

Principles for Developing an Interprofessional Education Curriculum in a Healthcare Program

Thomas J Birk

College of Health Sciences, University of Wisconsin-Milwaukee, WI 53211, USA

Received: December 30, 2016; **Accepted:** January 27, 2017; **Published:** January 31, 2017

Corresponding author: Thomas J Birk

 birk@uwm.edu

Professor and Associate Dean, Office of Academic and Student Affairs, College of Health Sciences, University of Wisconsin-Milwaukee, WI 53211, USA.

Citation: Birk TJ. Principles for Developing an Interprofessional Education Curriculum in a Healthcare Program. *J Healthc Commun.* 2017, 2:1.

Interprofessional Education (IPE)

Interprofessional Education (IPE) has been a pedagogical method which has involved more than one professional discipline. For over the past ten years health professions and disciplines have had a goal to improve the quality of patient care by collaborating with each other [1]. The implementation of IPE has advanced the educational development of students in health sciences and healthcare beyond that of traditional curricula. The result being a greater understanding on the part of each student from different health disciplines of the quality aspects of patient care. Besides a greater understanding of quality patient care while still a student, IPE has fostered greater respect and positive attitudes amongst collaborative team members for improving patient outcomes [2,3].

IPE is an interprofessional collaboration of health disciplines which affords clients or patients an opportunity to receive quality of care that has been influenced by other health disciplines and expertise. A key tenet of the IPE approach is greater communication between healthcare professionals. Greater communication increases the diversity and choice of care options, subsequently providing a higher patient care quality [4]. IPE brings together learners, students, and faculty in an interactive, team oriented, collaborative forum. The collaborative aspect places all participants on a similar contributory level. This differs from the more traditional hierarchical development of health care professions, which typically has a leader from a healthcare profession in charge.

Improving teamwork and increasing cooperation in present day healthcare services is needed [5]. Interprofessional collaboration and IPE has been touted by the World Health Organization as "a necessary step in preparing a collaborative practice ready-ready" health force that is better prepared to respond to local health needs [6].

IPE has become a focus in health care as a means to improve patient centred quality and safety, particularly in chronic disease [1]. Through improved communication amongst health care providers, IPE can decrease redundancy of interventions, and reduce health care costs. The IPE training process for health care students should begin as early as possible in a higher education setting.

The purpose of this paper is to summarize principles and considerations in developing an IPE curriculum in an academic healthcare program.

Process

Preparing and developing an IPE curriculum can be challenging. First and foremost commitments are needed from university administration including deans and faculty from all professions and disciplines involved. Colleges and schools and the departments and programs within must commit time and resources for students to participate in the IPE course(s) and process. To facilitate curricular activities, departments and schools need to agree on a mapping or organizational format. The format should begin with basic collaborative activities and eventually proceed to a course(s). Facilities should have ample space to accommodate large numbers of students, faculty, staff and community members. An example might be a community space which would have a shared purpose for ice-breaking activities and introductions. The implementation of information technology for web-based conferences, and distance learning which will reach more participants should be considered. Also included should be a learning system to administer course content materials and an evaluative process for assessing the progress of students [7].

The IPE process involves different types of interactive learning. The different types of interactive learning share the principles of IPE which are collaborative, experimental, egalitarian and reflective activities [1]. Exchange based education uses small

group problem-solving activities as a means of interactive learning. More particular, students in group discuss issues in a case scenario setting and seek to resolve the case in a collaborative method. The perspectives of each student, being in a different health discipline and field, strengthen the case resolution.

Successful healthcare patient-oriented practice has principles of responsibility, accountability, coordination, communication, cooperation, and mutual trust and respect [7]. Hence, these principles should also be part of an IPE curriculum, where health science students can begin to learn and experience these concepts. Understanding and learning the values of different professions and disciplines is an important component of an IPE curriculum [8]. While fully understanding other professions is not a short-term goal for IPE, as students become more competent in their own education, greater insight is gained in the role they play in a healthcare team. Eventually students will begin to comprehend the relationships between and within other health science and healthcare professions. Consequently, the development of a uniform framework during the early part of an IPE curriculum that explains an optimal model of interprofessional interaction is important to implement.

There have been models of IPE that appear to be successful. But IPE is still evolving and the experiential aspects seem to elevate learner motivation and curiosity to take part and value the IPE process. For the ideal IPE settings, learners devote time not only reading but reflecting and integrating. IPE literature has provided examples of group engagement which describe robust education. This robust education has students engaging in interprofessional activities which result in greater insight into issues and tensions that occur.

Practice learning is a learning environment where IPE can be implemented. In a practice learning environment a healthcare student would usually be in clinical or field work experiences. In this situation the healthcare student would interact with a healthcare team responsible for patient care. While representing and accounting for plans and actions within one's own discipline or profession, practice learning provides invaluable insight into how other healthcare disciplines and professions would plan and act for a similar case situation.

Simulation has increased in use for healthcare education over the past five years. It has become a more implemented and useful addition to education and particularly interprofessional curricula [1]. Simulation has also become more refined with addition of computer technology and high fidelity instrumentation which is used to create clinical scenarios. These scenarios are then discussed by the healthcare team. Using mannequins to work out a team oriented response to a clinical scenario with high or low fidelity instrumentation, simulation has become a viable learning tool for learning roles within an IPE team. Simulating a case can also be staged with actual human subjects through role playing. Although not as convenient for learning, the use of human models has an advantage over computer technology by potentially facilitating actual human interaction.

