

Case Western Reserve University

Interprofessional Exchange and Development Curriculum (I-LEAD)

ABSTRACT

Overview: The I-LEAD program is aimed at developing an interprofessional curriculum that integrates several models (FAIECP, Kolb's Experiential Learning Theory, & IHI Improvement model) and learning experiences to prepare collaborative practice-ready healthcare providers. Learning occurs within interprofessional teams and includes simulated and actual practice experiences. Medical and Master of Nursing students are the primary participants because they both enter pre-licensure education with at least one previous college degree. BSN students and most recently, entering Dental and Social Work students have also been included in small group learning experiences to develop an appreciation for collaborative interprofessional practice and initial team skills. Incorporation of the additional students has exponentially increased the participation of students and faculty to create attention and a critical mass of students and providers engaged in and committed to advancing interprofessional practice as a means of transforming the delivery system and improving the quality of healthcare. All learning experiences are currently in the phase of pilot testing. Key elements in the curriculum include providing opportunities for meaningful work, developing team skills, and supporting quality improvement in healthcare. Intra and inter professional learning experiences are included. Faculty development experiences are being expanded. All faculty facilitating the small groups of students from the four schools receive two hours of training prior to facilitating groups of 12 students. Learning experiences in current pilot testing include:

Interprofessional Interface: The objectives for this series of experiences are to appreciate the complementary roles/education of each of the four professions, to appreciate each other's literature, and to begin to build team skills by working in small group learning experiences. Students from the four schools will come together for a three hr. facilitated small group learning experience once a semester for four semesters. Each session will build on previous concepts, introduce some new concepts central to interprofessional practice, facilitate the practice of team skills, and provide an opportunity for simulated application.

Shared Language: Both intraprofessional and interprofessional experiences are included in the development of communication skills to facilitate interprofessional communication. It is critical not only to use common terms but to have consistent definitions of the concepts employed. The objectives are to develop programs to introduce both faculty and students to select team tools, provide them with strategies to implement their use in small group settings, and to enable them to apply select tools based on the Team STEPPS protocol in interprofessional care settings.

Community: Students are developing and applying team skills in a series of experiences within public health settings including providing foot care to a homeless population, assessing blood pressures for children within the public schools as part of a large study of obesity and hypertension among urban youth, and developing health education programs for families in conjunction with the public library and natural history museum.

In-patient Shared Learning Experience The objectives for this experience are to improve the understanding of each profession's roles, share insights and perspectives on the full trajectory of care (admission through transition/discharge), and develop effective interprofessional collaborations in care. Medical and Nursing students will work in pairs to assess mutual patients; discuss the challenges in care coordination/delivery and interprofessional communication; and plan for discharge/transitional care. They will also work on completion of a systems-based hospital improvement plan.

Interprofessional Student Run Free Clinic: The ISRFC was initially conceived as a capstone experience for the medical and nursing students in the application of interprofessional care in the outpatient community. It remains that way for the nursing students. Medical and nursing students see patients and plan for their care as provider teams without public distinction as to role. The mutual as well as distinct professional contributions are recognized and either profession might take the lead in planning care for a given patient. The ISRFC also provides students will the opportunity to develop a system of care delivery for an underserved population. Students take the lead in planning for the clinic's operation including determining how it will operate, be financed (they engage in fund-raising), made known to the public, acquire appropriate licensed professional supervision, and schedule the student providers. Students have formed a structured organization succession planning and faculty assume a coaching role.

Virtual Interprofessional Education Resource Center (IPEC): In addition to the curricular development, a virtual resource center is being created. It will provide accessible learning resources and faculty development materials to support intra- and interprofessional learning and collaboration for students and faculty among the medical, nursing, dental and social work schools. It will include both internal project and public components. The former has been developed and provides all faculty involved with the I-LEAD project access to documents, minutes, and resources for all components of the project. The public component is in the development stage. It will showcase interprofessional education and provide interested parties with access to resources as well as tested learning modules and measures.

Challenges: Structural challenges included delay in hiring a project administrator in year one and the transition to a new MD co-leader in year two. Creating a collaborative curriculum that supports students working in teams has been challenged by the imbalance in the number of medical versus nursing students and the available clinical resources in the inpatient and free clinic settings. The number imbalance has been addressed for some learning experiences by drawing in upper division BSN students and Dental and Social Work students. Scheduling of opportunities for shared clinical application is also challenge d due to differences in academic schedules, the availability of clinical units, and the complexity of medical and nursing curricula.

Lessons Learned: Even with a shared commitment to interprofessional education and practice, it is critical to address from the beginning cultural differences, varied perspectives, and differences in meanings among commonly used terms. Core faculty need to practice and model teamwork. Students are engaged when they view learning experiences as "meaningful" work. On-going faculty development is critical and there needs to be sufficient time for planning and evaluation.