

**Developing Competencies for Interprofessional Collaborative Practice:
A Curriculum for an
Interprofessional Seminar on Integrated Primary Care**

Ronald H. Rozensky

University of Florida

Catherine L. Grus

American Psychological Association

Jeffrey L. Goodie

Uniformed Services University
of Health Sciences

Liza Bonin

Texas Children's Hospital

Brian D. Carpenter

Washington University
of St. Louis

Benjamin F. Miller

University of Colorado Denver
School of Medicine

Kaile M. Ross

University of Colorado Denver
School of Medicine

Bruce D. Rybarczyk

Virginia Commonwealth University

Anne Stewart

James Madison University

Susan H. McDaniel

University of Rochester
School of Medicine

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Abstract

Health care is increasingly delivered through team based, collaborative strategies. Providing opportunities for interprofessional education is important for building interprofessional collaborative practice competencies. An *Interprofessional Seminar on Integrated Primary Care* (IS-IPC) designed to meet this need is described in this article. This resource is based on a conceptual model that views interprofessional team-based learning as the foundation of an iterative process, with education and practice informing one another. The IS-IPC can be used to educate an interprofessional group of learners¹ about key topics relevant to working together in a successful and integrated primary healthcare team. The IS-IPC addresses eight foundational content domains organized as modules with both a content outline and curricular resources. The *Seminar* can be customized by educators to fit their local environment and meet local pedagogical philosophy and learning objectives. In this paper we describe each module, steps to establish an interprofessional seminar, common challenges in creating interprofessional learning experiences, and strategies to mitigate these challenges. The IS-IPC was designed to be a resource in the development of interprofessional educator partnerships at the local level and to inspire learners to develop greater awareness, skills, and innovations in collaborative care.

KEY WORDS: education, training, interprofessional, integrated primary care

¹ The term “learner” is used generically when referring to students, trainees, and practitioners from all professions.

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Traditional health professions' education and training programs continue to introduce new practitioners into the healthcare system who are predominantly trained within a single professional perspective. This lack of engagement with other disciplines during educational experiences, prior to clinical training, does not support development of competencies for interprofessional collaborative practice. The result of this misalignment of education and training to practice and community need has led many to write about the importance of interprofessional education and training and education (Earnest & Brandt, 2014).

In this paper an *Interprofessional Seminar on Integrated Primary Care* (IS-IPC) is presented that is comprised of a series of modules for use in a classroom-based seminar to foster the competencies needed for working in integrated primary care (American Psychological Association, Interprofessional Seminar on Integrated Primary Care Work Group, 2017; available for free download). IS-IPC is designed to engage learners from all healthcare professions in interprofessional experiences early in their training. IS-IPC modules focus on a set of core knowledge domains that all healthcare professionals must acquire and master; thus it is ideally suited for interprofessional education. Many of the modules in the IS-IPC are organized such that there are opportunities to develop the *Core Competencies for Interprofessional Collaborative Practice: 2016 Update* (IPEC, 2016).

Topics in the IS-IPC include: an introduction to interprofessional education and healthcare, integrated primary care, population health, ethics, leadership, quality improvement, healthcare finance, and health policy and advocacy. Included in each module are 1) expected learning outcomes and relevant interprofessional competencies, 2) detailed information for use in

a syllabus such as suggested classroom activities, references and other resources, and 3) suggestions for measuring learning outcomes. The IS-IPC is purposively designed to offer flexibility to educators. That is, educators may choose to use one or more of the modules, or use selected content from the modules, to create their own local seminar or lecture series.

Each module infuses recognition and discussion of diverse professional perspectives, as well as diversity related to demographic differences (such as gender, race, ethnicity, socioeconomic status, geography, abilities). With regard to professional diversities, this includes differences and similarities across individual professionals, among professions and their cultures, and within and across the diverse cultures of healthcare organizations.

This article describes the conceptual basis, rationale for, and process of developing the IS-IPC. We also discuss the implementation of each module and ways to mitigate commonly encountered challenges when designing an interprofessional learning experience. More in-depth discussions of each topic can be found in the complete curriculum which is available as a free resource on the American Psychological Association website

(<http://www.apa.org/education/grad/curriculum-seminar.aspx>).

