communicationteanworkcollaborationpartnersh pcooperationlearninerelationshipinterdependen

IPE

COLLABORATION

COMMUNICATION

PAPT TEAMWORK

taborationpartnersmicooperationlearningretatio nshipinterilepedencearninum attoreanivorka ollaborationpare ersha cooperationlearningretat ioushipinterdependencecommunicationtearningre kcollaborationeart erst incommunicationtearning lationshipinterdependencecommunicationtearning relationshipinterdependencecommunicationtearning

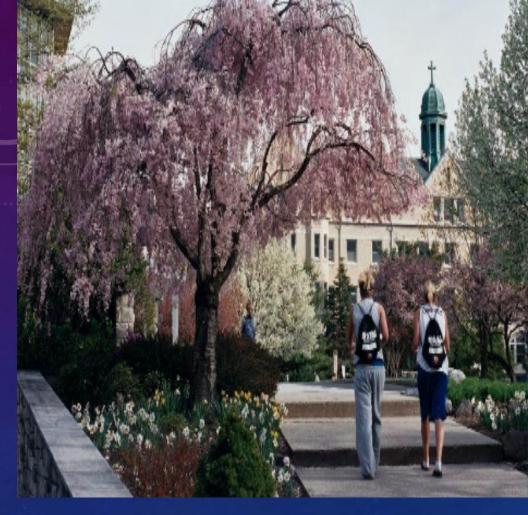


nteamworkcollaborationpartnershipcooperation learningrelationshipinterdependencacommunica tionteamworkcollaborationpartnershipcooperatio

CREATING FACULTY ENGAGEMENT IN INTERPROFESSIONAL LEARNING EXPERIENCES

SETON HALL'S

PERSPECTIVE



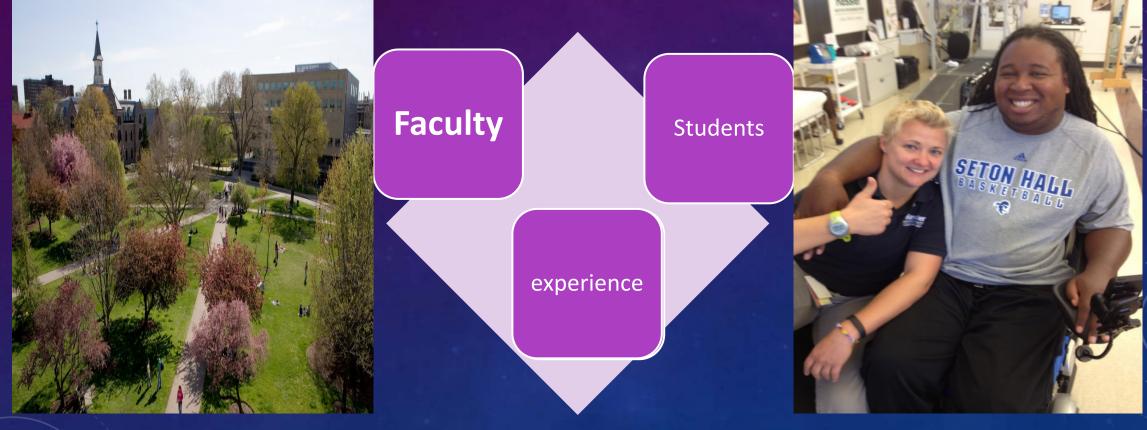
GENEVIEVE PINTO ZIPP PT, EDD CATHERINE MAHER PT, MS, DPT

