Redesigning Instruction for Interprofessional Education

Nannette Hyland
Kathy Kenney-Riley
Sonia Moorehead
IPE Committee Co-chairs
October 28, 2016
• Formed IPE Committee spring 2015.
• Hosted two faculty workshops on campus.
• Committee co-chairs attended Interprofessional Education Collaborative (IPEC) Institute fall 2015.
• Secured microgrant to support implementation.
• Carried out first IPE pilot projects in fall 2015 and spring 2016.
Outcome Measures

• All participants:
  • Signed a consent.
  • Completed
    – *Attitudes Toward Interprofessional Health Care Teams Scale* pre and post activity.
    – One minute reflection.
  • Participated in debriefing conversations
• Students worked in interdisciplinary groups of four to interview people with chronic conditions.

• Each group met for 30 minutes prior to the interview.
• Disciplines:
  – CD, OT, PT, Nursing
• Met with the individual for 20 minutes.

• Students, faculty, & interviewee participated in a 30 minute post-interview debriefing.
Attitudes Towards Interprofessional Health Care Teams

• Greatest differences seen pre and post for the following items:

• Item 1:
  – Patients/clients receiving inter-professional care are more likely than others to be treated as whole persons. (+.98)

• Item 10:
  – Health professionals working as teams are more responsive than others to the emotional and financial needs of patients/clients (increased +.55)
Attitudes Towards Interprofessional Health Care Teams

• **Item 2:**
  - Developing an inter-professional patient/client care plan is excessively time consuming. (-.42)

• **Item 9:**
  - In most instances, the time required for inter-professional consultations could be better spent in other ways. (.53)
One minute reflection
• Committee worked together to develop a case scenario.
• An actor portrayed the role of the patient.
• Case was based on three days of an acute care hospitalization.
• All students completed the activities within the context of an interdisciplinary team.
What did the students do?

- Students collaborated to complete:
  - An initial assessment.
  - Swallow evaluation.
  - Bed to chair transfer.
  - Ambulation with a cane.
  - Putting on socks with the use of assistive equipment.
  - Discharge planning session.
• **Greatest differences seen pre and post for following items:**

• **Item 3:**
  - The give and take among team members helps them make better patient/client care decisions. (increase .714)

• **Item 10:**
  - Health professionals working as teams are more responsive than others to the emotional and financial needs of patients/clients. (Increase .714)
One minute reflection

Keywords:
- Patient
- Care
- Responsibilities
- Understanding
- Exercise
- Disciplines
- Roles
- Team
- Setting
- Status
- Session
- Students
- Nurses
- Personal
- Better
- Great
- Coordinate
- Opinion
- Safety
- Together
Moving Forward..........

• Doubling number of participants in 2016- 2017 pilot activities.
• Attending TEAMSTEPPS training in November
  – Run TEAMSTEPPS workshop for Mercy Faculty Summer 2017
• Interdisciplinary Undergraduate book discussion- spring 2017
  – My Stroke of Insight
  – IPE workshop with
    • Students
    • Faculty
    • Practitioners
    • Author
    • Discuss the IPE concept reflected
    • Discuss ways to increase IPE practice
• Learning together today for better practices tomorrow………………

• We would like to hear ideas from other’s experiences, projects, ways you grew IPE at your site

• Questions?