Besides the use of computer technology with simulation, the use of programmed electronic learning modules, internet

videos, 24/7 electronic group learning, and synchronous as well as asynchronous learning, has also increased IPE learning opportunities. These electronic learning resources are effective tools for overcoming some of the content problems that have interfered with the process of this collaborative education [1].

In healthcare curricula, finding space in already crowded disciplines is generally the first problem to overcome. Second, and perhaps an initial consideration is a discipline consensus that IPE is appropriate in the curriculum. Typically, a healthcare discipline becomes an integral part of IPE if the discipline will be interacting with clients or patients. However, some disciplines in healthcare don't have direct patient contact, and may contend that they don't need to be part of a collaborative team of healthcare professionals. Facilitating IPE depends on a group of educators who are enthusiastic and committed to lead. They must be willing to provide rationale and justification for an IPE curriculum. The experienced leader or someone with a willingness to learn logistics of IPE learning must be able to assist with scheduling of classes, integrating different student groups, determining appropriate class sizes, finding space and accommodations for both small groups and perhaps larger groups with community involvement. In addition, IPE is facing accreditation challenges, primarily in training individuals who will provide IPE.

Developing an IPE curriculum has to consider the different professional cultures. Professional healthcare cultures for example in nursing, in medicine, and in occupational therapy vary, which complicates the task of delivering equitable IPE. IPE educators have to be thoughtful about the influence of the hidden curriculum. A hidden curriculum can be exhibited as part of faculty role modelling in front of students and how this may send the wrong messages to learners such as "if the faculty aren't really engaged, why should I bother?" [7].

In developing an IPE curriculum one of the methods that could attract more healthcare disciplines to the team is to have a list of disciplines that could or should have patient contact. Each healthcare discipline would determine and explain the possible patient contact(s), whether indirect or direct. Performing this inventory may increase insight into patient contact opportunities and consequently the importance of being represented as part of the collaborative effort. Performing a thoughtful inventory of possible patient contacts may also increase diversity of the healthcare approach and increase positive patient outcomes in the long run [9].

When development of the IPE begins learning methods need consideration. One approach in developing a healthcare IPE curriculum includes case-based learning in the classroom. In conducting a case-based learning approach written questions can be posed to students after presentation of a mock patient case. The questions should be constructed to determine what each student from a healthcare discipline knows about what his/her particular discipline would do for the patient case. Furthermore, by listening to other students from other healthcare discipline would do for the patient, each student gains greater insight into the patient case from another healthcare disciplines' viewpoint.

Further development of an IPE curriculum planning should initially include short-term client-patient goals. If long-term patient goals are part of the learning approach too early students tend to overly complicate and lose track of the goal setting process. This is especially relevant for undergraduate students in the first year of a healthcare curriculum. Also, by initially focusing more so on short-term patient goals for their respective healthcare discipline, the student will have greater insight into establishing realistic longer term goals [9].

As an IPE curriculum progresses and healthcare students become more knowledgeable of their particular discipline more long term patient planning can include details about treatment and intervention safety and efficacy while at home or in the community. Besides the details of treatment relevant to a particular healthcare discipline, students need to learn to function as a collaborative team. A progressive IPE curriculum will include reflection and learning retention components. Incorporating student reflection and evaluation will re-focus what IPE should achieve. That is, quality patient care which will increase scope as well as efficiency and efficacy.

When overall evaluation of an IPE curriculum is needed, the Readiness for Interprofessional Learning Survey (RIPLS) pre and post-participation is suggested. This 19 item questionnaire measures attitudes about teamwork, collaboration, professional identity, roles and responsibilities [9].

Conclusion

This paper has summarized some of the essential principles in developing an IPE curriculum for healthcare students. Each principle may need adjustment depending upon whether the healthcare students in an IPE curriculum are undergraduate or graduate level. Likely graduate healthcare students should have already been exposed to several of the concepts particularly working collaboratively. From an undergraduate perspective the principles summarized should provide how to develop an IPE curriculum from needed administrative and faculty support to learning methodology. Above all, IPE if not already, will continue to a focal point in a healthcare program which will facilitate students to learn to work as a team for the eventual betterment of the patient when out in practice.

References

- 1 http://macyfoundation.org/docs/macy_pubs/JMF_IPE_book_web.pdf
- 2 Barker K, Oandasan I (2005) Interprofessional care review with medical residents: lessons learned tensions aired: a pilot study. *J Interprof Care* 19: 207-214.
- 3 Karim R, Ross C (2008) Interprofessional education and chiropractic. *J Can Chiropr Assoc* 52: 766-778.
- 4 Graves M, Doucet S (2016) Factors affecting interprofessional collaboration when communicating through the use of Information and communication technologies: a literature review. *J Res Interprof Pract Educ* 6: 2.
- 5 Belanger E, Rodriguez C (2014) Immersive clinical simulation in undergraduate health care interprofessional education: Knowledge and perceptions. *Clin Simul Nurs* 10: e205-e216.
- 6 Collaborative Practice Conference (2015) Geneva, Switzerland: World Health Organization. Centre for Advancement of Interprofessional Education. Defining IPE.
- 7 http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf
- 8 Lister L (1982) Role training for interdisciplinary health teams. *Health Soc Work* 7: 19-25.
- 9 Richardson B, Gersh M, Potter N (2012) Health care team challenge: a versatile model for interprofessional education. *MedEdPORTAL Publications* 8: 87-92.