

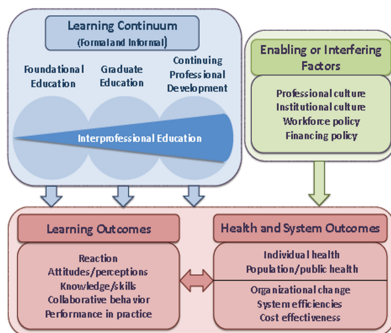
Interprofessional Collaborative Education: Meaningful Integration of Physician Assistant and Doctorate in Nursing Practice Students

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Background

- Advanced health professions trainees at the University of Washington include physician assistant (PA), doctor of nursing practice (DNP), social work, dentistry, family medicine, and pharmacy.
- Meaningful advanced health profession IPE incorporates past educational backgrounds and experiences in order to match participants on the spectrum of knowledge, attitudes, and skills.
- Interprofessional faculty at the University of Washington use the IOM Interprofessional Learning Continuum model (IPLC) as a framework for meeting IPEC competencies¹.

IOM Interprofessional Learning Continuum model (IPLC)



NOTE: For this model, "graduate education" encompasses any advanced formal or supervised health professions training taking place between completion of foundational education and entry into unsupervised practice.



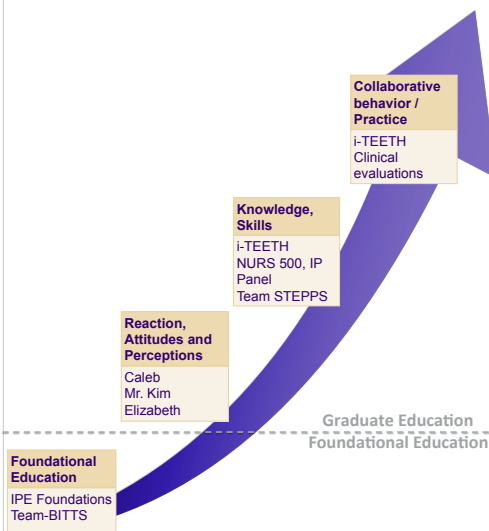
Methods

- Interprofessional faculty use the IOM IPLC model to scaffold meeting IPEC competencies across DNP and PA education programs.
- Learning activities follow a strategic IPE trajectory:
 - PA students begin with foundational knowledge as they matriculate pre-licensure, then transition into advanced IPE with DNP students.
 - DNP students build on prior IP foundational knowledge previously learned in BSN programs and in the workplace, since DNP students matriculate post-licensure (RN).
- Case-based learning activities for two or more health professions target specific objectives (values/ethics, roles/responsibilities, teamwork, communication) and increasingly complex learning outcomes.
- IPE at the University of Washington culminates in the clinical evaluation of collaborative practice in health care settings, where advanced health profession trainees demonstrate the competencies learned over the course of their respective educational programs.

IP Cases/Activities

| | DNP/ NP | MEDEX /PA | Other Professions |
|--|------------|--------------|---|
| Foundational Education | | | |
| IPE Foundations Series 4 case-based sessions to meet IP foundational education objectives | X | ✓ | Medicine, Undergrad Nursing, Pharmacy, Dentistry, Nutrition |
| Team-BITS Team-based IP training simulations | X | ✓ | Undergrad Nursing, Pharmacy |
| Graduate Education | | | |
| Caleb Post partum depression in high-risk teen mom, newborn infant | ✓ | ✓ | Pharmacy, Dentistry |
| Mr. Kim Elderly patient with multiple chronic health conditions and poor oral health | ✓ | ✓ | Pharmacy, Dentistry |
| Elizabeth Possible abuse in high-risk adolescent; recognizing, reporting abuse and care after | ✓ | ✓ | Family Medicine, Social Work |
| NURS 500/IP panel Care of children with chronic conditions, essential team members, panel of experts | ✓ | X | Physical Therapy, School Nurse, Pharmacy |
| Team STEPPS Teamwork and communication skills for health care professionals | ✓ | ✓ | Pharmacy |
| i-TEETH Pediatric oral health didactic, seminar, and collaborative practice | ✓ | X | Pediatric Dental Residents, Social Work |

UW IP Trajectory



Results

- Active engagement by students in multiple professions at comparable levels of training:
 - "It was great to learn about the other health professions in terms of education preparations, scope of practice and perspective in problem solving."
- Problem solving in a group setting using scenarios that allowed each profession to make unique contributions:
 - "Different members of a healthcare team may prioritize different issues. It's important to remain open minded and listen to everyone's concerns and prioritize as a group."
- Patient-centered care plans that acknowledge role overlap and differences:
 - "That although we all have different licenses we share a common desire to act in our patients wellbeing - we all need to work together if this desire is to become reality."
- Cross-cultural assessment and collaboration appropriate to patient needs:
 - "I plan to first identify the patient's goals, concerns, and motivations, and then collaborate interdisciplinary to help my patient reach those goals"
- Faculty facilitation models professional collaborative practice
- Able to make sustainable by coordination and integration into multiple health profession's curricula

Barriers

- Competing time demands on students making IPE feel like an addition to the workload rather than a core competency of clinical practice.
- Logistics of multiple health professions with level of student, availability of participants, time in schedules, room availability
- Identifying cases with relevance for each health profession
- Recruiting skilled IP faculty facilitators who understand competencies and have skills to model IPE interactions

Lessons Learned

- Consultation/collaboration with health profession representatives during writing/case development
- Facilitation training critical for success of activity with just-in-time (JIT) training and review of materials
- Mapping skills acquisition to roles of the participants so that activities with overlapping roles allow for skill development of the targeted profession.
- Integrate cases into courses in place of stand-alone events, improving sustainability of curricula
- Bridge classroom to practice by providing opportunity to use IP skills in clinical setting either through curricula design or by including IP skill expectations in clinical evaluation

Next Steps

- Continue to strive for sustainability in the curricula.
- Consistent and progressive evaluation of students IPE competencies
- Leverage clinical training placements to intentionally develop IP collaborative practice.

References

- Institute of Medicine (IOM). (2015). *Measuring the impact of interprofessional education on collaborative practice and patient outcomes*. Washington, DC: The National Academies Press.
- References for published cases/activities available as a separate handout.

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