Integrating Interprofessional Education (IPE) into a Pharmacy Curriculum: The U of T Experience

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Objectives

• Identify strategies which enable successful integration of interprofessional education into the pharmacy curriculum.
• Discuss methods to obtain ‘buy-in’ from stakeholders
• Explore potential solutions or pitfalls that can be encountered when addressing these obstacles.
• Discuss methods for measuring educational outcomes for interprofessional education incorporated into the pharmacy curriculum
Overview

• How it all started: the development and implementation of the Interfaculty Pain Curriculum – 2002 to present
• Current status of IPE at U of T
• Enablers and challenges of IPE
• Is IPE effective?
The Interfaculty Pain Curriculum (IPC) – how it all started (2000)

- A common purpose – to bridge the gap between pain research and pain management practices – support from the UofT’s Centre for the Study of Pain
- Identify disciplines who should be involved
- Development of a unique partnership of four Health Science Faculties: Dentistry, Medicine, Nursing, and Pharmacy (6 disciplines)
The IPC: How we moved forward

• Common goal for all: to graduate practitioners who can effectively manage their patients’ pain – this requires collaborative care

• A committee was formed with representation from the various disciplines

• Worked over an 18-month period to develop a 20-h pain curriculum

• Implementation: March 18–21, 2002
The IPC: Our Process – initial steps

- Survey of all pain curricula taught within the 6 participating programs
  - To identify baseline requirements
- used core and discipline-specific pain curricula (*IASP and the Canadian Pain Society*) as the basis
- objectives developed to guide content development
The IPC: Our Process

• Content priorities - minimal requirements to manage pain as perceived by each profession
• Clarification of profession specific language
• agreement on content priorities within the course time frame
• Meetings were scheduled every 3–4 weeks, including the summer period
• Sufficient opportunity was provided to hear each other’s language, interests, goals, content priorities, and learning environment preferences
The IPC: Implementation

• Commitment from all six faculties – The program was formally approved by the curriculum committees of all faculties
• Support from the Health Sciences Deans
• ‘in-kind’ time from faculty
• Jointly developed the program, implementation and evaluation
The IPC Program

• March 2002: 540 students
• Introduction to students in all faculties several weeks prior to curriculum implementation
• Student manual, supported by course website
• Small interdisciplinary groups to foster team development; clinician facilitators trained for small group teaching
• Patient focus: Patient panel & patient cases to work-up
• Variety of learning formats: large group presentation, panel discussion, face-to-face small group facilitated & unfacilitated and on-line discussions
• Development of a common Care Plan for the patient
ASSESSMENT OF STUDENT KNOWLEDGE AND UNDERSTANDING (PKBQ)

• developed by Evaluation sub-committee
• 40 statements about pain assessment & management; questions using Likert scale
• 2 parallel versions developed
• Students asked to respond with ‘true’, ‘false’, or ‘don’t know’
• Examined for face and content validity
• Pain Knowledge & Beliefs: Increase in correct responses: 15% to 17%  p<0.00
• Better understanding of Interprofessional roles
FEEDBACK ON PROCESS & CONTENT

• Daily summary ratings of meeting or exceeding expectations ranged from 85 to 95%
• Highest ratings and response rates (RR) were for small group work and the patient panel
• Overall a high degree of satisfaction with IPC
• Areas for improvement: more clinical integration, cases to be more relevant to all professions, information complimentary & alternative therapies

The IPC - today

- 2011: offered March 21 - 24
- Mandatory component of all curricula
- 891 students participated (new group: Physician Assistant Program)
- 80 clinician facilitators trained and participated
- Model for other IPE at U of T
U of T’s Commitment to IPE

- Office of IPE was created in 2006
  Transition to:
- Centre for IPE in 2010
- Health Sciences Deans have recognized and allocated faculty resources
- Interfaculty Curriculum Committee (IFCC) in place which meets monthly
Academic Program

IPE Curriculum –
• collaborative development of a competency-based framework – 2007-2008
• active implementation process – 2008-present
• assessment measures
• ongoing program evaluation
Organizational Structure

Council of Health Sciences Deans

Faculty Curriculum Committees / Faculty Councils

Interfaculty Curriculum Committee
Dean’s / Chair’s representative from each of the ten health science faculties / departments

