Integrating Interprofessional Education (IPE) Across the Curriculum

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Rationale

- Students are entering a practice of medicine which will most certainly be delivered by interprofessional (IP) teams
  - Accountable Care Organizations
  - Patient Centered Medical Home
  - AAMC
  - AACN
  - ACOM
  - Others
- LCME ED 29 suggests that medical schools are accountable for providing IPE experiences.
- Would provide opportunity to integrate MPH expertise, as well as resources of College of Nursing, Social Work, Pharmacy, and other institutions for cooperative learning.

First set of objectives taken from the IPEC competencies:
- Students will learn the values and ethics necessary for IP practice.
- Students will demonstrate understanding of roles and responsibilities of other health professionals on the patient care team.
- Students will master basic IP communication skills necessary to provide patient-centered, quality care.
- Students will participate on IP teams in the delivery of healthcare, as well as in scientific inquiry.

Unique objectives
- Students will observe and participate in the management of chronic disease and health by IP teams.
- Students will understand the rationale of the Patient-Centered Medical Home and like initiatives that increase patient satisfaction and care quality while controlling cost.
- Students will appropriately designate referrals and consults to other health professionals such as social workers, pharmacists, nurse practitioners, physician assistants, and physical and occupational therapists.

Description of Curriculum

Educational activities will begin in the first year of medical school. As part of early clinical exposure, students will participate in IP teams in a longitudinal relationship with a patient. These students will work together to accomplish parallel objectives in clinical (communication) skills and public/population health. As part of their training in health systems, students will learn in IP small groups with IP faculty, maximizing the opportunity to gain perspective on issues from different disciplines. Early use of social media may play a role in facilitating relationship-building, training videos, and service learning opportunities.

As part of their education in therapeutics, students will not only master objectives in pharmacology, but also in other “therapies,” such as occupational therapy, physical therapy, and speech therapy. Education in these topics will involve faculty from the partner disciplines, with a potential outcome of students gaining a better understanding of how best to partner with other professions in managing care.

Each clinical experience (or clerkship) will support educational objectives related to IP education and team management of disease. Students will participate in IP root cause analysis sessions to better understand roles and scopes of practice. Research/Quality Improvement projects will involve colleagues in public health. Assessment of skills in this area will be multi-faceted. Students will participate in regular IP OSCE’s. In the early years, these might relate to IP communication, such as “rooming” a patient. As students gain more clinical experience, these might involve critical incidents (a code), discharge planning, medication reconciliation. Further assessment may occur through 360 reviews by IP colleagues and faculty.

Discussion

The escalating cost of medical care and expectations of the population provide the major impetus for reform of health care delivery. Our graduates must be prepared to practice efficient, effective medicine, which is safe, and which benefits the population as a whole. The concept of IPE has been embraced and heartily endorsed by the Institute of Medicine, the AAMC (and thus the LCME), many specialty organizations, payers, and private foundations. As we shape a new curriculum, the College of Human Medicine, with its community-based structure and emphasis, is in a unique position to revolutionize health professions education. We have existing strong relationships with other health professions colleges and institutions in our communities, and a budding new public health program within our College. Educating our students to understand their unique role in health care, as well as the roles of other professionals, will enable them to be leaders in efficient and coordinated care, and will potentially result in early transformation of how health care and preventive services are delivered across the state of Michigan.

Resources and Faculty Development

- Collaboration with other colleges (ICON, CSS, others) as well as other institutions (GVSU, FSU, others) for students in different disciplines
- IP Coordinating team involving members from different disciplines
- Faculty development on scope of practice of different disciplines
- IP Preceptor Manual for clinical education
- Simulation facilities at all campuses
- Cooperation with College-Wide Assessment to develop evaluations

References: