UK Deans’ Interprofessional Honors Colloquium

Andrea Pfeifle, EdD, PT
Center for Interprofessional HealthCare Education, Research & Practice

James C. Norton, PhD
College of Medicine

Patricia Burkhart, PhD, RN
College of Nursing

James Ballard, MS,Ed
Center for Interprofessional HealthCare Education, Research & Practice

Kevin Pinto, MS
BSN student
College of Nursing
Participant in DIHC

History

- IPE ad hoc group formed 2007
- Six health sciences colleges represented
- Active support of deans
- Members included associate deans, interested faculty, students, staff
- Guiding principles
- AHEC Program initial driver

Initial Projects

- Calendar coordination
- Creation of a model rotation at an AHEC site
- Creation of an IPE service learning opportunity
- Creation of an IPE elective – DIHC is the response

DIHC Key Elements

- All colleges to be represented
- Students to be chosen by Deans based on academic performance, commitment to team learning and team care
- Registration limited
- Would address a clinically relevant content area
- Would include active learning strategies

Initial Offering

- Had to recruit students willing to be ‘selected’
- Faculty interest was not a problem
- Some issues raised about faculty time commitment and DOE
- Faculty roles included content delivery and small group facilitation

DIHC 2.0

- Student response has been overwhelmingly positive
- Recruitment no longer an issue
- DIHC 2.0 created for those who want to continue with an implementation project
Description

- Interactive seminar-based forum within which to explore the characteristics and implications of interprofessional practice around one or more cross-cutting healthcare challenges
  - Childhood obesity, 2009-2010
  - HIV/AIDS, 2010-2011
  - Domestic Violence, 2011-2012

Enrollees, 2009-2012

- Communications Disorders: 2
- College of Communications: 1
- Dentistry: 18
- Medicine: 30
- Nursing: 28
- Pharmacy: 15
- Physical Therapy: 17
- Physician Assistant: 18
- Public Health (MPH, DRPH): 18
- Social Work: 13

Competencies

Course Elements

- Seminar (4 to 5 sessions)
- Mile Marker project – in teams
- Self- and Peer- Assessment
- Interprofessional Shadowing

Core Student Assessment Elements

- Attendance
- Pre/Post Course Assessment
  - Attitudes toward HealthCare Teams
  - UK Interprofessional Learning Outcomes Assessment
- Self, Peer Team Competencies Assessment
- Mile Marker Presentation
- Reflective Writing

Funding for DIHC

- Center for Interprofessional HealthCare Education, Research & Practice
  - Office of the Provost
  - Office of Executive Vice President of Health Affairs at UKHC
- Health care Colleges Deans’ support of faculty involvement (in-kind resource sharing)
Resources for DIHC

- **Administrative Structure**
  - Course Directors – Center, College of Medicine, and College of Nursing
  - Steering Committee – College representatives
- **Deans’ support of faculty participants** – 8 Colleges
- **College IP champions**
- **Eager, interested students**

Required Skills

- Faculty dedicated to interprofessional education and practice
- Students eager to learn with, from, and about each other to improve communication, collaboration and patient care outcomes
- Faculty development related to interprofessional delivery models

Evaluation

- **UK Instrument**
  - Self-reported Pre/Post attitudinal change
  - Students rate interactions with other professions
- **Attitudes Toward Health Care Teams Scale (ATHCT)\(^1\)**

Evaluation Plan

- Map instrumentation to the IP Core Competencies\(^2\)
- Pedagogy is content neutral

UK Instrument: Relationship to IP Core Competencies (cite)

I. Values and Ethics
II. Roles and Responsibilities
IV. Team and Teamwork

Attitudes Toward Health Care Teams Scale (ATHCT)\(^1\)

- **Subscales**
  - Quality of Care/Process (14 items)
  - Physician Centrality (6 items)
- **Quality Scale** showed significant change
Summary of Outcomes

• Pedagogy addresses domains if IP Core Competencies
• Not dependent on course subject matter

Student Satisfaction: Themes

• Working with students from other professions (VE)
• Understanding roles and responsibilities of other professions (RR)
• Appreciating others’ point of view (CC)
• Acknowledging team approach to healthcare (TT)

Significance

• Demonstrates academic silos can be broken down efficiently
• Team-based educational model was effective
• “In-kind” exchange of resources

Significance

• Through the looking-glass – new perspectives
• Changes in students’ perceptions
• Respect for other professions

Lessons Learned

• If you build it, they will come
• It takes a village
• Experience is the best teacher

Lessons Learned

• Faculty satisfaction is high
• Student satisfaction is high
• Keep the main thing, the main thing
• Nothing ventured, nothing gained
• Think out side of the box
References


Contact

Andrea Pfeifle, EdD, PT
Center for Interprofessional Health Care Education, Research & Practice
andrea.pfeifle@uky.edu

James C. Norton, PhD
College of Medicine
jcnorton@email.uky.edu

Patricia Burkhart, PhD, RN
College of Nursing
pvburk2@email.uky.edu

James Ballard, MS, ED
Center for Interprofessional Health Care Education, Research & Practice
jballard@uky.edu

Kevin Pinto, MS
BSN student
College of Nursing
Participant in DIHC
kevin.pinto@uky.edu