Background

The University of New England (UNE) has a focus on interprofessional education (IPE) in its 15 health profession degree programs. To extend IPE curriculum beyond the pre-clinical years, and focus on Maine’s rural and underserved communities, the Center for Excellence in Health Innovation (CEHI) developed Clinical IPE Clerkships for students in the College of Osteopathic Medicine (COM) and the College of Pharmacy (COP). Since 2015, UNE has tripled its clinical clerkship opportunities in Maine, with an emphasis on federally qualified health centers. Most student participants in the clinical IPE clerkship are Care for the Underserved Pathway (CUP) AHEC Scholars, a program providing highly motivated students with an intensive pre-clinical and clinical IPE and population health pathway designed to ensure that rising health professionals are prepared to provide quality care for underserved patients in Maine and beyond. Synergistic funding from Macy, AHEC, and HRSA has allowed over 150 COM and COP students to complete Clinical IPE Clerkships. This poster focuses on a subset of these students at Maine’s most rural clinical sites (“rim sites”). Macy and HRSA PCTE projects allow UNE to implement and evaluate clinical IPE at larger sites that include additional health professions students and clinical IPE experiences.

Methods

UNE tracks the number, type and location of clinical IPE clerkships. Students complete a structured debrief at the end of their clinical IPE clerkship, providing qualitative data about on-campus IPE involvement, specific IPE clerkship activities, the clerkship’s impact on future practice plans, and suggestions for improvement. Feedback about overall clerkship experiences is collected by anonymous, pre- and post-clerkship student surveys, along with quantitative data regarding demographics, previous experiences with rural/underserved care populations, previous IPE exposure, and a subset of existing tools or scales to assess interprofessional competencies. Analysis of Likert item questions between pre- and post-clerkship assessments is done with a one-tailed Fisher Exact Test.

Reflections and Next Steps

UNE’s clinical IPE clerkships were developed with the goals of assuring:

- health professions students graduate team-ready gains experience in professional collaborative practice to advance health equity and population health
- student clinical IPE activities contribute toward the Quadruple Aim and add value to clinical sites
- a venue for implementation and expansion of UNE’s Clinical Interprofessional Curriculum (CIPC)

The CUP AHEC Scholars Program:

- prepares future rural healthcare providers with a strong foundational knowledge in team-based care and care of the underserved
- builds competencies through on-campus, clinical, and service-based interprofessional learning opportunities in underserved rural and/or urban locations
- seeks to contribute to the rural health workforce pipeline by encouraging students to consider practice in underserved and/or rural areas

This project is supported in part by:

- Demonstrate value of clinical IPE clerkships experience
- Students’ intentions to practice in rural/underserved areas
- Students’ interprofessional knowledge, skills and aptitudes
- Students’ self-rated interprofessional collaborative practice behaviors and competencies
- Number of completed clinical IPE clerkships and clinical clerkship sites

Outcomes

- Interprofessional Education and Practice
  - Though students reported interacting only with other osteopathic medical and pharmacy students during their clerkships, overall, they engaged with 18 different disciplines, most frequently social workers (65%) and public health practitioners (59%). Students spent a median of 4.6-6 hours per week in interprofessional collaborative practice.
  - Nearly all (88%) students said they would be “Very Likely” to recommend participation in a clinical IPE clerkship.

- When asked whether they intended to practice as a community-based provider, in a primary care setting, with the medically underserved, in rural areas, and in Maine:
  - Over two-thirds of students “somewhat” or “strongly” agreed pre-clerkship. These proportions increased or stayed the same in all categories post-clerkship. No significant differences were observed between pre- and post-assessments.

Acknowledgments

Findings

To date, UNE has partnered with a total of 15 sites, up from 10 (2016-17) and 5 (2015-16), resulting in 16 clinical IPE clerkships completed by 10 COM and 6 COP students in academic year 2017-18. The majority of students (79%) were female, and between the ages of 25-34 (63%). Seven students (44%) reported previous exposure to rural healthcare, while nearly two-thirds had previous exposure to underserved (rural or urban) communities.

