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# Implementation of an IPE Certificate Program: The Fork in the Road



# Learning Objectives

- To identify the complexities inherent in the delivery of an effective IPE program
- To identify ideas for creating positive IPE learning outcomes
- To discuss appropriate ways of evaluating IPE learning



# What is IPE?

Students in different professions learning about, from and with one another to enable effective collaboration and improve health outcomes.



# Timeline

- June, 2011 'Moving Ahead with Interprofessional Education' document
- January, 2012 IPHE Program launched in Halifax and Yarmouth
- Spring 2013, 14 & 15 evaluated current program
- Sept 2014, New revised program launched



# IPE Needs

- 840 students each requiring 2 events equals 1680 events/year
- Events online, face to face, videoconference, mixed method and range from 2-9 hours
- Partnering with multiple schools, faculties and institutions
- Mentoring interprofessional collaboration to our students
- Program delivered in urban and rural setting



# School of Nursing IPE Requirements

- Register for IPHE4900 in all terms of study.
- Complete 2 IPHE Experiences per calendar year of study
- Students are required to complete a minimum of two experiences at the Immersion competency level.
- At least one IPHE experience needs to be in the practice setting.
- Attendance is mandatory at the Faculty of Health Professions Year One IPHE orientation



# Portfolio Requirements: 2011-2014

1. A student journal submission for each experience (due 2 wks post experience)
2. Student recording of each IPHE experiences on a Tracking Table. (due 1 wk post experience)
3. Both the journal and the Tracking Tool will be housed on the IPHE4900: Nursing Portal BbLearn website





# Feedback

2013: 5/8 students responded = 62.5%

2014: 20/34 students responded = 58.8%

2015: 62/179 students responded = 34.6%

Question <sup>1</sup>	% Agree/SA 2013/14/15
The IPHE4900 site provided appropriate information regarding the IPE requirements	75%/55%/56%
The Online journal tool was easy to use	50%/63%/62%
The Online tracking table was easy to use	25%/45%/56%
It was easy to complete the number of required IPE experiences needed for the certificate	50%/75%/48%
It was easy to accommodate the number of required IPE experiences in the BScN program	75%/55%/46%
I prefer to have IPE experiences embedded in the nursing program	100%/75%/82%
I like having the option to complete IPE experiences outside of nursing courses	0%/35%/47%

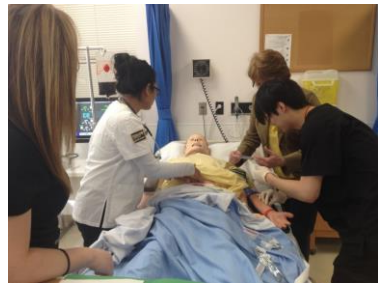


# Feedback

Question <sup>1</sup>	% Agree/SA 2013/14/15
Provided me with knowledge and understanding of and respect for the expertise , roles and values of other health and human service professionals	100%/50%/54%
Helped me better understand the concept and practice of patient/client/family centered care.	50%/30%/52%
Helped me to develop more positive attitudes related to the value of collaboration and teamwork in health and human service contexts	50%/65%/57%
Helped me to develop more effective communication, teamwork and leadership skills as applied in Interprofessional context	75%/40%/%
Helped to develop Interprofessional communication skills	%/%/56%
Have a stronger commitment to practicing interprofessionally	%/%/61%
Feel more confident in their capacity to collaborate with other professionals	%/%/45%
Have a better understanding of how other professionals might work with my profession in the health care setting	%/%/64%
Helps better prepare me for the working environment	50%/42%/38%

# What's New?

- Rewrote old policy to clear up ambiguity
- Created a new policy for incoming student's new program
- Added a course syllabus
- New IPE learning management system class site for each incoming class
- Added email updates at the beginning of each new academic year
- Met with student leaders to share and gather information
- Created an IPE Coordinator role



# New Portfolio Requirements: 2014-Present

1. Student recording of each IPHE experiences on a Tracking Table. (due 1 wk post experience) (housed on the N4900: Nursing Portal BbLearn website)
2. IPE scholarly paper at beginning and end of the program integrated into core courses
3. ICCAS completed at the start of the program and at the end of each year of study



# Creating Positive IPE Learning Outcomes

- Moved IPE experiences to better match learning outcomes with student learning needs
- IPE Coordinator involved in development of new IPE experiences
- IPE Research



# Evaluating IPE Learning

- Addition of ICCAS to measure learning outcomes
- Standardized individual IPE experience evaluation tools based CIHC interprofessional competencies
- Addition of scholarly writing as part of IPE Program
- Continued yearly IPE program evaluation

# Student Feedback

“IPHE helped to show me that healthcare doesn't have to be a hierarchy. Healthcare functions better if it is a team activity, and IPHE prepared me for team dynamics with professionals from many fields”

“It is fascinating to see how well various health care specialties can work together and contribute to a bigger picture. It is evident that in-depth inter-professional care indeed equates to improved patient outcomes.”

“Finding out what others knew about my particular profession was educational and help to establish the perception of what my professional role is in the eyes of others”

# Questions





# References

- Archibald, D., Trumppower, D., & MacDonald, C., (2014). Validation of the interprofessional collaborative competency attainment survey (ICCAS). *Journal of Interprofessional Care*, Early online: 1-6 DOI: 10.3109/13561820.2014.917407
- Canadian Interprofessional Health Collaborative (2007). *Interprofessional education & core competencies: Literature review*. Vancouver: University of British Columbia. Retrieved from [http://www.cihc.ca/files/publications/CIHC\\_IPE-LitReview\\_May07.pdf](http://www.cihc.ca/files/publications/CIHC_IPE-LitReview_May07.pdf)
- Canadian Interprofessional Health Collaborative (2008). *Knowledge transfer & exchange in interprofessional education: synthesizing the evidence to foster evidence-based decision-making*. Vancouver: University of British Columbia. Retrieved from: [http://www.cihc.ca/files/publications/The\\_Evidence\\_For\\_IPE\\_July2008.pdf](http://www.cihc.ca/files/publications/The_Evidence_For_IPE_July2008.pdf)

# References

- Canadian Interprofessional Health Collaborative (2010). *A National Interprofessional Competency Framework*. Vancouver: University of British Columbia. Retrieved from [http://www.cihc.ca/files/CIHC\\_IPCompetencies\\_Feb1210.pdf](http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf)
- Charles, G., Bainbridge, L. & Gilbert, J. (2010). The university of British Columbia model of interprofessional education. *Journal of Interprofessional Care*, 24(1), 9-28. DOI: 10.3109/13561820903294549
- Hammick, M., Freeth, D., Koppel, I., Reeves, S. and Barr, H. (2007) 'A best evidence systematic review of interprofessional education: BEME Guide no. 9', *Medical Teacher*, 29:8, 735 – 751. DOI: 10.1080/01421590701682576
- Memorial University (2006). Report of the Presidents committee to elucidate ways and means to optimize collaborative/interprofessional education and research among the health professions in Memorial University of Newfoundland. Retrieved from [http://healthprofessions.dal.ca/Files/9.\\_MUN\\_VP\\_Report\\_on\\_IP E.pdf](http://healthprofessions.dal.ca/Files/9._MUN_VP_Report_on_IP_E.pdf)