

# How to 'Count' Interprofessional Education Programming Across Professions at a Health Sciences University

Elena M. Umland, PharmD; Lauren Collins, MD;  
Shoshana Sicks, EdM; Abigail Sherburne, BS

Thomas Jefferson University

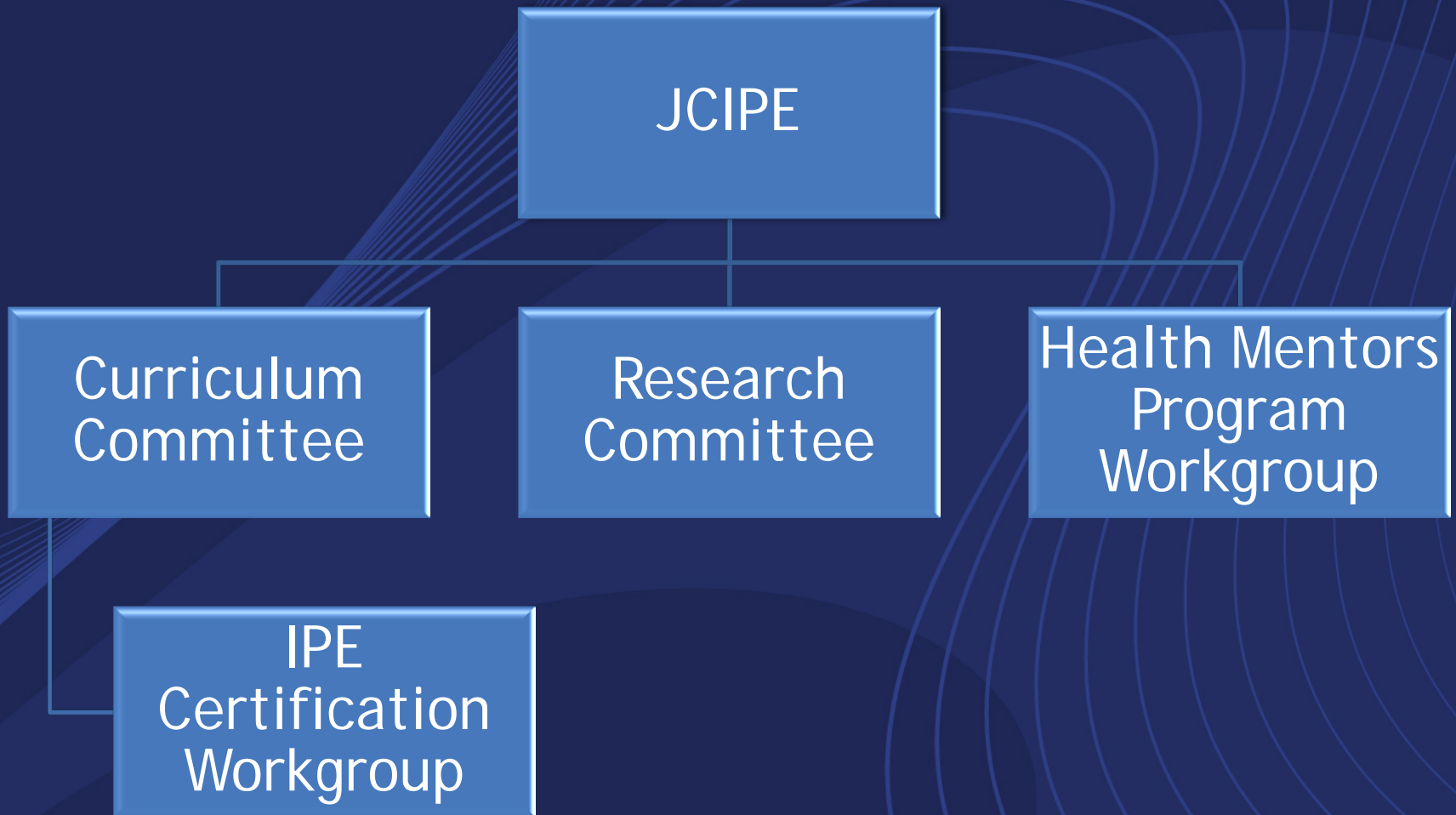
# Session Learning Objectives

- Identify a process to evaluate interprofessional education (IPE) activities for quality control purposes.
- Describe a process to identify IPE needs among the various health professions (HPs).