Theoretical and Practical Reasons for the Interprofessional Seminar

Development of the IS-IPC occurred in the context of increased attention to training healthcare professionals using interprofessional education (IPE) to develop the competencies necessary for biopsychosocial focused, collaborative practice. Although IPE dates back decades in the literature (Brandt, 2015), the current, rapidly changing healthcare system in the U.S. is fostering an environment that widely supports adoption of this pedagogical approach to learning and ultimately, to practice. Interprofessional education, as defined by the World Health Organization (WHO), “occurs when students from two or more professions learn about, from,

and with each other to enable effective collaboration and improve health outcomes (WHO, 2010, p. 13).” Regardless of changes in healthcare legislation, interprofessional education and integrated team-based care are here to stay; healthcare in the 21st century is far too complex to be carried out effectively by one professional or one profession (Rozenky, 2014).

Figure 1 reflects a conceptual model of the iterative process of interprofessional team-based learning. The current curriculum can serve as the foundation or first step in that process and that process in turn informs and is reflected in the curriculum. This model depicts the process by which IPE relates to healthcare team performance and outcomes. In this framework, IPE involves development of shared knowledge, skills and attitudes central to effective interprofessional collaborative practice (reflected in curriculum content), delivered in an interprofessional context that affords participants the opportunity for team learning (accomplished in an interprofessional seminar). Sharing the learning experience and knowledge among professions has a direct and positive impact on future team-based services (Nelson, Tassone, & Hodges, 2014). A proposed important mechanism for how IPE contributes to effective collaborative care is through the development of shared mental models of the goals and processes of care (Haig, Sutton & Whittington, 2006). When team members come to consensus on expectations, roles, tasks, and desired outcomes, they are more likely to collaborate effectively for the benefit of the patient. Effective team performance has a direct impact on the ultimate effectiveness of patient care (IOM, 2015; Reeves, Perrier, Goldman, Freeth & Zwarenstein, 2013; Reiss-Brennan et al., 2016; WHO, 2010), with provider well-being and “joy in practice” playing key roles in both the quality of team performance and health outcomes (Bodenheimer & Sinsky, 2014; Sikka, Morath, & Leape, 2015). Our model illustrates mutual and reciprocal influences and emphasizes a process wherein education is informed by practice and

practice by education (IOM, 2015). The IS-IPC detailed in this article provides an educational resource that can be used as a first step in that iterative process

Transforming health professions' education and training through increasing opportunities for IPE can and should occur both in the classroom and in a range of clinical settings (Garr, Margalit, Jameton & Cerra, 2012). Interprofessional classroom-based learning experiences offer an ideal venue to start to socialize learners to develop an interprofessional collaborative approach to practice, address knowledge and attitudes and optimally incorporate discussion-based activities for learners prior to or concurrent with providing the direct services milieu (Steffen, Zeiss & Karel, 2014). The IS-IPC addresses the need for interprofessional, didactic preparation with a focus on classroom-based activities that encourage learning, interaction, and reflection. Further, classroom-based learning activities can be offered to learners early in their training, as recommended by many (Carter Center Mental Health Program, 2011). Altogether, the IS-IPC advances the national and international focus on creating educational resources to foster the development of interprofessional competencies.

Development of the Seminar

In recognition of the call for transformation of health professions' education to meet the needs of interprofessional team-based care, a work group of psychologists was formed as one of Dr. Susan McDaniel's (APA President, 2016) Presidential Initiatives. Members of the group all were experienced in the planning and implementation of interprofessional education programs and practices in settings including community hospitals, health science centers, outpatient facilities, and university based training sites. The group completed an extensive review of the literature across professions in preparation for developing the curriculum. Once the group had a

draft, we asked selected colleagues from medicine, physical therapy, and pharmacy² to review, comment, and make recommendations that further enhanced the content, resources, references, and style of the IS-IPC.

