Chapter 6 Curriculum Design for Interprofessional Education in the Preclinical Health Sciences

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ABSTRACT

This chapter focuses on interprofessional education (IPE) from the perspective of the preclinical health sciences - the time before learners practice the skills of real world clinical care. IPE allows students from varying healthcare arenas (including medicine, nursing, pharmacy, physical therapy, etc.) to collaborate, communicate, as well as nurture medical values to ultimately improve care. The IPE literature is quite extensive. National organizations, competency models, and educational theory promote the integration of IPE into the curriculum across all years of education. This chapter reviews the history of IPE within U.S. medical schools, competency frameworks from a global perspective, and the theoretical foundations of IPE. In addition, strategies for implementing IPE in the preclinical years, including teaching methods, learner assessment, examples, and curricular design tips are provided.

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INTRODUCTION

As healthcare undergoes seismic shifts in patient care delivery, highly functional interprofessional teams are necessary to provide patients and their families with quality care. Caring for more patients with chronic disease will require a team of healthcare providers, each contributing their own specialized knowledge and skills, to the ultimate benefit of the patient. An underpinning of interprofessional care teams is training that provides team members with the skill sets to be able to interact effectively with other team members, recognize and capitalize on others' roles and skills, and partner effectively and strategically to deliver quality patient care. Training preclinical health science professionals to engage in effective interprofessional teams requires a shift from traditional training models. Preclinical health science professionals to engage in effective interprofessionals (nursing, medicine, pharmacy, physical therapy, etc.) are currently trained in silos resulting in little interaction between the professions early in their careers.

This paradigm shift in health professions education requires health science educators to re-design training using principles of competency-based curricular design and assessment that incorporates instructors and learners from different professions. The information discussed in this chapter will be applicable to educators who are responsible for designing and implementing preclinical interprofessional health sciences education. There is robust literature in interprofessional education, multiple systematic reviews (Barr, Hammick, Koppel, & Reeves, 1999; Brandt, Lutfiyya, King, & Chioreso, 2014; Hammick, Freeth, Koppel, Reeves, & Barr, 2007; Lapkin, Levett-Jones, & Gilligan, 2013; Reeves, Perrier, Goldman, Freeth, & Zwarenstein, 2013; Reeves, Zwarenstein, Goldman, Barr, Freeth, Koppel, & Hammick, 2010), competency frameworks (Canadian Interprofessional Health Collaborative, 2007; Canadian Interprofessional Health Collaborative, 2010; Englander, Cameron, Ballard, Dodge, Bull, & Aschenbrener, 2013; Interprofessional Education Collaborative Expert Panel, 2011; Walsh, Gordon, Marshall, Wilson, & Hunt, 2005; WHO Study Group on Interprofessional Education and Collaborative Practice, 2010), and websites (included at end of this chapter) containing curricula and assessment tools. Examples of curricula and assessment tools described in this chapter are selections from a wider resource base and are not exhaustive in scope. This chapter will outline and discuss:

- An overview of competency-based frameworks;
- Curricular design techniques that incorporate a variety of interprofessional education experiences;
- Assessment methods to measure learning for preclinical students;

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