Key Quotes Representative of Themes

- “It was interesting to hear from…PT/OPT or social work as there were often patient limitations or factors I would not have considered…” I also felt the other professionals valued my input, which pushed me to further participate in patient care hands on.
- “I was able to work with…many different health professionals including DOs, MDs, NPs, PAs, nurses, medical assistants, social workers, peer support, and nutritionists. It was amazing to see the entire team rally around each patient to give them the best care they can.”
- “The real power of this experience for me lies in the fact that it is an example of interprofessionalism within a real medical environment…This allowed me to witness the importance of collaboration and teamwork firsthand.”
- “I learned more about oral health and teeth during the four hours with the dentist than I did in two years of medical school.”

Student Feedback and Suggestions

- Coordinate simultaneous placements of students from different professions
- Provide more education prior to clerkship about roles and responsibilities of health professions not offered at UNE

UNE tracks the number, type and location of clinical IPE clerkships. Students complete a structured debrief at the end of their clinical IPE clerkship, providing qualitative data about on-campus IPE involvement, specific IPE clerkship activities, the clerkship’s impact on future practice plans, and suggestions for improvement. Feedback about overall clerkship experiences is collected by anonymous, pre- and post-clerkship student surveys, along with quantitative data regarding demographics, previous experiences with rural/underserved care populations, previous IPE exposure, and a subset of existing tools or scales to assess interprofessional competencies. Analysis of Likert item questions between pre- and post-clerkship assessments is done with a one-tailed Fisher Exact Test.

Reflections and Next Steps

- Differences in student placement processes across health professions programs limits opportunities for student team clinical IPE. Collaborative relationships with academic leadership are essential to creating more shared clinical IPE experiences. CUP AHEC staff is working to create an expanded team to more health professions programs should allow for more strategic student placements.
- FQHCs often operate short-staffed and experience frequent provider turnover, which limits capacity to host student teams, results in unpredictable preceptor availability, and may impact the depth of students’ clinical IPE. We will target our most stable clinical sites and those most conducive to shared IPE rotations to build up IPE facilitation resources and support.
- Onboarding sites and preceptors with IPE knowledge, facilitation skills and abilities can be a gradual expansion to more health professions programs should allow for more strategic student placements.

Findings

Table 1. Ability to Carry Out Interprofessional Practice Competencies

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Pre-clerkship</th>
<th>Post-clerkship</th>
<th>Pre-clerkship</th>
<th>Post-clerkship</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPE knowledge</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>IPE skills</td>
<td>3 (19%)</td>
<td>5 (31%)</td>
<td>3 (19%)</td>
<td>5 (31%)</td>
</tr>
<tr>
<td>IPE attitudes</td>
<td>7 (44%)</td>
<td>7 (44%)</td>
<td>7 (44%)</td>
<td>7 (44%)</td>
</tr>
<tr>
<td>IPE role awareness</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>IPE facilitation</td>
<td>4 (25%)</td>
<td>4 (25%)</td>
<td>4 (25%)</td>
<td>4 (25%)</td>
</tr>
<tr>
<td>IPE implementation</td>
<td>2 (13%)</td>
<td>2 (13%)</td>
<td>2 (13%)</td>
<td>2 (13%)</td>
</tr>
<tr>
<td>IPE evaluation</td>
<td>1 (6%)</td>
<td>1 (6%)</td>
<td>1 (6%)</td>
<td>1 (6%)</td>
</tr>
<tr>
<td>IPE confidence</td>
<td>2 (13%)</td>
<td>2 (13%)</td>
<td>2 (13%)</td>
<td>2 (13%)</td>
</tr>
<tr>
<td>IPE comfort</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

Practicing “Very Good” and excellent responses on other responses compared to pre-clerkship

Number of student placements in national and international IPE programs

Students’ self-assessments in some Core Competencies for Interprofessional Collaborative Practice had a significantly greater percentage of “Excellent” and “Very Good” responses after the clerkship. It is worth noting that they were all related to population health.

UNEP poster examination at the AHEC meeting on clinical IPE in local and international settings.

This project is supported in part by...