Interprofessional Education (IPE) in the Health Sciences
The Creighton Experience

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Objectives:

• The Case for Interprofessional Education (IPE)
• Brief Description of Creighton University
• Brief History of IPE in the Creighton Health Sciences and the School of Pharmacy and Health Professions (SPAHP)
• Description of the Interprofessional Model in the SPAHP- OISSE Model
• Why the OISSE Model Works
Creighton University Context

- Complex academic health center of modest size- 2000+ students from all programs, Academic Health Center and University Teaching Hospital of 300 beds
- Medicine, dentistry, nursing, pharmacy, physical therapy, and occupational therapy
- Existing IPE initiatives: Center for Health Services Research, Bothmer Health Science group, Interprofessional Case Seminars, Elective Patient Safety Course, Many Community Service Projects
- SPAHP: 1000 students; OT1= 50, P1= 185, PT1= 60; Faculty= 110; Staff= 80
The Case for IPE: We Know

• Interprofessional education enables effective collaborative practice
• Collaborative practice optimizes health-services, strengthens health systems and improves health outcomes.

(World Health Organization, 2010)
The Case for IPE- We Know That There is Now a Central Role for Teamwork

• While physician autonomy and authority have been dominant “hallmarks” of the health care system, teamwork, collaboration and shared authority now correlated with improved patient care outcomes

Macy Foundation, 2008
The Case for IPE- We Know that Change is Here:

• US health care reform, federal policy documents, grant funding initiatives, recent educational research in the health professions (i.e., Carnegie studies in nursing and medical education, Macy Foundation conference on interprofessional collaboration) all target and support the need for a PARADIGM/CULTURE shift in health professions education
Carnegie Foundation Findings

• Key findings from Carnegie’s cross professions studies “will” have a lasting impact on reform in health professions education.

• **Distributed intelligence**: collective knowledge of the team-core IPE competencies must be a part of professional education

• **Community of practice**: complex interrelationships working together to accomplish a shared objective

• **Professional Formation**: professional identity- much work needs to be done in this area
Brief History of IPE at Creighton SPAHP

• Focus on IPE for over 11 years in our School- prior to that time very little was going on in our health sciences
• Formation of our Office of Interprofessional Scholarship, Service, and Education (OISSE) in 2001
• Our idea was to formalize a focus on IPE through an administrative structure and commitment within our School
• Scholarship is a major component of OISSE’s mission and reflects faculty need for scholarship in career development
• Early grant success with HRSA and Quentin Burdick funding allowed development of IPE in rural Nebraska with Omaha and Winnebago Native American Tribes
Funding History

Key Accomplishments with Government funding

– Building Community: Collaborative Interdisciplinary Training Among Occupational and Physical Therapists with Native Americans in Rural Nebraska
  9/1/97 - 8/31/00 HRSA Grant # D37 AH 0634

– Continuous Connection: Consortium for Rural, Interdisciplinary Training
  7/1/99 - 6/30/02 Quentin N. Burdick Rural Health HRSA Grant # 1-D36 AH 1008

– Dreamcatchers and the Common Good: Allied Health Leadership in Generational Health and Ethics
  7/1/01 - 6/30/04 HRSA Grant # 1 D37 HP 00824

– Circles of Learning: Community & Clinic as Interdisciplinary Classroom
  7/1/04 - 6/30/07 Quentin N. Burdick Rural Health HRSA Grant #1 D36 HP 03158
More History

- Clinical infrastructure developed to facilitate IPE for PT and OT students. Pharmacy students came a little later as did nursing and medical students. IPE activities were focused at the health care facilities of the Tribes.
- Self-sustaining activities in PT and OT at the health facilities were a direct result of our grant work.
- Today SPAHP manages PT and OT services through contract with the USPHS Indian Health Service facility at Winnebago. The Omaha Tribe recently hired in a permanent position our first Native American OT graduate from Creighton.
- We are into our 9th year in our service contract with the USPHS Indian Health Service.
More History

- These relationships from our student IPE activities with the Tribes has blossomed into many local community engagement IPE activities, some volunteer, some for academic credit
- We has been involved in the development and implementation of many local area (Omaha) IPE community engagement activities similar to above but in the underserved areas of the city
- Our international focus for IPE currently is focused on Creighton’s Medical Mission in Santiago, DR where all of our programs have clinical IPE patient care experiences; students and faculty are on-site in Santiago as well as in the Campos in the mountains. Usually students spend one month as an elective clinical rotation
Office of Interprofessional Scholarship, Service and Education (OISSE)-Exemplar

- This office was initiated in SPAHP through 4 successful HRSA grants garnering 1.9 million dollars over a 10 year period. The office has continued with strong support and coordinates interprofessional education/community service activities predominantly in SPAHP with participation from School of Nursing and School of Dentistry. Currently we are in discussions with the School of Medicine to coordinate all community service and IPE activities through OISSE
OISSE Mission:

To support, plan, organize, and implement the School of Pharmacy and Health Professions’ interprofessional education and scholarship initiatives related to community engagement
Director

Core Faculty (bi-weekly meeting)
- Pharmacy (3)  PT (2)
- OT (2)  SoN(2)
- SoD(1)  HSL (1)