# Background

- Accreditation bodies for various HPs are requiring IPE within the curricula
  - Vague to specific
  - Differing descriptions/standards
- Desire to document student completion of IPE activities to meet specific HPs program needs
- Aspiration to identify a consistent process to measure student competency upon completion of these activities

# Jefferson Structure



# Overview



- JCIPE Curriculum committee assigned a workgroup in January 2016
- Areas to Address:
  - Consistency of evaluation and certification of IPE activities
  - Tracking and acting upon student participation in various IPE activities
- Plan to conclude the workgroup in Fall 2016 and transfer process to the JCIPE Curriculum Committee

# Initial Meetings

- Identified current inventory
  - Were specific IPE programs evaluated consistently?
  - What are the needs of the individual health professions programs?
- Identified the need for centralized programmatic management across the University
  - Process for faculty/practitioners to submit IPE programming for evaluation
  - Schedule in advance to allow for individual curricular planning and for student recruitment

## Activity Title: No One Dies Alone (NODA)



**Jefferson**<sup>™</sup>

HEALTH IS ALL WE DO

✓ **Type of Activity:**

Didactic    Simulation    Clinical Observation    Clinical Practice

✓ **Type of Requirement:**

Curricular    Co-Curricular    Extra-Curricular

*Details:*

✓ **Style of Learning:**

Synchronous Learning    Asynchronous Learning

✓ **Purpose of Activity:**

No One Dies Alone is a volunteer program that provides the reassuring presence of a compassionate volunteer to provide companionship to dying patients who would otherwise be alone. With the support of nursing staff, compassionate companions are able to provide patients with the most valuable of human gifts: a dignified death.

✓ **Learning Objectives:**

- Discuss the symptoms and process of the dying patient
- Describe the interprofessional nature of high quality end-of-life care
- Demonstrate respect for the individual needs and dignity of dying patients and their family members
- Contribute to the NODA experience as part of a learning community for personal sharing and reflection

✓ **Target Audience:**

All student professions (they will be under the supervision of nursing staff in the clinical units)

✓ **Maximum Number of Learners:**

No overall limit; only 20 can receive initial hospital training at one time; two can sit vigil together

✓ **Frequency of Activity:**

One-time two-hour orientation, vigil shifts depend on student availability, monthly one-hour didactic sessions

✓ **Description of the Activity:**

Compassionate companions, or student volunteers, supply connection and emotional, spiritual, and/or relational care individually or in interprofessional pairs to dying patients who would otherwise be alone. After completing an initial orientation, students sign up for shifts when convenient for them. Students also attend monthly didactic/debriefing sessions to reflect on the experience and learn about caring for dying patients and the

# Development of a Centralized Form

- Form for New IPE/CP Activity
  - Submitter demographics
  - Detailed description of and learning objectives for the learning activity
  - Activity duration/frequency
  - Identification of the Jefferson IPE Core Competency(ies) to be addressed
  - Identification of outcome measures/assessments
  - Identification of the learners and learner levels
- Adapted from University of British Columbia College of Health Disciplines Interprofessional Education Weighting Rubric



# Development of a Centralized Form

- Form piloted by four individuals: 3 faculty and one student
  - Time to complete
  - Elements they did not understand
  - Other comments/suggestions
- Pilot suggestions incorporated into next version of the form

# Development of a Centralized Form

- Workgroup members each assigned current IPE activities to apply the form
- Fourteen activities were reviewed by two members each to evaluate concordance relative to the rubric point system
  - 71.4% concordance relative to the activity meeting minimum requirements
  - Rubric score and Kirkpatrick Barr level concordance also evaluated

# Example Sections from Centralized Form

## Does the activity meet the following minimum requirements ?

Involves two or more professions

Yes                      No

Makes interprofessional (IP) learning explicit (e.g. learning objectives communicated)

Yes                      No

Includes interactivity among the learners (e.g. discussion, role-play, simulation; observational activities must include an interactive component)

Yes                      No

## Choose the Type of IPECP Learning Activity (check all that apply):

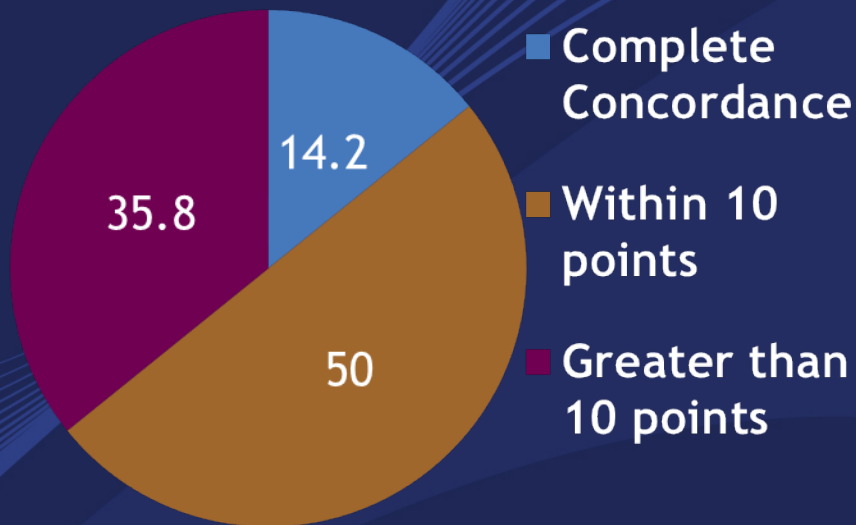
- Classroom/Online Learning: learners participate in a didactic program or course
- Simulation: learners participate in a simulated team-based activity (includes but is not limited to the use of SPs, student role plays, etc.)
- Clinical Observation: learners observe existing IP interactions in a clinical setting
- Clinical Experience: learners actively participate in an interactive team-based clinical activity
- Service Learning: learners engage in IP community service along with instruction or reflection

