not All Roses

“It didn't make me feel better the entire time because I was doing all of the work.”

“You would never know what kind of person you are going to be working with....it does not mean that you can't be good at what you are doing, even if you are working with challenging people.”

“If someone is not going to put forth effort in this, they certainly are not going to in other situations and that will reflect on them. All you can kind of do is do your best.”



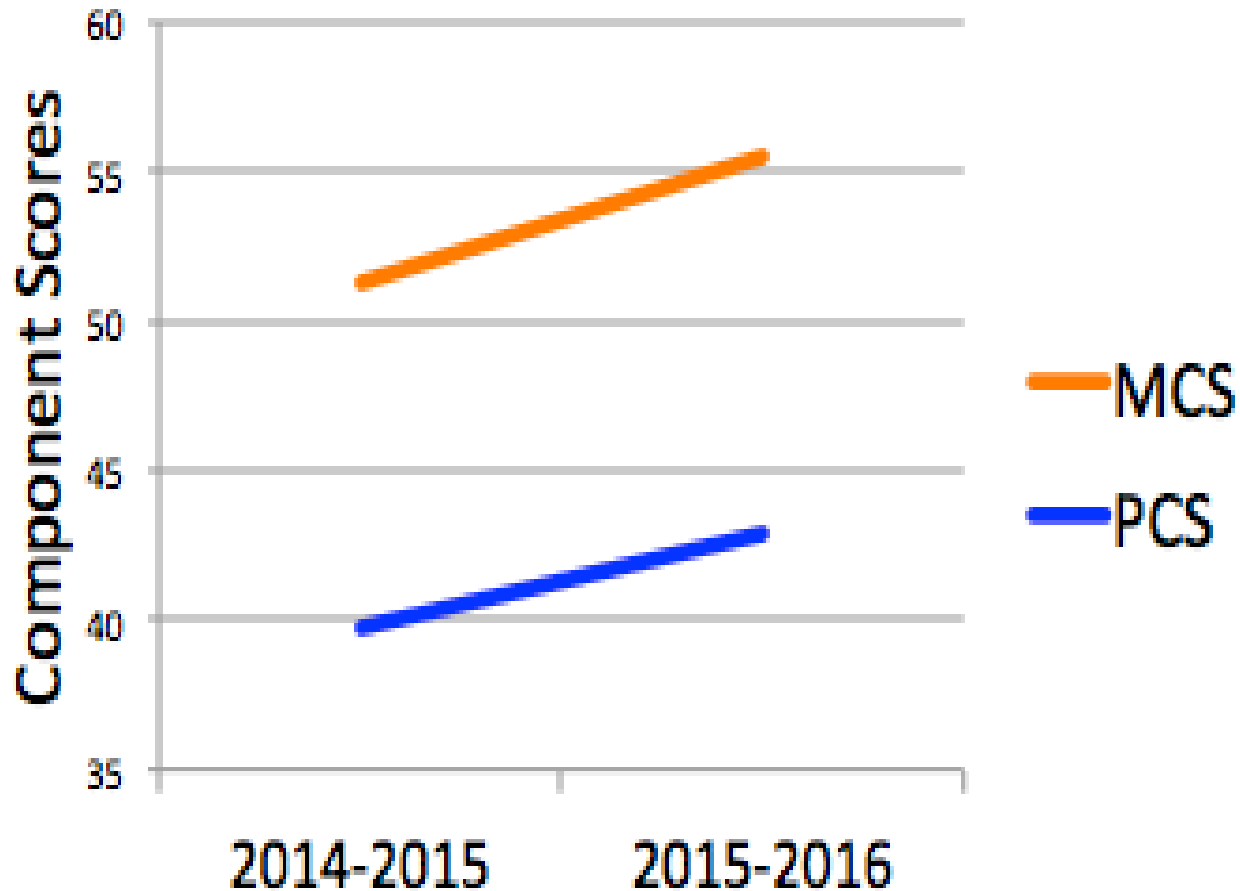
TAKE-AWAYS

Large, systemic, longitudinal community-centric IPE required significant infrastructure and intuitional commitment.

Yields benefits to students from diverse professions.

Will challenge facilitators, administrators and support staff daily.

Can create positive student and community impact.



Research in Progress:

SF12v2 Latent Variable Scores for PFF Patients who Participated in 2014-2015 and 2015-2016, n=104. MCS = $p < .01$

QUESTIONS AND RESOURCES

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Multiple in-press, in-progress and in-review