UNE Interprofessional Education Collaborative (IPEC)
Strategic Plan 2013-2018

Background

UNE's commitment to interprofessional education began in 2000 with an interdisciplinary health and healing initiative (I2H2), which brought students together for common learning experiences. In 2010 the Interprofessional Education Collaborative (IPEC) was established solidifying UNE's stake in IPE academic and community-based practice education. IPEC incorporated UNE's 2017 vision through strategic objectives that integrated interprofessional educational, research, science and service programs and promoting patient-centered approaches for educating healthcare professionals across disciplines.

In 2011 the National Interprofessional Collaborative published the Core Competencies for Collaborative Practice Report that outlined specific competencies necessary for effective health care[1]. Competency domains cited in the report are rapidly becoming required in health education accreditation standards. Competencies conform to IHI's Triple Aims[2] and are intended to prepare future and current practitioners for 21st century health care reform.

IPEC's strategic initiatives foresaw the codification of these standards as evidenced by the development of four undergraduate core courses[3] required of all health professions students enrolled at UNE.

In June 2012, UNE leadership designated IPEC as a Center for Excellence allotting funds to further advance IP integrated curriculum and co-curricular studies, collaborative clinical site development, and interprofessional research. Along with supporting already existing IPE initiatives, the Center established:

- An interprofessional student advisory team (IPSAT),
- Sponsored students for the CLARION Case Competition
- Provided IP student-led mini-grants with faculty mentorship
- Developed, implemented and evaluated a pilot model for IPCP rotations for diverse community sites
- Supported faculty publications and presentations at national and international conferences
- Established UNE as a national IPE leader with distinctive campus to community programming
- Successfully applied for and received grants from Arthur Vining Davis Foundation, The Bingham Program Foundation, Josiah Macy Jr. Foundation, and the Maine Cancer Foundation. The Center also collaborated with UNE's Nursing Department on the HRSA Funded CHANNELS Project.

What follows is a draft of IPEC's revised five-year strategic plan, which includes updated vision, mission, and values statements, as well as goals and objectives for five key planning areas that will ensure the ongoing success of its vision. The strategic planning process included stakeholder interviews, strategic planning steering committee meetings, and literature/research reviews[4].

Organizational Direction

Vision:
IPEC will be a nationally recognized leader in campus-to-community interprofessional education, practice and research.

Mission:
IPEC transforms healthcare education by fostering community-centered, collaborative learning and interprofessional practice.

Values:
The Interprofessional Education Collaborative at UNE values shared learning environments that prepare students to be competent and collaborative health professionals[1]:

- **Safety and Quality:** The practice of interpersonal, interprofessional, organizational, and systemic behaviors that result in reduced risks to and improved outcomes for health care consumers.
- **Social Justice and Heath as a Human Right:** The application of core principles advocating for the right of every person, regardless of circumstance, to receive the best possible health care integrated with contemporary science and delivered respectfully, without bias or judgment.
- **Patient/Person Centeredness:** The cultivation and support of attitudes and skills that:
    - Empower healthcare recipients
    - Integrate patient/family/community expertise
    - Promote shared decision-making
- **Cultural Humility:** The willingness to:
    - Learn about, from, and with diverse cultures,
    - Respect the health perspectives, values, and wishes of others
    - Use cultural and linguistically appropriate communication
- **Collaborative Leadership:** Interprofessional skills for promoting respectful communication, assertion and advocacy based on relevancy not role.
- **Student Empowerment:** The recognition that students, as future health practitioners and change agents charged with transforming healthcare, are necessary and respected collaborators in interprofessional education.

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[1] **Interprofessional Education:** occurs when two or more professions learn about, from and with each other to improve

Interprofessional Practice: is a shared commitment to know and value the roles and responsibilities of others, communicate effectively, respect common and diverse ethics and use interprofessional, person-centered strategies to provide safe and effective health care.

Key Planning Issues

Results from strategic planning interviews and steering committee meetings indicate that IPEC must address several key planning issues over the next five years:

1) Infrastructure

Goal: Acquire the necessary funding, personnel, and systems to achieve the IPEC mission and vision.

Objectives:

- Identify appropriate staff to carry out key elements of the strategic plan, including program coordination, research, and evaluation
- Ensure sustainable funding stream for IPEC
  - Secure direct funding from Colleges Acquire 1-2 grants per year
  - Consider IPEC activity fee as part of student tuition
  - Explore revenue-generating options, including conferences and marketing of COMPtime modules.
- Create and implement a communication/outreach plan tailored to various constituents to report IPEC activities and detail successes
  - Market to prospective students and parents through UNE promotional literature, website, and working with UNE recruitment personnel
  - Increase involvement of Interprofessional Student Advisory Team (IPSAT) in IPEC planning activities to better communicate with students
  - Demonstrate to Colleges and UNE Leadership how IPEC:
    1. Enhances the reputation of the university and creates a distinctive niche;
    2. Assists with relevant IPE curriculum design that meets IPE-related accreditation needs across health disciplines;
    3. Increases scholarly productivity and success of external funding
    4. Identify Colleges' unique IPE needs

2) Continuing Education and Training (Faculty Development)