## Assign your activity a proposed point value (the highest value that applies) for each of the criteria below:

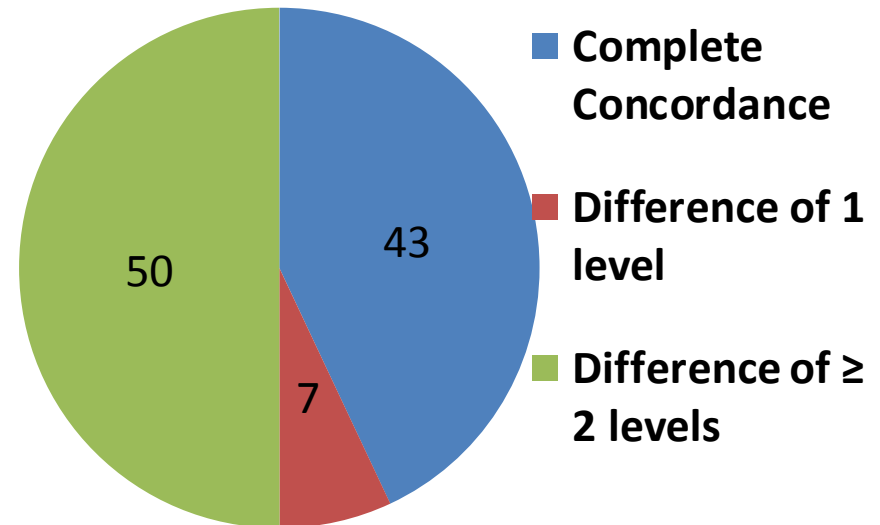
- Number of Sessions: \_\_\_\_\_ +
  - Learners come together in 1 learning session (5 points)
  - Learners come together for 2 learning sessions (10 points)
  - Learners come together for 3 or more learning sessions (15 points)
- Level of Interactivity: \_\_\_\_\_ +
  - Low level- e.g. observational shadowing, reflection discussion after didactic (5 points)
  - Moderate level- e.g. debate, case-based learning (10 points)
  - High level- e.g. team meeting with patient, SP, or clinicians (15 points)
- Learning Context: \_\_\_\_\_ +
  - Online (5 points)
  - Face-to-face- classroom-based (10 points)
  - Hybrid of online and face-to-face (10 points)
  - Face-to-face- practice setting involving patients or SPs (15 points)
- Level of Active Learning and Facilitation: \_\_\_\_\_ +
  - More than 15 learners per facilitator (5 points)
  - 15 or fewer learners per facilitator (10 points)
- Nature of Interprofessional Reflection: \_\_\_\_\_ +
  - Self-Reflection only (e.g., written paper) (5 points)
  - Facilitated debrief (assumed to include some element of self-reflection)(10 points)
- Assessment of Interprofessional Learning \_\_\_\_\_ +
  - Interprofessional competencies are assessed (5 points)
  - Satisfaction is assessed (5 points)
  - Interprofessional competencies AND satisfaction are assessed (10 points)

# Concordance Among Reviewers

## Overall Rubric Score



## Kirkpatrick-Barr



# Preliminary Results

- Progress
  - Tailor forms for individuals submitting and reviewers
  - Add a 'rationale' statement
  - Change from point system to categorization of activities based on Kirkpatrick-Barr
- Endpoint
  - Add transcript designation: "Excellence in collaborative practice"
    - Obtained Registrar approval

# Next Steps

- Form and process approval by JCIPE Curriculum Committee and individual curriculum committees
- Identify the current minimum IPE requirement for “Excellence in Collaborative Practice”
- Pilot process with Registrar for Spring 2017
- Obtain JCIPE administrative support for tracking and certifying student progress
- Implement final process in Fall 2017

# Questions?

Jefferson Center for InterProfessional Education (JCIPE)

Email: [JeffCrtInterproEd@jefferson.edu](mailto:JeffCrtInterproEd@jefferson.edu)

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