IPE TASKFORCE MEMBERS

ENGAGEMENT FOSTERS AN UNDERSTANDING OF THE IMPORTANCE OF THE IPE JOURNEY



KEY PLAYERS IN STRUCTURING MEANINGFUL IPE JOURNEY



IMPERATIVE TO THE SUCCESS IPE JOURNEY

_

FACULTY

SUPPORT & ABILTITIES

SHU DEVELOPED AND EXECUTED A 5 STRATEGIC PLAN: EMBRACING FACULTY NEEDS TO ULTIMATLEY MEET STUDENT NEEDS



Faculty reassessment

IPE Center formation

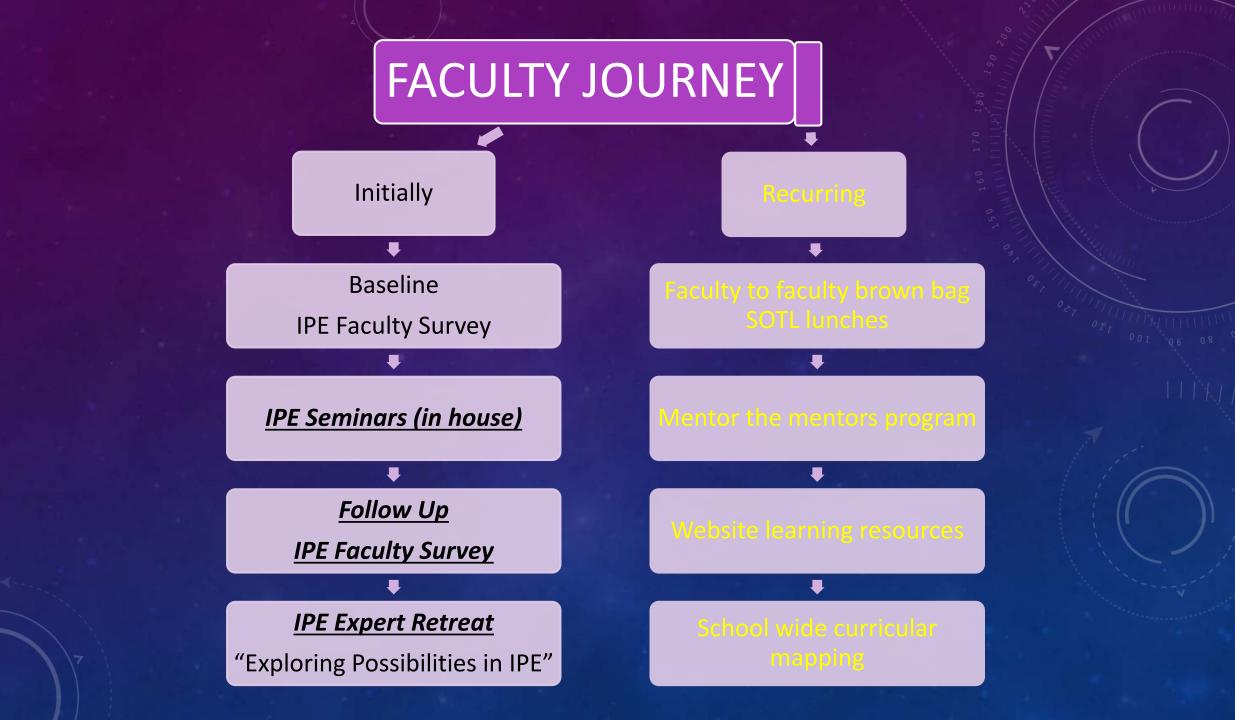


Table 1. Initially faculty perceived barriers associated with IPE

implementation (percent agreement (n))

Perceived Barriers	Agree	Neutral	Disagree
Lack of faculty	81.8% (9)	18.8% (2)	
awareness of IPE			
Institutional challenges	81.8% (9)	18.8% (2)	
Faculty's incorrect definitions of what is and is not IPE	81.8% (9)	9.1% (1)	9.1% (1)
Lack of clear institutional mission	81.1% (9)	9.1% (1)	9.1% (1)

Table 2. initial Faculty's Perception of what IPE opportunities affords students ((percent agreement (n))

IPE provides students with opportunities to:	Agree	Neutral	Disagree
Explore unique contribution of other health professions	100%(11)		
Engage in the develop of effective communication skills with other health professionals	80% (9)	20% (2)	
Explore a mechanism to foster one's own recognition of their role as an interdisciplinary health care team member	100%(11)		8
Develop interpersonal skills for collaborative patient care	90% (10)	10% (1)	
Explore ethical and legal issues associated with health care	64% (7)	18%(2)	18%(2)
Evaluate information critically	55% (6)	45%(5)	

Table 3. Initial Faculty perceptions regarding IPE Program Evaluation and Outcomes percent agreement (n)

	Agree	Neutral	Disagree
IPE programs must be evaluated to see the fit	81.8%(9)		18.2% (2)
between interprofessional education and			
interprofessional collaborative practice			
IPE programs must be evaluated to see the fit	72.7%(8)	18.2%(2)	9.1% (1)
between interprofessional education and			
professional core competencies			
Outcomes relevant to IPE must improve	54.5%(6)	27.3%(3)	18.2% (2)
population health			

Table 4. Initially Faculty perceived that learning experiences associated with IPE experiences should encompass (percent agreement (n)).

