

## UK Deans' Interprofessional Honors Colloquium

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## 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



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## 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



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## 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



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## 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



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## 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

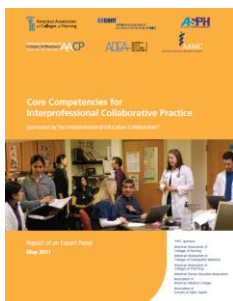


## Enrollees, 2009-2012

• 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
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## 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 <sup>1</sup>
  - 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



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## 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



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## Evaluation

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



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## Evaluation Plan

- Map instrumentation to the IP Core Competencies <sup>2</sup>
- Pedagogy is content neutral



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### UK Instrument: Relationship to IP Core Competencies (cite)

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



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### Attitudes Toward Health Care Teams Scale (ATHCT)<sup>1</sup>

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



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## Summary of Outcomes

- Pedagogy addresses domains if IP Core Competencies<sup>2</sup>
- Not dependent on course subject matter



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## 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)



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## Significance

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



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## Significance

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



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## Lessons Learned

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



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## 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



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## Student Perspective and Questions

## References

1. Heinemann, G.D., et al., *Development of an Attitudes toward Health Care Teams Scale*. *Eval Health Prof*. 22(1): p. 123-142.
2. Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.



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