### Development of Doctoral IPE Interactive Experiences: Facilitators, Barriers, and Lessons Learned

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# Session objectives:

- Background/rationale for the course
- Course description
- Course development- facilitators and barriers
- Results
  - ICAR
  - Student & faculty feedback
- Lessons learned

# Background/rationale

- A radically transformed healthcare system requires radically reformed student thinkers across multiple disciplines
- As faculty, we wanted to create an interprofessional learning laboratory rooted in real-life innovation, discovery and collaboration
- Problem/opportunity-based learning was a shared teaching value and strategy across the cooperating schools
- As faculty, we felt an obligation to create academic-practice partnerships that would provide students with AUTHENTIC case-based learning opportunities

# **Course description**

- Participating are Schools of Nursing, Engineering, Informatics & Computing, Herron School of Art & Design, Liberal Arts, Public Health, & Business
- 1 credit/semester course with bound interprofessional teams across 3 semesters over 1 ½ years
- Thematic metanarrative that ties together all three cases, e.g. "Healthcare where people live, work, and play"
- Healthcare case studies increase in complexity and scope
- Students "work the case" the first 7 weeks, then come to campus for 2 ½ days for the intensive and competition
- Faculty act as coaches throughout
- Stakeholders and faculty evaluate the final deliverables in a Healthcare Revolution Challenge (put logo in)
- Focus is on teamwork process and outcome (front stage and back stage) as well as the social learning inherent in the on-campus portion of the course

https://vimeo.com/126173046

# Course development: Facilitators & Barriers

#### **Facilitators**

- We filled an authentic need for students to have this learning experience in order to function upon graduation
- Nursing program wanted and invited others, then found they had the same need
- The CIPHEP leadership then focused us and donated time and resources to get us off the ground

#### Barriers

- Money and RCM model
- Scheduling, e.g., the oncampus days, faculty planning meetings, on-campus days placement within semester
- Faculty workload for the course leaders
- Faculty coaches not being clear about their responsibilities
- Very different cultural expectations by discipline among faculty and students

### Results thus far...

- Student feedback was mostly about process, e.g., need for more time to work first day, one coach vs. 2, video dress rehearsal presentations
- Faculty feedback re: change in evaluation methods, creating a discipline-specific assignment, using videos as student learning artifacts

## **ICAR Results**

- Pre/post Interprofessional Collaborator Assessment Rubric demonstrated statistically significant improvement for total scale and all sub-scales
- Scale: Minimal (1), Developing (2), Competent (3), Mastery (4)
- Wilcoxin signed-rank test (non-parametric paired t test)

ICAR Dimension (N=21)	Mean/Pre	Mean/Post	P value
Overall scale	4.20	4.48	.0002
Communication	4.23	4.48	.0002
Collaboration	4.32	4.57	.0027
Roles & Responsibility	4.28	4.54	.0027
Stakeholder Centered Approach	3.81	4.12	.0013
Team Functioning	4.25	4.60	.0009
Conflict Management/Resolution	4.27	4.54	.0005

# **Campus-level** impact

- Hosted community-wide design session with area healthcare executives facilitated by our launch speaker
- Launch speaker was turned into an all-campus event and included invitations to area healthcare partners

The launch speaker, Dr. Zubin Damania of Turntable Health in Las Vegas, NV catalyzed and propelled the build of a new primary care IPE clinic that came directly out of the events surrounding this course



### Lessons learned...

- The entire experience has been overwhelmingly positive from both the student and faculty perspective
- Course became a prototype for interprofessional learning across the health science schools
- Center for IPE/IPP now housing event planning function
- Faculty coach expectations now written & communicated