The Interprofessional Seminar on Integrated Primary Care

The IS-IPC was designed in such a way that the content of the topic-specific modules consists of information that learners from any health profession needs in order to provide services in an integrated primary care setting. The scope of this project was not to build an exhaustive, turnkey curriculum; instead, the goal was to provide detailed outlines for each module with sufficient information and resources so that instructors – from any profession – could easily develop a lecture, seminar session, or local course syllabus. Each topic module could serve as a stand-alone lecture inserted into an existing course, a special topic lecture at grand rounds, or part of a comprehensive seminar that includes all the modules. There is some purposeful overlapping of general content across modules, but the focus of each module is on a specific topic. The modules contain numerous case examples and learning activities that incorporate problem-based learning and encourage self-reflection. The final section of the IS-IPC discusses adding to the IS-IPC with local examples and activities, and overcoming challenges common to that environment. The latter section is intended to help individuals developing their IPE experience to identify goals and resources and recognize potential challenges a priori.

This IS-IPC was constructed for use with learners early in their health professions education. It can serve as an interprofessional foundation prior to, or early on in their first clinical training experience. Although the IS-IPC can be used for learners at other levels, the

² The work group would like to thank the following individuals for their review and comments on a draft version: Alan Dow, MD, MSHA; Jody S. Frost, PT, DPT, PhD, FNAP; Dana P. Hammer, PharmD, PhD; David Trinkle, MD.

content of the IS-IPC may require adaptation for more advanced learners. Likewise, the IS-IPC may be helpful as a professional development tool for faculty who have different levels of expertise with integrated care. Although designed for use early in the sequence of education across all professions, the option for faculty partners include medical residency directors as well as clinical training directors in other health professions such as pharmacy, nursing, psychology, occupational and physical therapy, and social work, as local culture and connections allow.

Impact of the IS-IPC can be guided by selecting an evaluation framework prior to the implementation of the IS-IPC or a given module. Using an evaluation framework helps guide decisions about what will be assessed and how. The Kirkpatrick model (1994) looks at learner, patient, and organizational impact. The Leicester Model (2008) focuses on experiential learning in the patient or community context. Another measurement framework is found in the IOM report, *“Measuring the impact of interprofessional education on collaborative practice and patient outcomes”* (IOM, 2015). Included in this report is a model for evaluating interprofessional education experiences that looks at the learning continuum from education to practice; a variety of outcomes include learning, systems and health; and factors that either enable or inhibit outcomes. Using an evaluation framework enables thoughtful decisions about assessment methods and content that are tied to expected levels of performance.

No matter what framework, if any, is used, educators using the IS-IPC are encouraged to assess student learning outcomes and also gather feedback from faculty instructors at the programmatic level. The IS-IPC provides recommended activities to assess learning outcomes, but educators also may also wish to consider assessing learner attitudes using pre-post self-evaluations, such as the Interprofessional Education Collaborative Competency Survey (Dow, Diaz Granados, Mazmanian & Retchin, 2014) and the Interprofessional Socialization and

Valuing Scale (King, Shaw, Orchard & Miller, 2010). Feedback can be collected from faculty regarding both their experience using the IS-IPC and the degree to which learners were able to demonstrate the learning objectives. Impact of the IS-IPC, or a module, should also be considered as part of program-level evaluation of activities to promote interprofessional education to determine the need for modifications in content or delivery.

Additional Interprofessional Education Resources

The IS-IPC draws from material available from extant web-based resources, but, given the rapidly changing landscape of both interprofessional education and healthcare service delivery, faculty interested in utilizing the IS-IPC are encouraged also to become familiar with information available from sources that contain up-to-date materials such as (1) Institute for Healthcare Improvement (IHI): www.ihp.org; (2) MedED Portal: <https://www.mededportal.org/>; and (3) National Center for Interprofessional Practice and Education (the Nexus): <https://nexusipe.org/>

Content Modules

This section presents the eight content modules of the IS-IPC. Each description briefly details the topic, its importance to interprofessional education in primary care, expected learning outcomes, and key resources. A brief description of the section on overcoming barriers to interprofessional education also is included.