	Agree	Neutral	Disagree
Exposure activities	63.6% (7)	27.3% (3)	9.1% (1)
for introducing			
concepts			
Immersion	81.8% (9)	9.1% (1)	9.1% (1)
activities for			
development			
Competence	45.5% (5)	36.3% (4)	18.2% (2)
assessment for			
entry to practice			
readiness			

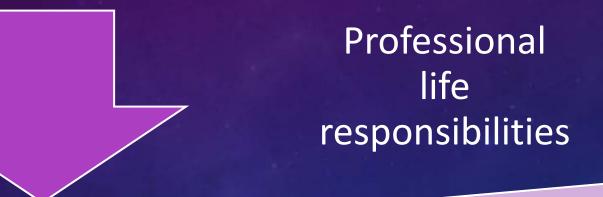
SO WHAT DOES OUR FACULTY SAY NOW!

Overall faculty post implementation survey data support that

- Task Force Strategic Plan for implementing an interprofessional evidenced-based educational model provided a positive foundation for the advancement of inter-professional evidenced-based practice and did support the faculty
- Perceptions of the faculty are broadened and consistent with regard to IPE tenets.
- Faculty responses confirmed their willingness to address perceived barriers that might inhibit the success of an IPE infusion plan into their current curriculum.



As faculty we must ensure the development of "HABITS OF MIND" (Sullivan, 2005) not only for our students but ourselves



Personal life responsibilities

TAKE HOME MESSAGE.....

Engage

Faculty

Empower Faculty

Prepare Faculty



Your present circumstances do not define where you can go; they merely determine where you start.... Nido R. Qubein



lents

Faculty

SO WHAT'S THE NEXT STEP.....



CONTACT INFORMATION

Seton Hall University

School of Health and Medical Sciences

Genevieve Pinto Zipp, PT, EdD <u>Genevieve.zipp@shu.edu</u>

Catherine Maher, PT, MS, DPT Catherine.maher@shu.edu



REFERENCES

Aschenbrener CA. Association of American Medical Colleges Press release: News Report Announce Competencies, Actions Strategies to Advance Interprofessional Education. https://www.aamc.org/newsroom/newsreleases/2011/187630/110513.html;Accessed 6.11.12

Barr H. Interprofessional education: the fourth focus. J Interprofe Care. 2007; 21:40-50.

- Greenfeild D, Nugus p, Travaglia J, et al. Auditing an organization's interprofessional learning and interprofessional practice: the interprofessional praxis audit framework. J Interprof Care. 2010; 24:436-449.
- Interprofessional Education Collaborative. *Core Competencies for Interprofessional Collaborative Practice: report of an expert panel.* May 2011.

Jensen GM, Mostrom, E. Handbook of Teaching and Learning for Physical Therapists. 3rd ed. Missouri: Elsevier; 2013.

- Little P, Everitt H, Williamson I, et al. Preferences of patients for patient centred approach to consultation in primary care: observational study. *BMJ.* Feb 24 2001;322(7284):468-472.
- Organization WH. Learning Together to Work Together for Health. Report of a WHO study group on multiprofessional education for health personnel: the team approach. Geneva1988.
- Reeves S, Goldman J., Burton A, Sawatzky-Girling B. Synthesis of systematic review of interprofessional education. J Allied Health 2010;39:198-203.

Stewart M. Towards a global definition of patient centered care. BMJ. Feb 24 2001;322(7284):444-445.

Sullivan W. Work and Integrity: The Crisis and Promise of Professionalism in America. 2nd ed. San Francissco: Jossey-Bass; 2005.