Goal: Create a network of IPE trained educators, practitioners and health administrators across learning environments

Objectives:

- Identify dedicated IPE faculty and focus initial development efforts on that group
  - Need a mix of classroom-based faculty and preceptors/supervisors for community learning sites
- Update assessment of faculty needs to better design faculty development opportunities

- Form several small groups of faculty members with similar training needs to develop targeted training opportunities
    - Consider use of case-based training (including use of video technology), similar to training students will receive
    - Through small groups and/or IPE mentors, faculty should receive concrete ideas and methods on how to work IPE into range of courses and activities
    - Develop interprofessional curricular aids tailored to unique needs for each College
    - Devise method of incorporating student feedback into faculty training

- Incentivize faculty participation in IPE
    - Explore IPE requirement for faculty participation as part of reappointment, promotion and tenure
    - Start a faculty fellowship/stipend and/or grant program to encourage work on IP-related projects and research
    - Encourage and reward emerging faculty champions

3) Curriculum Development

Goal: Design and deliver integrated interprofessional knowledge, skills, and attitudes that inform and empower students and community-based learners with strong foundations for collaborative practice.

Objectives:

- Assess and carry out existing opportunities to work IPE into current courses and activities (e.g., dental hygiene clinics, simulation activities in Biddeford, cross-College participation in common courses, etc.)

- Extend curricular IPE opportunities
    - Develop IPE seminar series required for all health professions students
    - Develop one leveled IP elective per year
    - Pilot a once-per-month Dean-led patient-care experience/case study circle for small interprofessional groups of students
    - Develop IPE simulation case studies and assessment models

- Acquire funding for and complete all six online COMPtime learning modules

- Incentivize student participation in IPE:
    - Develop IPE honors certificate program/fellowship
    - Involve students in IP curriculum development and implementation by giving IPSAT larger role in planning and implementation efforts
    - Establish a fund for student-led projects (i.e., Clarion Competition)
    - Explore the development of a student-led “hands on” clinical and service learning opportunities
    - Have at least one student-presented paper at CAB V in 2015
    - Mentor IPE student publications

4) Interprofessional Learning Environments and Clinical Settings

Goal: Establish in collaboration with community partners student-centered learning environments reflective of IPEC Values.

Objectives:

- Provide continued support for existing IPC Clinical rotations/placements
- In conjunction with community partners, ensure sufficient capacity of IP training sites and opportunities to meet the clinical educational needs of identified pilot cohort of students in 2014.
    - Identify core sites and train faculty supervisors/preceptors to staff sites
    - Follow up on Macy Grant IPC Summit opportunities
- Establish ongoing efforts to connect with local employers and care providers to continually assess their health-related needs to help inform curriculum development and develop student training opportunities
- Maintain ongoing communication with graduating IPE-trained health professions students to be future preceptors and/or participate in (or deliver) IPE-related continuing education

5) Evaluation

Goal: Establish an ongoing, systematic process for evaluating IPE and IPC quality.

Objectives:

- Review and evaluate student curriculum, IPE activities, and internal processes
    - Identify and measure student learning outcomes (competencies) to determine whether students graduate with IPE knowledge and competencies
    - Measure impact of IPEC programs and activities
        - Number of students who enroll at UNE because of IPE
        - Number/percent of students trained in IPE
        - Number and effectiveness of community sites
        - Patient outcome evaluation in conjunction with community partner sites
        - Publish outcome date
- Establish relationship with National Center for Interprofessional Practice and Education to enhance evidence for IPE efficacy
    - Measure "customer satisfaction" (students, faculty, administrators, community partners)
    - Determine cost effectiveness of IPE programs and initiatives
- Identify Colleges' unique needs regarding IPE and determine which needs IPEC can provide
    - Ensure findings are considered when developing new initiatives
- Promote IP student- and faculty-led research
    - 2-3 publications per year.
    - 2-3 professional conference presentations per year.

[1] *Please see: http://www.aacn.nche.edu/education-resources/IPECReport.pdf*

[2] *Please see: http://www.ihi.org/offerings/Initiatives/TripleAim/Pages/default.aspx; Triple Aim measures focus on: Improving the patient experience of care (including quality and satisfaction);*
Improving the health of populations; and Reducing the per capita cost of health care.

[3] *Reference to Dr. Karen Pardue, Associate Dean for the College of Health Professions and the interprofessional faculty who designed, implemented, and evaluated the undergraduate core curriculum*

4 Supporting evidence for the efficacy of IPE and IPC is growing. Evidence that links IP practice to patient safety and improved outcomes can be found at:

Barcelo, A et al (2010). Using collaborative learning to improve diabetes care and outcomes: The Vida Project. Primary Care Diabetes, 4(3), 145-53.

Janson, ST et al (2009). Improving care of Type 2 diabetes using teams of interprofessional learners. Academic Medicine, 84(11), 1540-8.

Helitzer, DL et al (2011). A randomized controlled trial of communication training with primary care providers to improve patient-centeredness and health risk communication. Patient Education & Counseling, 82(1), 21-9.

Morey, JC et al (2002). Error reduction and performance improvement in the emergency department through formal teamwork training: evaluation results of the MedTeams project. Health Services Research, 37(6), 1553-81.