INTERPROFESSIONAL EDUCATION: THE HISTORICAL AND CURRENT NATIONAL PERSPECTIVE

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ACKNOWLEDGEMENTS

- Maria Clay
- Amy Blue
- Clyde Evans
- David Garr

- Josiah Macy Foundation
- Healthy People 2020 Task Force
- Association of Academic Health Centers (AAHC)
- Association of Prevention Teaching and Research (APTR) Task Force
I. Historical Contexts
2. Domains in which IPE occurs
3. Sub-domains of Coursework and Field Placements which combines IP and Prevention/Population Health
4. Illustrations/models of IPE-PH in coursework/field placement sub-domains
5. Survey results
6. Insights and Suggestions
HISTORICAL CONTEXT

DOMAINS

- Coursework
  - Classes
  - Field Placements
- Institutional Support through Documentation
- Personnel
- Infrastructure
US PROGRAMS

- Quintin Burdick- IRHTP
- John Hartford Geriatric Grants
- PEW
- Kellogg
- RWJ
- ARHQ
- MACY
- IOM
Worldwide

- John Gilbert (CIHC & WHO)
- Hugh Barr (UK-CAIPE)
- Karolinska (Sweden)
- Asia
- Australia
<table>
<thead>
<tr>
<th>IP content is introduced into a discipline specific course, normally the students are single discipline students.</th>
<th>IP content is shared in multiple courses across multiple disciplines, often the students attending the course are single discipline students.</th>
<th>IP content is a course that is attended by multiple students in an interprofessional fashion.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content in a course</td>
<td>Shared curriculum, shared material</td>
<td>Integrated course</td>
</tr>
</tbody>
</table>
Contiguous Partners throughout Time:
- HRSA and AHEC
| Interprofessional concepts within a single discipline placement for single discipline learners | IP placement for learners from multiple disciplines, using parallel learning - Co-located. | Learners from multiple disciplines, using interactive /integrated learning, in one location. | Integrated Team |
We applied the domains found in IPE literature and studies to describe IP-PPH and to provide a structure for listing illustrations and models.
Prevention content is introduced into a discipline specific course, normally the students are single discipline students.

Prevention & population health principles introduced into a medical school curriculum

Kerkering & Novick 2008
Prevention content is shared in multiple courses across multiple disciplines, often the students attending the course are single discipline students.

<table>
<thead>
<tr>
<th>MPH-NURS cross listed course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared material (e.g., MD-MPH use the video “Unnatural Causes”)</td>
</tr>
<tr>
<td>Prevention content is a course that is attended by multiple students in an interprofessional fashion.</td>
</tr>
<tr>
<td>___________________________________________________________</td>
</tr>
<tr>
<td>EAHEC “SEARCH Project”</td>
</tr>
</tbody>
</table>
Prevention in a non-public health rotation with students in a single discipline

University of Rochester Family Medicine Clerkship
<table>
<thead>
<tr>
<th>Prevention in a non public health rotation that is shared with multiple disciplines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quentin Burdick I.R.H.T.P.</td>
</tr>
<tr>
<td>BSOM - Dental Medicine</td>
</tr>
</tbody>
</table>
**Prevention rotation that is attended by multiple disciplines as a team**

**APTR models**
- Creighton (30 Contact SL hrs)
- Medical College of GA

**Additional “SEARCH*” models:**
- Vermont
- New Hampshire
- Louisiana
- North Carolina (EAHEC)
OTHER DOMAINS

- Institutional Support Through Documentation
- Personnel
- Infrastructure
SURVEYS OF DOMAINS

- APTR
  - Reviewed funded grant projects
  - Reviewed variables of inclusion, personnel, infrastructure, institutional support

- Macy National Survey
  - Assessment of activity in AHC in these domains
Macy Study - 2011

**STUDY AIMS**

Survey health professions educational institutions to gather baseline data about the status of interprofessional education within their academic programs.

