

The Return on Investment of Interprofessional Education on Practice: Barriers to Success

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Return on Investment Indicators

IPE and IPC:

- ▶ A norm of institutional culture
- ▶ Internally funded
- ▶ Sustained over time



NHS Sustainability Factors



Background

Variety of approaches to IPE in Canadian universities/colleges

- ▶ E.g.: “Pain week,” common courses, simulation activities, clinical placements with IP expectations, certification recognizing IP activities
- ▶ Most originally funded by external grants, then taken over internally



Background

- ▶ Qualitative study proposed to explore recent graduates' perceptions of IPE on professional practice
- ▶ Plan to take results to create a survey instrument
- ▶ Largest hospital in Ontario yielded minimal volunteers for interviews



- ▶ Reflection on present situation of IPE/IPC in our region

2007

- ▶ Academic Health Centre (AHC) established to encourage and support regional IPE and IPC activities
- ▶ Governing partnership:
 - 2 colleges with health sciences programs
 - Faculties of Medicine and Health Sciences at the local university
- ▶ HealthForceOntario funding was available for IPE and IPC projects

2009

- ▶ AHC received over \$1 million from HealthForceOntario for various IPE and IPC projects regionally
- ▶ AHC supported multiple projects at college and university levels
- ▶ E.g.: rural IP clinical placements; university-based IP health care clinic; Team OSCE's; etc.



2010/2011

- ▶ Funding from Health Canada to establish Centre of Excellence in IP
 - Development of educational modules to promote IP in 5 local health centers
 - Development of Learning Resources Repository in French and English to support IPE and IPC



2012 – 2014

- ▶ AHC support of projects to embed IP in curriculum of partner institutions
- ▶ AHC continued with reduced staff to encourage, organize, and host regional IPE and IPC activities
- ▶ IP Certificate developed to recognize health sciences students gaining IP competencies



2015

- ▶ AHC was closed June 2014
- ▶ Individual health science programs now responsible for organizing and supporting IPE
- ▶ Challenges:
 - scheduling
 - making IPE a priority
 - recognition for IPE
 - leadership
- ▶ Some programs succeed in promoting IPE and some not



What happened?

- ▶ Federal and provincial funding ended
- ▶ Champions retired, moved on, or burnt out.
- ▶ Few new IPE champions
- ▶ Changes in leadership in educational institutions reduced focus on IP

What happened?

- ▶ Budget reductions in educational and clinical institutions
- ▶ Few new graduates hired
 - in hospitals casual or part time positions
 - In community uniprofessional clinics
- ▶ Administrators set new project priorities

Student Input (2014)

- ▶ Students (17) from 4 health programs views on worthwhile IPE:
 - Finding out the roles and responsibilities of other professions in the real context
 - Attending team conferences and participating in patient and family meetings with other professions
 - Shadowing a team member from another profession
 - Watching and listening to other health professionals to understand the professions' approach to practice

Signs of value for money

- ▶ IP practice accepted as how care is provided
- ▶ Seamless patient handoffs among professionals, units, and institutions
- ▶ Limited infrastructure required
- ▶ IP sustained without external grants
- ▶ IP not dependent on a few champions
- ▶ Students learn IP in the clinical setting

To sustain IP in current climate

- ▶ What can you afford to maintain or scale down?
- ▶ What supports do IP learners need?
- ▶ What should learners/facilitators be responsible for?
- ▶ Which placements provide the best learning experiences for students?
- ▶ Over time, can you afford a Cadillac, a Smart Car, or a bicycle?

Thank you

► Comments? Your experiences?

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