Module 1: Elements of Interprofessional Care

The primary content for the Elements of Interprofessional Care was derived from the Core Competencies for Interprofessional Collaborative Practice report (IPEC, 2016). The interprofessional education and collaborative practice competencies are designed to promote interprofessional curriculum development and, ultimately, to support the quadruple aim of

enhancing quality patient care, improving population health, reducing healthcare costs, and addressing clinician and staff satisfaction (Berwick, Nolan & Whittington, 2008; Bodenheimer & Sinsky, 2014).

The domain of interprofessional collaboration and associated competencies may be viewed as providing an IPE roadmap to guide students in the health professions, helping them acquire the knowledge and skills needed to collaborate effectively in primary care and other settings and service delivery systems. This module provides crucial foundational knowledge to familiarize students with the historical and current context of interprofessional education and practice including the domain of interprofessional collaboration and corresponding core competencies and subcompetencies: Values/Ethics for Interprofessional Practice, Roles and Responsibilities, Interprofessional Communication, and Teams and Teamwork.

An important focus of this module is on understanding the “cultures” of other professions. Toward that end, instructors are strongly encouraged to provide students with multiple opportunities to exchange personal and professional information as they discuss readings and complete collaborative assignments in interprofessional groups. For example, students may share responses to “Who inspired your choice of study?” and “What misconceptions do you think other professions may have about your profession?” in addition to explaining their discipline-specific program of study, clinical experiences, and licensing requirements. Beginning the seminar with activities for students to meaningfully connect can support continued authentic exchanges.

Learning outcomes associated with this module are to be able to: define interprofessional education; be familiar with interprofessional core competencies; discuss the relationship between interprofessional collaborative competencies and the practice of primary care; examine the

impact of interprofessional collaborative care on patient safety, accessibility, and quality of care; describe factors in the changing healthcare environment that support increasing interprofessional collaboration; and to identify facilitators and barriers to interprofessional collaborative education and practice.

Module 2: Rationale for Integrated Primary Care

Primary care settings require high levels of interprofessional collaboration and involve a wide range of professionals. Primary care has been recognized traditionally as the “de facto” mental health system in the U. S. (Regier, Narrow, Rae, Manderscheid, Locke, & Goodwin, 1993). As efforts increase to create patient-centered medical homes (PCMH), more behavioral health providers are being integrated into primary care settings (Baird et al., 2014). Embedding behavioral health professionals into the PCMH helps the primary care team more effectively target behavioral health needs of the populations they serve, but it also increases the need for everyone working in primary care to understand the interprofessional issues that accompany integrating new professionals. The Rationale for Integrated Primary Care module describes the broader interprofessional competencies (Interprofessional Education Collaborative, 2016) for working in integrated primary care settings, the specific competencies for behavioral health professionals working in these environments (McDaniel et al., 2014), and provides an overview of why and how behavioral professionals can integrate into primary care settings.

The content and in-class activities help learners reflect on differences between integrated and traditional behavioral healthcare (e.g., behavioral healthcare provided in outpatient behavioral health clinics). Learners are introduced to concepts that serve as foundations for providing behavioral healthcare in the PCMH such as the Quadruple Aim (Bodenheimer & Sinsky, 2014), biopsychosocial approaches (Borrell-Carrio, Suchman, & Epstein, 2004; Engel,

1977), and factors contributing to good interprofessional teamwork (Bennett & Gadlin, 2012; Bennett, Gadlin, & Levine-Findley, 2010). The module concludes with descriptions of the continuum of behavioral health integration models (e.g., Collins, Hewson, Munger, & Wade, 2010) and the impact on those models on the interprofessional skills that are required for success.

The learning outcomes for this module include to be able to: differentiate between traditional mental healthcare and primary care behavioral health; describe the rationale for integrating into primary care; and describe the methods for behavioral health integration and the impact that types of integration has on interprofessional relationships.

Module 3: Population Health

Incorporating population health approaches in integrated primary care offers the opportunity to promote health for large groups of people (populations) in contrast to the traditional individual patient-clinician encounter. As such, the population health module prepares health professional learners to think about the health of populations and how to design service delivery using this framework. The definition of population health is *the health outcomes for a group of individuals, including the range and distribution of outcomes within that group* (Kindig & Stoddart, 2004). Central to a population health is the recognition of the social determinants of health, that is, recognition that the health and wellness of individuals and populations are influenced by the social, political, and environmental conditions in the places where they are born, live, work, and play.

