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FACULTY DEVELOPMENT SERIES INTERPROFESSIONAL EDUCATION (IPE)

LEARNING OBJECTIVES

BY THE END OF THIS PUBLICATION, YOU WILL BE ABLE TO:

- DEFINE “INTERPROFESSIONAL EDUCATION”
- UNDERSTAND IPEC’S CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE
- IDENTIFY WAYS TO INCORPORATE IPE INTO YOUR COURSE OR PROGRAM

WHAT

According to the World Health Organization, interprofessional education, or IPE, is “when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes” (IPEC, page 8). IPE is not a recent phenomenon, being introduced in the 1960’s and formally reinforced by the World Health Organization as early as 1988 (Thistlethwaite, 2012). However, considering shifts in health care and accreditation regulations, IPE has been garnering more attention of late.

The Interprofessional Education Collaborative, or IPEC, was established in 2009 to advance interprofessional learning experiences. As part of their work, IPEC developed competencies for IPE in health sciences training that were designed to be flexible across professions and institutions to foster their adoption (IPEC, page 3). The four core competencies outlined by IPEC include values and ethics for interprofessional practice, roles and responsibilities, interprofessional communication, and teams and teamwork (IPEC, p. 10). The definitions of these competencies are as follows:

1. Values/Ethics for Interprofessional Practice: “Work with individuals of other professions to maintain a climate of mutual respect and shared values” (IPEC, page 10).
2. Roles/Responsibilities: “Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations” (IPEC, page 10).
3. Interprofessional Communication: “Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease” (IPEC, page 10).
4. Teams and Teamwork: “Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable” (IPEC, page 10).

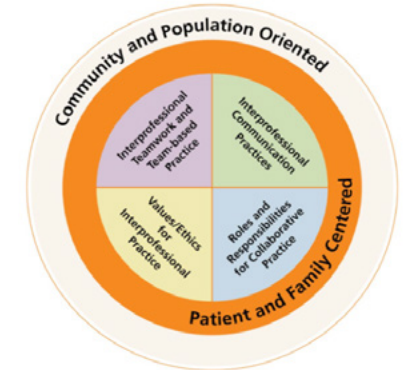
According to Olson (2014), “Interprofessional education forms part of ongoing interprofessional socialization processes within universities and health systems” (p. 243). Beyond acquisition of knowledge and skills, IPE is also part of socializing into a profession. It is a process and not an intervention. Thinking about it through a process lens shifts the focus from short-term to long-term, from cause-and-effect to a varied outcome system. IPE must be interactive in nature, regardless of the format and setting in which it takes place (Thistlethwaite, 2012).

WHY

Beyond being an accreditation requirement, IPE offers “continuous development of interprofessional competency by health professions students and students in other professional fields as part of the learning process, so that they enter the workforce ready for collaborative practice that helps to ensure health” (IPEC, page 4). IPE activities may become part of the process of students developing their professional identity and viewing themselves as part of an interdisciplinary team rather than a solo practitioner, preparing them for the realities of clinical practice (Olson, 2016). DeMatteo (2013) suggests “As a result of major educational and workplace changes, students entering the health professions find themselves in the midst of major shifts in (1) what it means to be a ‘professiona’ and (2) what it means to practice in today’s clinical environment” (p. 28).

Thistlethwaite (2012) informs us “part of the rationale for IPE is to prepare students to be able to work in [an] often confusing array of professionals,” getting them used to interacting with various disciplines before they are in clinical practice (p. 60). Healthcare today is provided by an array of practitioners, which can be a difficult professional environment to navigate effectively. IPE seeks to develop the knowledge and skills students need to be effective in communicating and interacting with members of other disciplines to provide high quality patient care.

Use the Interprofessional Education Collaborative’s (IPEC) Core Competencies for Interprofessional Collaborative Practice to guide IPE session development and assessment.



IPEC Core Competencies

Evidence suggests that “IPE creates positive interaction, that it encourages interprofessional collaboration and that it improves client care” (Thistlethwaite, 2012, p. 62).

IPE may help shift some of the traditional hierarchies in medicine by helping students understand the knowledge and skills other disciplines bring to patient care. In addition, research suggests that engaging in interprofessional activities help students focus on professional similarities rather than differences, fostering a team environment (Olson 2016).

Hagemeier (2014) warns “Students who complete a health professions program without possessing the knowledge of and skills to engage in effective communication may be less likely to communicate with patients or fellow health professionals” (p. 2). Failure to engage our students in effective IPE may hinder their ability to function in the modern healthcare environment.

HOW

Renschler (2016) tells us, “Successful interprofessional learning experiences allow students to practice coordination of care, team communication, and respect for and understanding of their role and the roles of other professions on the team” (p. 339). Specific guidelines on introducing IPE and validation of models are mostly absent from the literature (DiVall 2014). However, constructivist and transformative learning theories are gaining traction in IPE, involving activities such as active questioning, interaction, and application (Olson 2016). In addition, longitudinal experiences are allowing learners to develop relationships over time, forming an understanding of individuals from professions other than their own (O’Brien 2017).

Learning outcomes designed for IPE should be attainable only through interprofessional interaction (Thistlethwaite, 2012). Select or develop cases that have a teaching/learning point for each of the represented professions, which reinforces the interprofessional concept. Similarly, when developing discussion questions, work to encourage participation from all professions (O’Brien et al, 2017). Avoid discipline-specific jargon and empower learners to ask for clarification when terms are unfamiliar.

Facilitators serve as role models, as learners observe interactions amongst teachers from different professions “and often incorporate language, behaviors, and attitudes into their own practice based on what they observe” (O’Brien et al, 2017, p. 1217). Be mindful in your interactions with other professions, including the way you speak about them when they are not present. Your words and actions help shape the way learners behave in practice.

For curricular resources, please visit the [IPE PORTAL on MedEdPORTAL](#).

TIPS FOR SUCCESS

Make connections for the students: Attach the information and activities to their patient care roles and responsibilities to create a meaningful learning experience for all learners.

Be a role model: For students to function in a multidisciplinary environment, they need to learn from educators who demonstrate these skills (Thistlethwaite 2012).

Be aware: O’Brien et al (2017): Pay attention to differences in “power, knowledge, language, and culture” of the various professions you are involving in an IPE event or program (p. 1214).



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Contact the Office of Educational Improvement for a consultation on how to incorporate flipped classroom design into your course. We have resources available to assist you with instructional design, faculty development and more.