Faculty Associates (workgroups) Pediatric exercise; Health fairs/ screenings; Immunization clinics; Diabetes prevention, Cardiovascular Risk Reduction programs, etc

Community Associates- many local organizations as well as international

Advisory Board

Education Coordinator

Staff support- 2.0 FTE additional personnel

Total Annual Operational Budget= ≈$200,000 (not including faculty salaries)
OISSE Organizational Structure

Dean, SPAHP

**Director:** Cochran (PT)
**University Liaison:** Jensen
Doll, Flecky (OT), Ryan-Haddad, Begley, Sexson (Pharm), Wilken, Rusch (SoN), Gould (SoD), Champ-Blackwell (HSL)

**Education Coordinator:** Martens Stricklett
Staff

- Faculty Associates
- Community Associates
- Advisory Board
OISSE Community Partners

• **Local**
  – Blackburn Alternative High School
  – Ollie Webb Center
  – Boys and Girls Club of Omaha
  – Omaha Public Schools
  – Heart Ministry Center
  – Metro Star Gymnastics
  – Immanuel Senior Living – AgeWell
  – Presbyterian Outreach
  – St. Leo's Parish
  – Healthy Families Project
  – Omaha Chapter, National Safety Council
  – Fred LeRoy Health and Wellness Center (Ponca Center)
  – Mexican Consulate
  – OneWorld Community Health Center

• **Rural**
  – Omaha Tribe of Nebraska
  – Winnebago Tribe of Nebraska

• **International**
  – Dominican Republic partners (in collaboration with our Institute for Latin American Concern-ILAC)
Outcomes of Partnerships - Since OISSE Inception in 1999

Over 17,000 patients/clients served

Over 2500 students trained/educated across 5 health care disciplines

Over 50,000 hours of student training in authentic community contexts
OISSE Focus: Health Promotion & Social Responsibility

• Health Education and Health Promotion / Disease Prevention Screenings
• Professional Formation – communication, cultural competency, interprofessional collaboration, social justice
• Three IPE Clinics in operation- two owned by SPAHP
Faculty Scholarship (2009-12)
(Faculty Scholarship Engagement)

- Collaborations among 25 different Faculty and Community Associates
- 7 funded grants
- 3 peer-reviewed publications
- 1 book – 12 chapters contributed by OISSE Faculty members
- 14 presentations (national & international)
Creighton University
School of Pharmacy and Health Professions

COMMUNITY ENGAGEMENT

Global Health & Social Justice

Scholarship of Engagement

Interprofessional Collaboration & Professional Formation

EDUCATION

Mission-in-Action in the Jesuit Tradition
Challenges

• Traditional model that brings together a band of administrators to overcome curriculum barriers to agree on shared time and opportunity has been tried without any robust sustainable model

• Administrative authority is a critical factor for sustainability, but must be combined with right combination of faculty members capable of the grassroots collaboration fundamental to interprofessional practice and education
Why the OISSE Model Works

• Committed core of early adopters and competent and committed faculty/clinicians
• **University mission fit:** congruent fit between the University’s mission, societal needs and the social contract that health professionals should espouse
• Interprofessional collaboration for *good patient care* should be a moral imperative
Why OISSE model works

- **Build educational expectations/visible roles and rewards** for students and faculty:

- IPE cannot be a volunteer activity. Institutional models vary – but the most robust have requirements for students and recognition for the work. For some, students choose from a menu of possibilities, for others there are opportunities for a leadership/honor program or to earn a certificate through additional coursework.
Why OISSE works

• **Set clear GOALS:** The initiative needs a “clear charge from the top” - the end result cannot be a report that sits on a shelf, but must meet certain benchmark indicators or goals set forth from administration.
  – Establish a set of shared CORE competencies
  – Faculty development plans
  – Student expectations
  – Plan for grant proposals and faculty scholarship
A page from the Canadians....
(J Gilbert, 2008)

• #1: Adopt a global definition of IPE that encompasses every health discipline and leaves no room for multiple interpretations
• #2: Adopt a common set of goals
• #3: Adopt ONE set of core competencies regardless of discipline or geographic location
• #4: Foster and build a strong research program
Challenges
(Regehr, 2004; Norman 2002; Sullivan 2005)

- Need to link education to OUTCOMES

Purpose of education: competent professionals meet societal need – favorable health outcomes

The Interprofessional Mentoring Preceptorship Leadership and Coaching Super Toolkit

Too browse the IMPLC tools, please click on the diagram below.

About the IMPLC toolkit
The Interprofessional Mentoring Preceptorship Leadership & Coaching
Certificate in InterProfessional Health Team Development

The Certificate in InterProfessional Health Team Development is designed to prepare students from the Health Science Faculties for health care teamwork.
A final important reminder of what it takes to prepare health care professionals for a future of greater collaboration and to deliver truly patient-centered, team-oriented care…a great deal of literature on IPE and practice is generated by and focuses on the TWO dominant health professions of medicine and nursing, whereas the health professions collectively encompass many more discrete fields of expertise, without which the quality of health care individuals and populations receive would be greatly compromised.

(Madeline Schmitt, 2009)
Selected Resources


