IPE Learning: AHEC Programs Respond Nationwide

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Background

- Engaging in Interprofessional Education (IPE) was added to the AHEC program guidance in 2011 as new focus area
- AHEC Programs have delivered successful academic and community-based programs for multiple health professions for years
- · During the 2011 NAO/HRSA Conference in Washington DC, AHEC engagement in IPE received quite a bit of attention and interest
- On behalf of NAO and the Program Directors Constituency Group (PDCG), David Pole and Elyse Perweiler developed and disseminated a survey in December 2011 to all Program Offices and AHEC Regional Centers to determine current IPE programs, what professions are involved, to identify sample programs, and elicit ideas on how NAO could support the expansion of IPE delivery by AHEC programs

What is Interprofessional Education? And how is it different?

- Interprofessional education, as promoted by the World Health Organization, is: "when students (learners) from two or more
 professions learn about, from, and with each other to enable effective collaboration and improve health outcomes"
- IPE thus involves interaction among the participants, a development of knowledge and skills that improve collaboration and teamwork, and the goal of improving interprofessional collaborative competencies to improve health outcomes for patients
- <u>Multi-disciplinary</u> education may involve providing programs for different health professions, or having different professions in the same learning environment, but may not include explicit learning outcomes around collaboration, teamwork, or learning about and from each other. <u>Interdisciplinary</u> is most often collaborative efforts <u>within</u> the same profession (primary care, cardiologist, cardiovascular surgeon all managing a heart disease patient, but not extending beyond the profession of medicine)

Examples of what AHEC Programs are doing in IPE

- · Single event programs like disaster preparedness or community health promotion activity, diabetes day
- IPE curriculum and service learning integrated into a longitudinal, 2-year program caring for vulnerable populations and quarterly learning retreats for students from medicine, nursing, pharmacy, PA, social work, and dentistry
- Interprofessional clinical coaching curriculum delivered via distance learning to rural clinical sites
- Interprofessional Team Seminar, series of 6 sessions with over 600 students from 7 professions (medicine, nursing, PA, social work, OT,
 PT, and pharmacy) students work through complex cases in faculty-facilitated, small groups to understand different roles of professions and develop teamwork and communication skills to improve patient safety and outcomes
- AHEC collaboration with the family medicine residency to expand training to include IP teams of medicine, pharmacy, social
 work/behavioral health, nursing, and working to add PA to the residency training sites
- House calls a collaboration with medicine, nursing, health education, and communication disorders; students get an introduction to teamwork, student teams have 4 visits over a 1-1/2 year period with an elder in the community, each visit has explicit learning outcomes
- AHEC was instrumental in launching IPE initiatives at the medical university and having IPE identified as a priority in the strategic plan
- · Sponsoring IP Continuing Education programs focused on the PCMH, teamwork, and collaborative care at the local health centers

Next Steps – What do you want from NAO regarding IPE?

* Note: These items will be discussed during the conference presentation on Wednesday, Aug 1, by David Pole and Elyse Perweiler

- Definitions and examples of IPE programs
- Showcase successful AHEC IPE programs
- Highlight AHEC best practices for teaching and partnering in IPE
- IPE resources and references (key articles and best practices)
- · Provide standardized, high quality curriculum we can implement
- program development and/or evaluationInformation and guidance on how to star
 - Information and guidance on how to start doing IPE and how to move along continuum to more advanced IPE programming

Competencies for Interprofessional Collaborative Practice in

Funding and staffing are real restrictions to any program expansion
 Provide a menu of IPE programs, resources, and options

Samples and discussion of programs using the Core

CHANGING HEALTHCARE







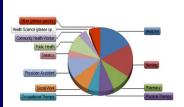
AHEC Program Offices Engaged in IPE

35 Program Offices responded to the survey representing 27 states/territories

28 Programs (80% of responses) are currently engaged in delivering IPE programs;

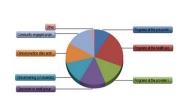
This corresponds to 48% of 58 AHEC Program Offices nationwide

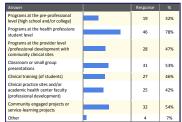
What professions currently participate in your IPE programs?



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Profession	Response	%		
Medicine	26	96%		
Nursing	26	96%		
Pharmacy	17	63%		
Physical Therapy	10	37%		
Occupational Therapy	7	26%		
Social Work	10	37%		
Physician Assistant	18	67%		
Dietetics	6	22%		
Public Health	12	44%		
Community Health Worker	6	22%		
Health Science (please specify)	3	11%		
Other (please specify)	6	22%		

In what settings are you delivering your IPE programs?





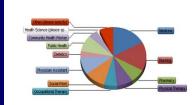
AHEC Regional Centers Engaged in IPE

57 AHEC Centers responded to the survey representing 29 states/territories

32 Centers (56% or responses) are currently engaged in delivering IPE programs

This corresponds to 12.5% of 255 AHEC Regional Centers nationwide

What professions currently participate in your IPE programs?



Professions	Response	%
Medicine	30	94%
Nursing	28	88%
Pharmacy	13	41%
Physical Therapy	14	44%
Occupational Therapy	11	34%
Social Work	18	56%
Physician Assistant	17	53%
Dietetics 6 Public Health 16	6	19%
	16	
Community Health Worker	y Health Worker 8	
Health Science (please specify)	3	9%
Other (please specify)	12	38%

In what settings are you delivering your IPE programs?



	Response	
Programs at the pre-professional level (high school and/or college)	13	41%
Programs at the health professions student level	22	69%
Programs at the provider level /professional development with community clinical sites	15	47%
Classroom or small group presentations	11	34%
Clinical training (of students)	12	38%
Clinical practice sites and/or academic health center faculty (professional development)	13	41%
Community engaged projects or service- learning projects	15	47%
Other	3	9%