Chaired by Faculty Lead - Curriculum

Faculty Lead - Curriculum
Faculty Lead - Assessment
Faculty Lead - Preceptor Development
Faculty Lead - Simulation
Faculty Lead - Evaluation
A Framework for the Development of Interprofessional Education Values and Core Competencies
Health Professional Programs, University of Toronto

**EXPOSURE:** Introduction

- **Knowledge**
  - Describe the role, responsibilities, values and scope of practice effectively to clients/patient/families and other professionals.
  - Describe interprofessional practice theory with respect to the science and theories underlying teamwork.
  - Describe the context and culture of the interprofessional (IP) environment that facilitates or inhibits collaboration, and its constraints.
  - Identify instances where IP care will improve client/patient/family outcomes.

**IMMERSION:** Development

- **Skill/Behaviour**
  - Accurately describe the roles, responsibilities and values of practice of other professions.
  - Contribute to:
    - Invoking other professions in clients/patient/family care appropriate to their roles and responsibilities.
    - Effective decision-making in IP teams/teams utilizing judgment and critical thinking.
    - Team effectiveness throughreflection on IP team function.
    - The establishment and maintenance of effective IP working relationships/partnerships.

**COMPETENCE:** Entry-to-Practice

- **Skill/Behaviour**
  - Work collaboratively with others, as appropriate, to assess, plan, provide care, initiate and make decisions to optimize clients/patient/family health outcomes and improve quality of care.
  - Demonstrate leadership in advancing effective IP team function through a variety of strategies including, but not limited to:
    - Reflection,
    - Promotion of effective decision making,
    - Identification of factors that contribute to or hinder team collaboration, including power and hierarchy,
    - Flexibility and adaptability,
    - Able to assure diverse roles in their IP group and support others in their roles.
  - Establish and maintain effective IP working relationship/partnerships with clients/patients/families and other team members, teams and/or organizations to support achievement of common goals.

- **Attitude**
  - Based on client/patient/family needs, consider that preferred practice is IP collaboration and mutual respect.

**CONSTRUCTS**

- **Collaboration**
  - Interprofessional IP theory.
  - Context and culture of healthcare system.
  - Roles, responsibilities, accountability and scope of practice.
  - Decision-making/critical thinking.
  - Perform as an effective team member.
  - Flexibility, cooperation, contribution, organization/efficiency, team health maintenance.
  - Self-reflection.
  - Change.
  - Practice.

- **Communication**
  - Listening.
  - Giving and receiving feedback.
  - Sharing information effectively.
  - Common language.
  - Dealing with conflict.

- **Values and Ethics**
  - Relational-centered.
  - Diversity sensitive.
  - Interdependence.
  - Creativity/innovation.

**ENTRY-LEVEL ASSESSMENT**

**SUMMATIVE ASSESSMENT**

**LEARNING CONTINUUM**

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Core Learning Activities

1. Values/ethics: *Year 1- Teamwork: Your Future in Health Care*
2. Roles in patient care: *Case-Based* (e.g., *Pain Curriculum*, Palliative Care)
3. Communication: *Conflict in Interprofessional Life*
4. Collaboration: *IPE Component in a Clinical Placement*
Examples of Sessions Held:

- Bioethics
- Global Health
- Health Care Team Challenge
- Health Mentorship
- Interprofessional Disaster/Emergency Action Studies (IDEAS)
- Maternity Care
Resources

- Centre for IPE – infrastructure
- Blackboard used to register/track attendance
- Faculty time allocated
- Space at clinical sites
- Preceptors – IPE faculty development – e.g. facilitator training
- Refreshments for evening sessions?
Issues

• Integration with profession-specific needs/schedules/curriculum
• Resource - intensive (faculty time, and space)
• How to measure achievement of ‘competencies’
Student engagement

- Student organization – Interprofessional Healthcare Students Association (IPHSA)
- Student – organized sessions and clinic
- Student representatives on planning committees
- Student representatives on Interfaculty Curriculum Committee
- Evaluation process for each session
University/Faculty engagement

• CIHC National Interprofessional Competency Framework
• AIPE – national collaborative to accredit prelicensure education of 6 Canadian health professions
• Faculty liaison member on IFCC
• Community of Practice for ICC IPE
• Newsletter – bi-monthly
• Annual Awards – Excellence in IPE/IPC
• Faculty Development - Courses
Acknowledgments

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