

Chapter 2

Interprofessional Education: Using Standardized Cases in Face-to- Face and Remote Learning Settings

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ABSTRACT

Interprofessional education (IPE) has emerged as a core educational method among human service and medical educational settings. Research suggests that learners who learn in IPE settings have better transdisciplinary communication skills and are better team members. Unfortunately, competing demands of multiple academic divisions can make facilitating IPE cumbersome. This chapter will describe the processes for developing, implementing, and evaluating an IPE experience drawn from de-identified patient records. The model includes information about incorporating learners from medicine, pharmacy, psychology, social work, and law, but could easily be expanded to include learners from other disciplines. The authors include descriptions of the process of implementing the unfolding case series in both face-to-face and live remote settings. This will include a sample case vignette, a pre-/post-survey, and learning objectives. Finally, the authors include opportunities for expansion and discussion of the challenges of implementing a curriculum targeted toward learners from diverse disciplines.

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INTRODUCTION

Interprofessional education (IPE) has long been considered to be a hallmark of high-quality healthcare education. Training programs in a variety of healthcare disciplines have developed IPE activities as a way to provide richer, more authentic and meaningful clinical training. These programs produce graduates that are well-prepared to work in interdisciplinary settings to provide team-based care that meets the needs of patients. The restrictions on face-to-face activities that were brought about by the COVID-19 pandemic, however, made many of these types of educational experiences almost impossible to implement, at least in their traditional iteration.

This chapter is intended to serve as one example of the development, implementation, and evaluation of a clinical, interprofessional educational (IPE) activity. The authors describe the clinical learning environment and provide background information to paint a picture of the setting from which the impetus for the project arose. They then provide a detailed description of the way that the activity is administered, including a sample case vignette and evaluation questions. Discussion continues with an overview of limitations that were imposed in the wake of the COVID-19 pandemic that ravaged the world during 2020, subsequent effects on the IPE learning activity, and ways that the authors redesigned the IPE activity in order to keep all participants safe, but still maintain the fidelity and original educational objectives. The authors describe some of the many challenges and barriers to implementation that they encountered and provide information about their steps to overcome them. The chapter concludes with a brief description of the clinical learner participants' evaluations of the activity, as well as a discussion of possible steps to expand and enhance it in the future.

BACKGROUND

The World Health Organization (WHO) issued its first report recognizing the importance of interprofessional education (IPE) in health and social care curricula in 1978 (World Health Organization [WHO], 1978). In 2010, the WHO released its Framework for Action on Interprofessional Education & Collaborative Practice, in which it refers to IPE as a 'necessary step' in preparing a healthcare workforce to meet the needs of a constituency (WHO, 2010). Educators from a variety of healthcare and healthcare related disciplines have developed models of IPE. Additionally, a body of research has developed suggesting that IPE can be an effective strategy for developing professionals who provide more effective care and achieve higher patient satisfaction in settings as diverse as emergency departments, operating rooms, diabetes care and management, and mental health care (Reeves et al., n.d.).

In light of the growing understanding of the importance of IPE as a teaching modality, educational governing bodies from healthcare disciplines have developed competencies for interprofessional learning and practice as curricular components. Further, the American Association of Colleges of Nursing, American Association of Osteopathic Medicine, Association of Schools of Public Health, American Association of Colleges of Pharmacy, American Dental Education Association, and the Association of American Medical Colleges have collaboratively released a comprehensive set of competencies for interprofessional practice, highlighting the importance of interprofessional care – and the teaching of interprofessional care – as a core means of achieving high quality patient care (Interprofessional Education Collaborative, 2011).

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