Impact of Exposure to Interprofessional Collaborative Practice during Integrated Clinical Experiences on Student Physical Therapists' Competencies and Perceptions of Interprofessional Collaborative Practice

Scott Bennie, PT, DSc, MBA¹; Mary Mauldin, EdD²

¹Vice Chair & Associate Professor, Department of Physical Therapy, Adventist University of Health Sciences, Orlando, FL; ²Professor and Associate Director of Education of the Office of Interprofessional Initiatives, Medical University of South Carolina, Charleston, SC

BACKGROUND

Health professions students have more opportunities to participate in interprofessional education (IPE) than ever before. This growth in IPE, and focus on the IPEC core competencies¹, can be attributed to their recognized ability to reduce medical error and improve healthcare quality and the patient experience.²⁻⁷ However, if these core competencies are taught in silos without access to interprofessional practice settings, students' understanding of the complexity of patient-centered healthcare will be limited.

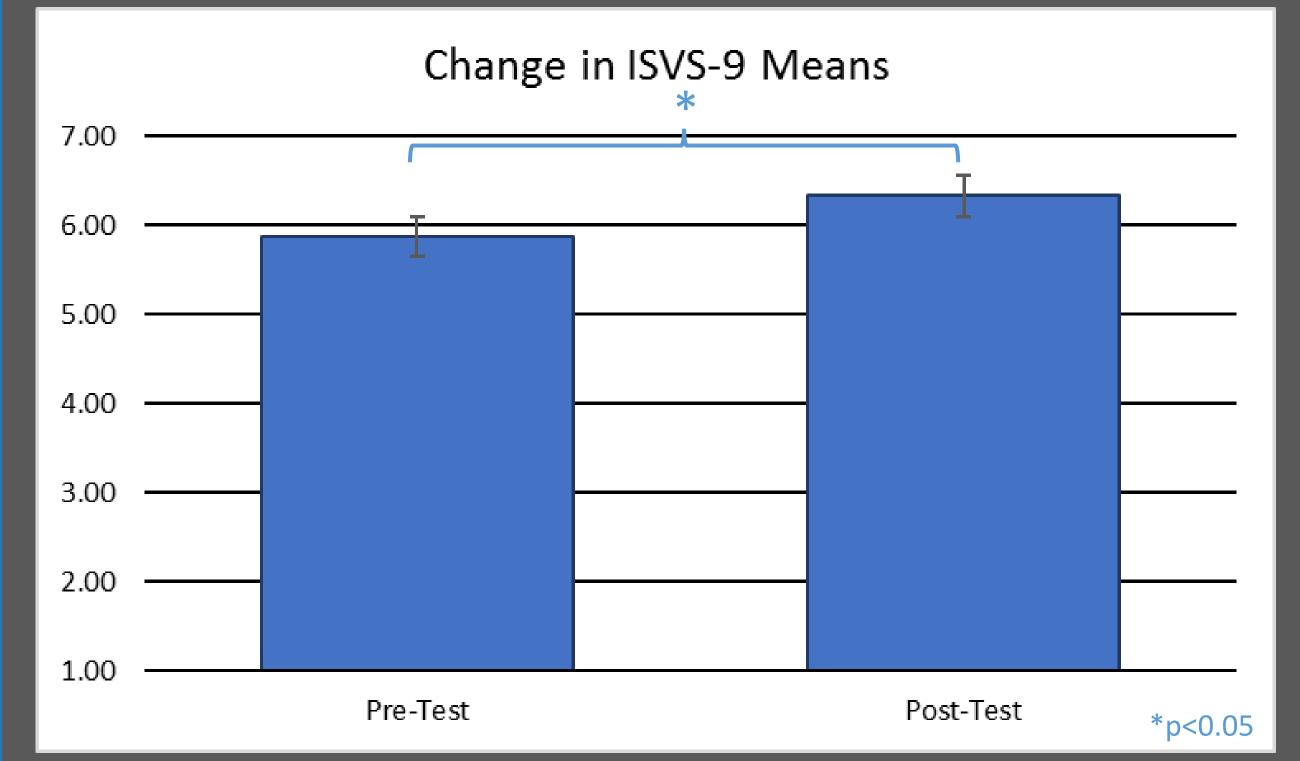
METHODS

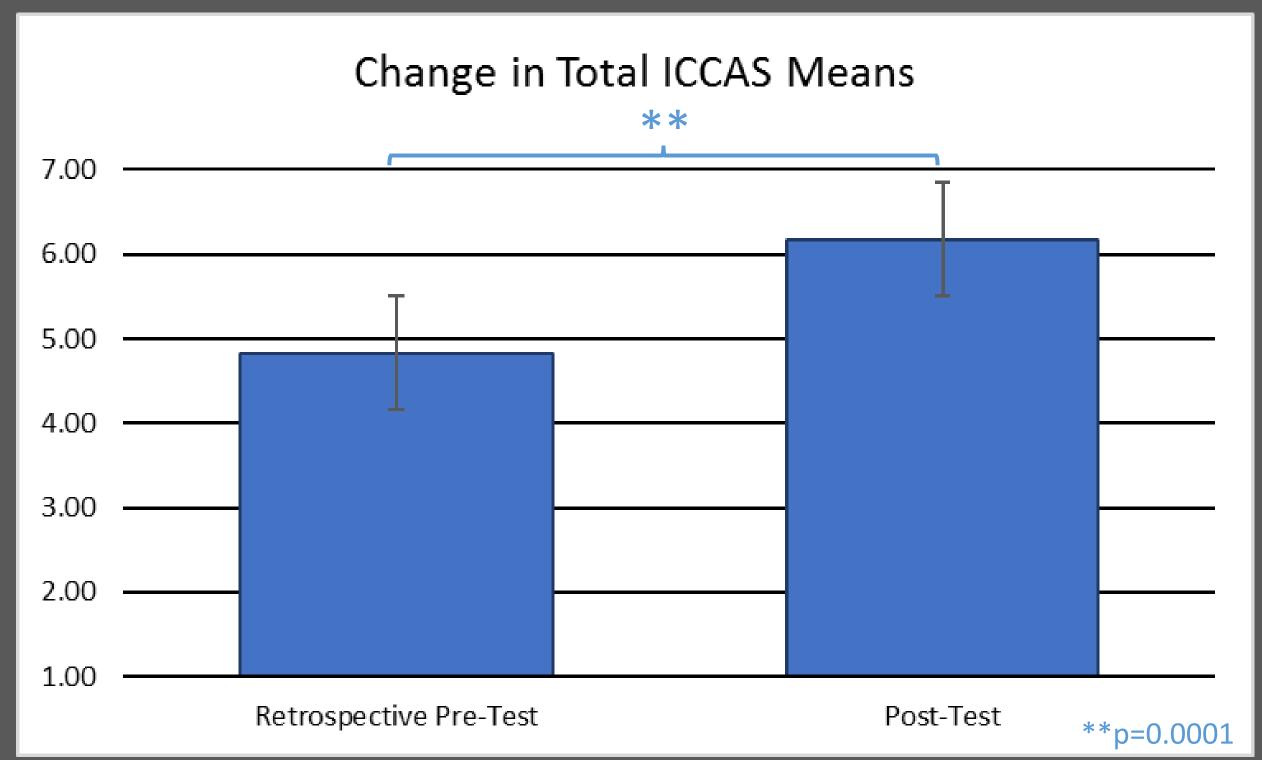
During a 14-week patient examination course, entry-level physical therapist students (n=23) attended four, 1-hour intraprofessional integrated clinical education (ICE) sessions in a faculty-led interdisciplinary free clinic, thus exposing the students to interprofessional collaborative practice (IPCP). Students also completed one, 2-hour IPCP treatment session with a faculty member either from nursing or occupational therapy. Course outcomes were measured using the Interprofessional Socialization and Valuing Scale-9 (ISVS-9)⁸ as a retrospective pre-test and post-test immediately following the IPCP session, the Interprofessional Attitudes Scale (IPAS)⁹ collected at the course's starting-, mid-, and end-points, and the Interprofessional Collaborative Competency Attainment Survey (ICCAS)¹⁰ collected at course end as a retrospective pre-test/post-test.