Instruction can be augmented by having learners watch and then discuss online videos about population health. A number of relevant resources include two modules from the Institute for Healthcare Improvement (IHI, 2016). In-class discussions should focus learners on key constructs such as the social determinants of health and health disparities (see National

Academies of Sciences, Engineering, and Medicine, 2016). Teams of learners might then interview a consenting patient regarding social barriers to accessing healthcare and to making the recommended changes in behavior that could improve that person's health and well-being. The class may also examine a sample registry showing the incidence of, for example, depression or diabetes in a particular population of people. They then can discuss interventions that might be useful at that population level. For instructors seeking more in-depth coverage of the topic, the Association for Prevention Teaching and Research (2004, 2015) provides additional curricular resources.

Five learning outcomes reflect the goals of this module to be able to: describe how social determinants of health and health disparities affect clinical practice; articulate how healthcare policy is promoting the integration of population health approaches into primary care; demonstrate how a population health and prevention approach can be implemented in the primary care setting; discuss how a population health approach can be used to address behavioral health needs in the primary care setting; and describe how primary healthcare can be provided to a defined community based on its assessed health needs.

Module 4: Ethics

Ethics are a mutual and relevant concern among healthcare professions. Exploring and discussing ethical issues is an ideal vehicle for learners from different professions to gain understanding of their own and one another's professions (McDaniel, Belar, Schroeder, Hargrove, & Freeman, 2002). The Ethics module presents interprofessional learning experiences to examine complex dilemmas encountered in primary care practice.

Opportunities to identify and problem-solve about ethical issues resulting from assumptions about other disciplines in primary care that can arise from lack of role clarity and

poor communication, are provided in this module. Exercises use case-based information and require interprofessional, interpersonal interaction. Role plays, interviews, shadowing professionals, or conducting primary care site visits are examples of activities that help student comprehend the ethical, legal, and cultural issues in primary care practice. Consistent with the importance of self-reflection for effective practice, learners are given opportunities to contemplate and share their personal and professional values related to interprofessional ethical concerns.

Prior to participating in this module, learners are expected to have acquired knowledge and understanding of their individual profession's code of ethics and the standards of ethical and legal practice within their own profession so they can then be shared during discussions.

Learning outcomes correspond to the Interprofessional Education Collaborative Values and Ethics competencies (IPEC, 2016) in the context of a primary care setting and include to be able to: demonstrate knowledge of one's own and others' professional ethical codes, principles and practices; explore personal and professional values related to interprofessional practice in primary care; describe a decision-making framework and process for ethical decision-making; identify ethical, legal, and cultural issues related to interprofessional decision making within primary care; and identify resources and strategies to support ethical and interprofessional practice.

Module 5: Models of Leadership

Until recently, healthcare teams were often organized around a singular leader, one person who had the administrative authority to guide the team in its daily operations. This model of leadership posed limitations to the effectiveness of teams, where no one person could manage the complex and dynamic situations in modern healthcare. This model may still be true

administratively. More recent conceptualizations have emphasized a shared, collaborative form of clinical leadership, in which leadership functions move from person to person based on the expertise needed in a given situation. Collaborative leadership structures come with their own demands, however, and team members must understand the scope of practice of each team member, communicate effectively, and be prepared to take on the leadership role when needed. In addition, effective leadership demands attention to diversity among members and across teams and an appreciation for how emerging technologies are shifting when and how leadership takes shape. The Models of Leadership module presents several contemporary models of leadership in interprofessional healthcare teams, describes typical structures and functions of leaders, and addresses some of the assumptions behind these models and considerations for their implementation.

Learning activities expose students to different conceptualizations of leadership, encourage analysis of power hierarchies in organizations, analyze scales to measure leadership features, and promote contact with leaders in healthcare settings. The module has four learning outcomes to be able to: compare the structure, function, strengths, and limitations of past and contemporary models of interprofessional leadership; describe key traits and behaviors of leaders that facilitate the effectiveness of interprofessional teams in primary care; articulate the effect of current and emerging technologies on the work of leaders on interprofessional teams; and describe how the diverse backgrounds of interprofessional team members and diverse organizational cultures can influence leadership on teams.