* Garr, Blue, Evan, Clay, and Greer
CONVENIENCE SAMPLE PUBLIC ASSOCIATION OF ACADEMIC HEALTH CENTERS.

UNIT OF EXAMINATION AND ANALYSIS SCHOOLS/COLLEGES AS DISCRETE UNITS
Analysis Method

Descriptive Data Analysis
Cross-Tabulations of Variables by Discipline/Profession
Respondents

127 VALID RESPONDENTS.

* THIRTY-ONE STATES AND THE DISTRICT OF COLUMBIA.

* SIXTY-FOUR ACADEMIC HEALTH CENTERS
* SURVEY ACCESSED BY 168 CONTACTS
* 129 COMPLETEERS
  ONE INVALID
  ONE WITHDRAWN
Respondents identified their roles and, with the exception of one individual, all (99%) characterized some level of leadership within the institution represented.
This school or college offers COURSES that include opportunities for interprofessional collaborative learning experiences.
Interprofessional education for prevention was less integrated at AHS.
IPE in clinical rotations was found to be a majority of our respondents. Less than 20 percent either did not have or did not know if their institution offered IPE clinical rotations or internships.
IPE in clinical rotations for prevention education was found to be a minority of our respondents. Greater than 51 percent either did not have or did not know if their institution offered IPE clinical rotations or internships to learn prevention.
While there were less institutional units with personnel with designated responsibilities for IPE it was still overwhelmingly positive at 68.5%.
IPE was included in institutional planning and governance documents according to 74.8% of the respondents.
While documents, personnel, courses, clinical rotations and internships were present the availability to support IPE was lacking equity.
Medicine and Nursing reported a higher percentage of IPE courses. Administration seemed less aware of course offerings. Dentistry was least likely to report IPE courses.
Nursing reported a lower percentage (56%) of IPE collaboration relative to clinical rotations and internships. Public health and dentistry also had lower rates of IPE Clinical rotations and internships.

Table 3. Question 6.

<table>
<thead>
<tr>
<th></th>
<th>ADM</th>
<th>ALH</th>
<th>DENT</th>
<th>MED</th>
<th>NURS</th>
<th>OTHR</th>
<th>PBH</th>
<th>PHARM</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>This school or college offers CLINICAL ROTATIONS OR INTERNSHIPS that include opportunities for interprofessional collaborative learning experiences.</td>
<td>(89.9%)</td>
<td>(83.3%)</td>
<td>(83.3%)</td>
<td>(89.2%)</td>
<td>(56.0%)</td>
<td>(71.4%)</td>
<td>(66.7%)</td>
<td>(100%)</td>
<td>(80.3%)</td>
</tr>
<tr>
<td>Yes</td>
<td>8</td>
<td>5</td>
<td>15</td>
<td>33</td>
<td>14</td>
<td>5</td>
<td>6</td>
<td>16</td>
<td>102</td>
</tr>
<tr>
<td>No</td>
<td>(11.1%)</td>
<td>0</td>
<td>(16.7%)</td>
<td>(10.8%)</td>
<td>(40.0%)</td>
<td>(28.6%)</td>
<td>(22.2%)</td>
<td>0</td>
<td>(17.3%)</td>
</tr>
<tr>
<td>Do not know</td>
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<td>(16.7%)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>(4.0%)</td>
<td>0</td>
<td>(11.1%)</td>
<td>(2.4%)</td>
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<tr>
<td></td>
<td>(100.%)</td>
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<tr>
<td>Total</td>
<td>9</td>
<td>6</td>
<td>18</td>
<td>37</td>
<td>25</td>
<td>7</td>
<td>9</td>
<td>16</td>
<td>127</td>
</tr>
</tbody>
</table>
Administrators (89.9%) seemed more aware of the designated personnel relative to IPE with dentistry (38.9%) being the least aware.

