Integration of Interprofessional Competencies: Building a Bridge from Classroom to Practice Environments

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Need for Project

• Interprofessional Education (IPE) is essential for effective healthcare delivery (WHO, 2010)
• IPE a requirement of accrediting bodies for many health science programs
• IPE on campus fragmented, artificial, and often taught in silos in uniprofessional programs
Previous IPE Offerings

• INTD 410 – At the time was felt to be artificial has not engaged students
• Opportunities during clinical placements offer little grounding in IPE and IP competencies
• Small scale IP activities and attempts to bring students from different disciplines together had been somewhat unsuccessful – in part due to a lack of resources and manpower
STUDENT ENGAGEMENT

COMPETENCIES

AUTHENTIC
Need to Incorporate Competencies
Research & Evaluation

• Set of questionnaires (self-efficacy, IP comp):
  – pre-launch
  – end of year
• Interviews
  – end of year
• Reflection assignments
The IP Pathway Launch
IP Pathway Launch Event

• Has been run for the past two years
• Year 1 – Nursing, OT, Pharmacy, PT, SLP,
  – 435 Students
  – 54 volunteers
  – 2 half day sessions
• Year 2 – Dentistry, Dieticians, MD, Nursing, OT, Pharmacy, PT, SLP
  – 895 Students
  – 76 volunteers
  – 4 half day sessions
“Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.”

(WHO, 2010)
Patient Safety Challenge Passport

Purpose: To develop skills in clarifying the roles of healthcare team members.

In the Patient Safety Challenge, teams visit stations hosted by external partners and use discussion prompts to clarify the role of healthcare team members. These discussions will be grounded in the context of patient safety, which aligns with the U of A’s Interprofessional Competencies: Communication, Collaboration, Role Clarification, and Reflection.

In order to achieve the goal of the Patient Safety Challenge, your team will explore how foundational documents and discussion can build knowledge of professionals’ scopes of practice and collaborative practice from patient, front line and organizational perspectives.

Team Name: __________________________

Team Members Name and Signature:

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Rules of Engagement

1. Visit
   - One patient
   - One practitioner group
   - Two regulatory bodies
   - Patient Safety Principles Station
   - Interprofessional Students Groups

2. Limit discussion to 10 minutes maximum.

3. Passports must be returned at end of the event to receive credit.

4. Each of the stations will nominate teams based on professionalism and engagement. Nominated teams will be entered in a draw. All team members must be present at the draw to be eligible to win.

Patient Safety Principles

There are a number of frameworks for patient safety. We have made available the principles developed by the Health Quality Council of Alberta for your reference. Use these principles to guide or focus your discussions.

- Patient engagement – Patients are the primary focus of our patient safety effort and their voice should be heard in the planning, delivery and evaluation of healthcare services.
- Respectful, transparent relationships – Relationships are the core of healthcare delivery. Effective communication, which is only possible in a respectful, transparent relationship, is essential for successful collaboration and cooperation between all those who have a stake in ensuring safe and effective care.
- Complex systems – Understanding that individuals and teams are both part of and influenced by the system within which they work is critical to address the complexity of factors that contribute to safe care.
- Just & trusting culture – An atmosphere of trust in which people feel supported by both those they work with and their organization is a fundamental requirement for effective reporting about safety-related information.
- Appropriate responsibility & accountability – All those who work in healthcare, from front line care providers to managers, leaders, executives, and those who work for regulatory organizations and government all have a responsibility and accountability for the delivery of safe care.
- Continuous learning and improvement – All those who work in healthcare must have a willingness and ability to learn from and take action to make improvements in response to safety-related information.
impact
Students:

“I had a great time and look forward to utilizing the skills I learned today in my future practice as a healthcare professional”

“This was an excellent opportunity to talk about the importance of inter-disciplinary discussion with other students from various disciplines.”

“It was interactive and engaging. Valuable learning about different perspectives from other disciplines. Created a sense of community.”
Advocacy Inquiry Debriefing

Author
Lisa Guirguis, University of Alberta

Document
Click here for the Advocacy Inquiry Debriefing document.
Link opens in a new window.

Description
Lisa Guirguis' amazing advocacy inquiry debriefing "cheat sheet" based on the Jenny Rudolph article (there's no such thing as nonjudgmental debriefing). Can be used to support faculty debriefing of simulation in situ or can be used in faculty development on debriefing to explain the AI method. The AI method promotes students' critical reflection on their frames of reference.
• New curricular model
  - IP Learning Pathway

• Created educational research & evaluation group in health sciences

• Engaging Alberta Health Services in discussion
  – transitioning students into workforce
• Presentations
  – 11 national and international conference
  – Alberta Health Services
  – Clinicians supervising our students

• Position U of A as a leader in IPE, nationally and internationally