Module 6: Quality Improvement

Given the significant gaps between expected and actual quality of healthcare, ongoing improvement of care and health outcomes is critically important (IOM, 2001). Clear recognition

exists that to improve our healthcare system, quality improvement (QI) competencies are required for all healthcare professionals (Headrick et al., 2013; IOM, 2003). Beyond proficiency in QI methods, the commitment to improve is a foundational value that must be actively fostered in all emerging healthcare professionals.

Implementation of QI is an interpersonal process that requires effective team collaboration and communication (IOM, 2001). Given that effective team functionality and shared aims are necessary for improvement efforts to be successful, interprofessional education is the optimal approach for building QI competencies. The QI module addresses the context for and drivers of quality improvement in healthcare, as well as foundational knowledge and skills for effective future participation on QI teams. The module describes challenges to quality and safety in healthcare, the importance of QI as a shared responsibility, potential targets for improvement, systems thinking, and core components of the Model for Improvement framework.

The QI module provides the opportunity for learners to share and reflect on experiences and perspectives about healthcare quality including barriers to effective teamwork, patient-centered care, and equity. In-class activities and discussion provide a forum for learners to develop shared knowledge and skills for how to improve, and also also shared values that support quality, safety, and collaborative practice. A key opportunity of this module is development of increased understanding and respect for what different professions bring to QI efforts.

The module has four learning outcomes to be able to: describe key concerns regarding healthcare quality and the importance of QI; describe the importance of systems thinking for effective implementation of QI; identify key components for the Model for Improvement

framework; and demonstrate basic knowledge and skills necessary for implementation of the Model for Improvement.

Module 7: Healthcare Financing

A basic understanding of healthcare financing is critically important in the integrated primary care setting (Miller et al., 2017). Healthcare financing is broadly defined by the WHO as *the function of a health systems concerned with the mobilization, accumulation, and allocation of money to cover the health needs of people individually and collectively* (WHO, 2010, p. 72). The Healthcare Financing module aims to foster analytic thinking regarding the influence that payment for healthcare services has on the delivery of clinical services within interprofessional settings such as integrated primary care. Without knowledge of healthcare financing, frontline clinicians may not fully understand how payment dictates what they do or do not do in the delivery setting.

The Healthcare Financing module begins with a brief historical overview of payment in healthcare before exploring the current predominant financial model (fee-for-service) as well as alternative payment models (e.g., global payments, capitation, bundled payments, etc.). Learners can increase their understanding of healthcare financing through suggested videos and articles and in-class discussions. Additionally, suggested learner activities promote interprofessional exploration of how payment models impact various healthcare professionals' ability to deliver team-based care in integrated settings. For example, learners are encouraged to interview one healthcare clinician from the same field as their own and one from a different field in order to understand how billing, payment, and reimbursement influences the interviewee's care delivery; learners are asked to discuss in class what they learn from the interviews.

The content of this module will allow the learners to understand how healthcare financing influences interdisciplinary healthcare clinicians' ability to provide financially sustainable team-based care in an integrated primary care setting. The module's four interprofessional learning objectives are key to developing future healthcare professionals who are able to demonstrate a general understanding of healthcare financing. Learning outcomes include being able to describe: the historical context that gave rise to the current healthcare finance structure; the fee-for-service model; at least two alternative payment models; and the impact that various financial models have on the learner's own profession's and other professions' abilities to provide financially sustainable, team-based care to patients in an integrated primary care setting.

Module 8: Health Policy and Advocacy

Advocacy for policies that promote quality healthcare delivered by integrated teams is essential in the context of ongoing healthcare redesign in the United States. Although many disciplines offer training on the topics of advocacy and health policy (e.g., American Physical Therapy Association, 2013; American Psychological Association, 2014; Tomian, 2012), less attention has been given to training learners from multiple professions to advocate together to promote interprofessional collaborative practice. The Health Policy and Advocacy module defines health policy and political advocacy. The importance of advocacy as a core competency for each profession is discussed as well as the importance of team-based advocacy for interprofessional, team-based, integrated care throughout the healthcare system.