| This school or college has personnel with designated responsibilities (e.g., administrative, teaching, or research) for interprofessional education. | College/School Code |
|---|---|---|---|---|---|---|---|---|---|---|
| Yes | ADM | ALH | DENT | MED | NURS | OTHR | PBH | PHARM | Total |
| (89.9%) | 8 | 4 | 7 | 28 | 17 | 6 | 6 | 11 | 87 |
| No | (33.3%) | 0 | (55.6%) | (24.3%) | (32.0%) | 0 | (33.3%) | (31.3%) | (29.1%) | 37 |
| Do not know | (11.1%) | 1 | 0 | 0 | 0 | (14.3%) | 0 | 0 | (2.4%) | 3 |
| Total | (100.0%) | (100.0%) | (100.0%) | (100.0%) | (100.0%) | (100.0%) | (100.0%) | (100.0%) | (100.0%) | 127 |
Administrators & Public Health (88.9%) and Nursing (88.0%) reported a higher level of documented language relative to IPE.

<table>
<thead>
<tr>
<th>College/School Code</th>
<th>ADM</th>
<th>ALH</th>
<th>DENT</th>
<th>MED</th>
<th>NURS</th>
<th>OTHR</th>
<th>PBH</th>
<th>PHARM</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>(88.9%)</td>
<td>(66.7%)</td>
<td>(61.1%)</td>
<td>(62.2%)</td>
<td>(88.0%)</td>
<td>(100%)</td>
<td>(88.9%)</td>
<td>(75.0%)</td>
<td>(74.8%)</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>4</td>
<td>11</td>
<td>23</td>
<td>22</td>
<td>7</td>
<td>8</td>
<td>12</td>
<td>95</td>
</tr>
<tr>
<td>No</td>
<td>(11.1%)</td>
<td>(16.7%)</td>
<td>(33.3%)</td>
<td>(32.4%)</td>
<td>(12.0%)</td>
<td>0</td>
<td>0</td>
<td>(12.5%)</td>
<td>(19.7%)</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>12</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>Do not know</td>
<td>0</td>
<td>(16.7%)</td>
<td>(6.6%)</td>
<td>(5.4%)</td>
<td>0</td>
<td>0</td>
<td>(11.1%)</td>
<td>(12.5%)</td>
<td>(5.5%)</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>(100.%)</td>
<td>(100%)</td>
<td>(100%)</td>
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<td>(100%)</td>
<td>(100%)</td>
<td>127</td>
</tr>
</tbody>
</table>
Dentistry (38.9%), Public Health (44.4%), and Nursing (48.4%) reported less awareness of IPE infrastructure.

<table>
<thead>
<tr>
<th>Count</th>
<th>College/School Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ADM</td>
</tr>
<tr>
<td>This institution has an office, center, or other infrastructure that supports interprofessional efforts.</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Do not know</td>
</tr>
<tr>
<td>Total</td>
<td>(100.0%)</td>
</tr>
</tbody>
</table>
This study demonstrates that among respondents interprofessional education exists, most notably through mechanism such as courses and clinical rotations.

It is not surprising that fewer schools had dedicated personnel in IPE or that few universities had established centers or offices focused on IP education. The natural progression of IP evolution may be from coursework to personnel to dedicated infrastructures. As the nation embraces IP education, we should begin to see more resources allocated either in the form of personnel or infrastructures.
Limitations of the Study

Only AAHC members were survey subjects.

May be that those responding to the survey did so because they were more likely to have IPE.
CONCLUSIONS

Seems to be logical progression of IPE activity:

- course
  - institutional documentation
    - personnel
    - infrastructure
Teams in the community require an on-site coordinator.

Community involvement requires greater attention to community ethics.

Prevention and Population Health can be the subject matter for IPE both on campus and in communities.

Definitions are important for communication and measurement.

Sustained commitment to community in terms of funding and relationships.
FUTURE NEEDS

- Repeat and Expand the Macy Study National Survey 2014

- Identify personnel policies and infrastructures on IPE presence, growth, effectiveness.

- Assess inclusion of content areas in IPE (e.g., prevention, population health, community engagement)
REFERENCES


REFERENCES CONT.