RESULTS

Fourteen subjects had complete data sets for the ICCAS and ISVS-9; the IPAS was eliminated from final analysis due to incomplete data.





Significant changes were also seen in each of the six subsections of the ICCAS (p < 0.005).

CONCLUSION

The ICE sessions improved students' self-reported competencies of interprofessional care and had a significant impact on students' interprofessional socialization and perception of interprofessional collaborative practice. The benefits of introducing IPE/IPCP early in the health professions curriculum and continuing to integrate it into professional practice through clinical experiences, offers a good way to address the Triple Aim. 11-13

LESSONS LEARNED

Early integration of IPE and introduction to IPCP in a health professions program's integrated clinical experiences brings meaningful and significant progress toward achievement of the Triple Aim.

REFERENCES

¹Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC:

²Institute of Medicine. Report of a conference: Educating for the healthcare team. National Academy of Sciences, Washington, D.C. (1972, October).

³Institute of Medicine. Crossing the quality chasm: A new health system for the 21st century. National Academy of Sciences, Washington, D.C. (2001).

⁴Institute of Medicine. Health professions education: A bridge to quality. National Academies Press, Washington, D.C. (2003).

⁵Josiah Macy Jr. Foundation, The Carnegie Foundation for the Advancement of Teaching. Conference summary: Educating nurses and physicians:

Toward new horizons. Advancing inter-professional education in academic health centers, Josiah Macy Jr. Foundation, Palo Alto, CA (2010, June 16–

18)

⁶Makic, M. B., & Wald, H. (2017). Achieving improved patient outcomes through interprofessional teams. Journal of Interprofessional Education & Practice 8, 24, 24, doi:10.1016/j.vicrp.2017.07.003

Practice, 8, 91-94. doi:10.1016/j.xjep.2017.07.003

7World Health Organization (2010). Framework for action on interprofessional education & collaborative practice[PDF]. Geneva: Switzerland.

⁸King G, Orchard C, Khalili H, Avery L. Refinement of the Interprofessional Socialization and Valuing Scale (ISVS-21) and Development of 9-Item Equivalent Versions. The Journal of continuing education in the health professions. 2016;36:171-177.

⁹Norris J, Carpenter JG, Eaton J, et al. The Development and Validation of the Interprofessional Attitudes Scale: Assessing the Interprofessional

Attitudes of Students in the Health Professions. Academic medicine: journal of the Association of American Medical Colleges. 2015;90:1394.

10 Archibald D, Trumpower D, MacDonald CJ. Validation of the interprofessional collaborative competency attainment survey (ICCAS). Journal of Interprofessional Care. 2014;28:553-558.

¹¹Chan, A., & Wood, V. (2012). Preparing tomorrow's health care providers for interprofessional collaborative patient-centered practice today. UBC Medical Journal, 1(2), 22-24.

¹²Coleman, M. T. Molean, A. Williams, L. & Hasan, K. (2017). Improvement in interprofessional student learning and natient outcomes, Journal of

¹²Coleman, M. T., Mclean, A., Williams, L., & Hasan, K. (2017). Improvement in interprofessional student learning and patient outcomes. Journal of Interprofessional Education & Practice, 8, 28-33. doi:10.1016/j.xjep.2017.05.003

¹³Ketcherside, M., Rhodes, D., Powelson, S., Cox, C., & Parker, J. (2017). Translating interprofessional theory to interprofessional practice. Journal of Professional Nursing,33(5), 370-377. doi:10.1016/j.profnurs.2017.03.002

ACKNOWLEDGEMENTS

We'd like to acknowledge our respective universities, Adventist University

of Health Sciences and Medical
University of South Carolina for
supporting this project through
academic release time for scholarly
work and the American
Interprofessional Healthcare
Collaborative-National Center Faculty
Mentor Program for introducing us as

mentee/ mentor partners.



Changing What's Possible