In-class activities can stimulate cross-profession discussion of the importance of health policy, healthcare reform, politics, and advocacy for each profession in support of a quality, integrated healthcare system. In addition, learners working in interprofessional teams can collaborate to develop advocacy for an integrated healthcare system. Other suggested learning

activities in this module include working together to write Op-Ed pieces and prepare advocacy talks for a Congress people that highlight the rationale for supporting funding for interprofessional team-based services.

Four learning outcomes reflect the goals of this module. Learners will be able to: describe changes to the healthcare system and their implications for interprofessional healthcare; describe the value of advocacy to support quality healthcare; discuss the basics of advocacy and the key components needed to engage in successful advocacy; and display skills required for putting advocacy knowledge into successful practice.

Overcoming Challenges to Building an IP Curriculum

Planning by interprofessional faculty will go a long way to building a successful interprofessional seminar. Headrick (2000) offers strategies to overcome some of the barriers to conducting interprofessional seminars. The IS-IPC document (APA, 2017) also provides an in-depth list of obstacles and solutions. Table 1 lists six of the initial challenges and strategies to address them when formulating the plan to structure, launch, and carry out the seminar. It is important to elucidate local issues and their solutions both to help in building the educator team and implementing the seminar.

Discussion

The goal of IPE, and of this seminar specifically, is to develop the competencies necessary for quality, collaborative practice for each individual healthcare provider and for each healthcare team across all practice venues. With the dissemination of the IS-IPC, next steps should include evaluating its usefulness as perceived by both faculty and learners. A survey via the seminar's website (APA, 2017) has been developed to begin to capture initial feedback regarding its utility. In addition to suggestions offered by users, it is likely the IS-IPC will

require regular updates given the rapidly evolving healthcare landscape. Existing modules must be enhanced and new topics added as the science and practice of healthcare progresses. Beyond faculty and clinician satisfaction and perceived usefulness, the ongoing study of the impact of interprofessional education on actual patient care outcomes is a must. Data illustrating improved patient outcomes will be necessary to help advocate for funding for both interprofessional education and to support its inclusion in curricula across all health care professions. As funding allows, different methods of interprofessional education – classroom-based, virtual interactions, combinations, and disassembling and rearranging content— must be studied to find the most efficient yet effective educational arrangements. Similarly, educating health care consumers about the importance of quality interprofessional health care will ensure that they seek team-based care for themselves and their families and support reimbursement for team based services.

The IS-IPC recognizes the importance of identifying potential local barriers that might challenge the implementation of the seminar. Building successful working relationships within the local team of educators and addressing a course evaluation framework to enhance the local evolution of the IS-IPC are keys to building a robust interprofessional team of educators and strengthening the seminar. Lastly, bringing students and patients into the planning and implementation processes of the local IS-IPC will make certain that each professional, from all disciplines, truly will become a patient centered healthcare provider.

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Table 1

Summary of Challenges and Actions/Strategies

Challenge	Action/Strategy
Finding partners in other health professional training programs	Suggested programs include (and are not limited to) nursing, medicine pharmacy, dentistry, social work, communication sciences and disorders, health sciences administration, physical and occupational therapy and dietetics
Getting “buy-in” from administration and other program colleagues	Look for “champions” within leadership. Focus on being a part of the cutting edge of healthcare training and future need for interprofessional competencies
Each participating professional program having its own academic schedule	Accommodate to program with the shortest time segment available
Curriculum overload that makes adding new course difficult	Offer as a 1-credit seminar and affiliate the seminar material with an existing course Consider the seminar an interprofessional ‘lab’ with most of learning taking place within the seminar class time
Providing resources and incentives for participating faculty	Course buy-out, collecting data to publish outcomes in peer-reviewed outlet, applying for internal or external grant awards for initial design and implementation of the IS-IPC Offer faculty and student recognition for participation
Choosing an effective structure and pedagogical approach for the IS-IPC	Choose approach that engages learners in active small interprofessional group discussion, paralleling the experience of working in a healthcare team

Figure 1. An Iterative Model of Interprofessional Education

