Public Health as a Catalyst for Interprofessional Education on a Health Sciences Campus

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Although interprofessional education (IPE) has existed in various formats for several decades, the need for IPE recently has taken on renewed interest and momentum. Public health has a critical role to play in furthering IPE, yet schools of public health are often underrepresented in IPE initiatives. The University of Iowa College of Public Health is serving as a catalyst for IPE activities on our health sciences campus, which includes colleges of dentistry, medicine, nursing, pharmacy, and public health. IPE-related activities have included campus visit by IPE leaders, administration of the Survey of Critical Elements for Implementing IPE, administration of the Interprofessional Learning Opportunities Inventory survey, the development of a comprehensive strategic plan, and the pilot of an IPE course for all first-year prelicensure students and Master of Health Administration students. Although more work is needed to more fully integrate IPE into the curriculum, success to date of the University of Iowa IPE initiative demonstrates that public health can play a critical role as a convener and catalyst for IPE curricular innovations on a health sciences campus. (Am J Public Health. 2015;105:S104–S105. doi:10.2105/AJPH.2014.302501)

ALTHOUGH INTERPROFESSIONAL

education (IPE) has existed in various formats for several decades, the need for IPE recently has taken on renewed interest and momentum. The Patient Protection and Affordable Care Act (ACA) of 2010, with its emphasis on medical homes and accountable care organizations to achieve better outcomes in primary care, especially for those with chronic conditions and at-risk populations, necessitates interprofessional teamwork and team-based care more than ever.

In 2009, the 6 national health professions education associations formed the Interprofessional Education Collaborative (IPEC) with the goal of advancing IPE learning experiences to better prepare students for collaborative and team-based care. In May 2011, an expert

panel, appointed by the IPEC, published *Core Competencies for Interprofessional Collaborative Practice.*¹ The report outlines 4 competency domains (values/ethics for interprofessional practice, roles/responsibilities, interprofessional communication, and teams and teamwork). IPE is defined as the following:

When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.^{2(p10)}

Public health has a critical role to play in both the implementation of the ACA and in furthering IPE, yet schools of public health are often underrepresented in IPE initiatives. The University of Iowa College of Public Health is serving as a catalyst for IPE activities on our health sciences

campus, which includes colleges of dentistry, medicine, nursing, pharmacy, and public health.

INTERPROFESSIONAL EDUCATION INITIATIVE

With financial support from the Office of the Vice President for Medical Affairs and the Office of the Provost, an IPE Steering Committee was formed in fall 2012 with representatives from each of the Health Sciences Colleges, the hospital nurse residency program, and physical therapy. Representatives from the leadership of Students for Interprofessional Education also serve on the Steering Committee to ensure student input. Using IPEC's 4 competency domains, the Steering Committee set out to develop a comprehensive, focused framework and plan for the Health Sciences Colleges that integrates existing university IPE resources, implements a coordinated IPE curriculum, and creates a sustainable IPE learning infrastructure and environment. The College of Public Health volunteered to chair the IPE Steering Committee and has taken a lead role on these foundational activities.

The Steering Committee used several methods to identify and

evaluate the current status, opportunities, and challenges of establishing an IPE program including outside consultation from universities with robust IPE initiatives, a multicollege survey, and a curriculum inventory. Campus visits by IPE leaders provided useful insights: the IPE implementation process must be flexible and tailored to the institution's unique features, faculty development is imperative, the organization must support faculty time to participate in faculty development opportunities and provide learning opportunities with faculty from different professions, and developing an IPE initiative with a centralized coordinating function that promotes IPE integration across academic units is a long-term, incremental process.

A Survey of Critical Elements for Implementing IPE (SOC) was administered and completed by all 5 health sciences colleges and the nurse residency program. Based on the critical elements for IPE development described by Buring et al., the survey assessed faculty development, institutional culture and sustainability, and curricula.3 Key findings from the survey were: the IPE initiative can serve as a platform for establishing a central IPE entity with dedicated resources that ensures coordinated scheduling and sustainability; centralized IPE communication can efficiently provide timely information to faculty, students and staff as well as heighten IPE visibility; the capacity of existing core IPE faculty can be built on and leveraged through training and networking opportunities; and

existing IPE assessment tools can be adapted for use by Health Sciences Colleges faculty. Another survey, the Interprofessional Learning Opportunities Inventory, was administered and completed by faculty teaching IPE-related curricula. The results indicate that although content related to the 4 IPE competencies is included in each college, there were few "true" IPE learning experiences.

An important result of the IPE Steering Committee's initial work was the development of a comprehensive strategic plan that articulates the activities, inputs, and resources that are necessary to ensure that IPE grows and thrives on the University of Iowa campus. The strategic plan's 4 goal areas and strategies are:

- 1. Logistics and Sustainability—Establish a comprehensive IPE Center with authority to implement curriculum and other education-related activities across the Health Sciences Colleges and with dedicated resources that ensure the ability to effectively implement the IPE plan.
- Faculty Development— Create a recognized cadre of faculty with expertise in teaching IPE competencies.
- 3. Curricula and Learning Opportunities—Establish competency-based IPE as the standard for educating health professions students.
- Student Engagement— Encourage and facilitate student-led leadership and learning in interprofessional education.

In addition to the Steering Committee's work just described, a pilot offering of an IPE course titled, "Interprofessional Skills and Team Based Health Care" was implemented in the fall of 2013 as a required course for all first-year prelicensure students (in dentistry, medicine, pharmacy, and nursing) and Master of Health Administration students (in Public Health). A total of 492 students participated in the pilot that included 1 large interprofessional activity to introduce students to the concepts of IPE and team-based health care delivery, and several small group experiences where interprofessional student teams responded to online patient updates and participated in a face-to-face meeting led by a faculty facilitator. Students were assessed prior to the initial session utilizing the Readiness for Interprofessional Learning Scale questionnaire; they will be reassessed after the final session. Future plans include expanding participation to other students on campus including speech pathology and audiology as well as social work.

CONCLUSIONS

Additional work is needed to more fully integrate IPE into the curriculum and to establish a centralized health sciences—wide IPE entity with dedicated resources that affords coordinated scheduling and operational sustainability. However, success to date of the University of Iowa IPE initiative demonstrates that public health can play a critical role as a convener and catalyst for IPE curricular innovations on a health sciences campus. Our IPE strategic

plan is providing a roadmap for essential activities, inputs and resources needed to ensure that IPE grows and thrives on the University of Iowa campus.

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Contributors

T.M. Uden-Holman, S.J. Curry and L. Benz led the study and writing of the article. M.L. Aquilino reviewed and edited the article.

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Human Participant Protection

Institutional review board approval was not required because respondents provided collegiate/course level data that are being used for quality improvement purposes, and no data regarding the respondent were collected.

Reference

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