

# NON-CLINICAL CLASSROOM BASED INNOVATIONS IN INTERPROFESSIONAL EDUCATION FOR THE BACCALAUREATE ALLIED HEALTH STUDENT



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# Issue

The Interprofessional Education Collaborative (IPEC) Core Competencies for Interprofessional Collaboration are a key component of practice for allied health professionals. Most baccalaureate pre-professional allied health curricula are not clinically based, creating a challenge to incorporate these competencies into the curriculum.

# Assess the Situation

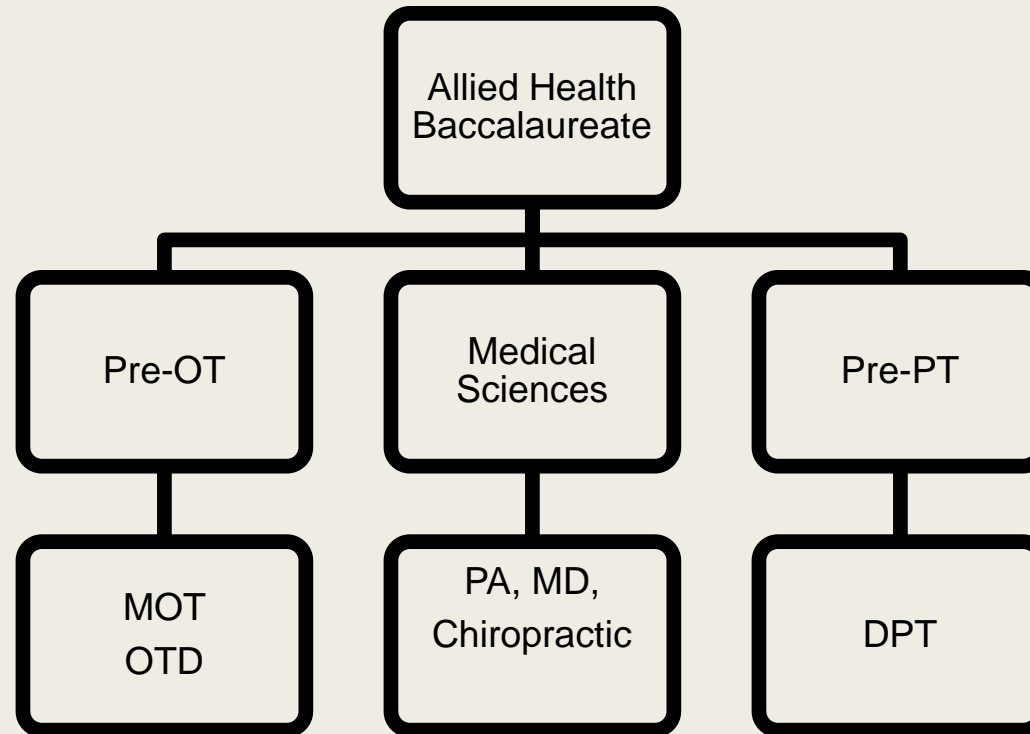
- IPEC Competencies
  - *Clinical/patient care*
- Pre-professional degree programs
  - *IPE*
  - *Non-clinical student population*
- Graduate Programs
  - *Accreditation Standards*
  - *Admissions*

# Our Students

Pre-professional Baccalaureate Program

Three Concentrations

Professional Graduate Program



# Our Courses

- Introduction to Allied Health Professions
  - *HSC 200*
- Senior Seminar in Allied Health Sciences
  - *HSC 491*

# Our Approach

- IPEC competencies
- Learning Outcomes
- Instructional Goals
- Schedule
- Evaluation

# HSC 200: Curriculum Planning

- Students registered in an Introduction to Allied Health Professions course with declared Allied Health majors and concentrations in occupational therapy sciences, physical therapy sciences or medical sciences
- Schedule: Week 5 of a 14 week semester the 4 sessions are integrated in to the curricula. The class meets for 50 minutes 2 x week. Each activity is designed to fit this schedule but can be easily modified.

\* Placed in teams first day of class.

# HSC 200: Curriculum Planning

- Goals for this lesson are:
  - *To help students develop a greater level of knowledge, understanding, and attitude about IPE/IPCP.*
  - *For students to experience a collaborative and applied learning environment.*
  - *To create an awareness of the role that IPE/IPCP plays in best practices of patient centered care.*



# HSC 200: Curriculum Planning

- Student will be able to:
  - *Differentiate between groups and teams.*
  - *Describe the current trends of IPE/IPCP in healthcare.*
  - *Describe the current trends of IPE in healthcare professional education.*
  - *Define the terminology of IPE/IPCP.*
  - *Discuss the 2016 IPEC competencies.*

# HSC 200: Curriculum Planning

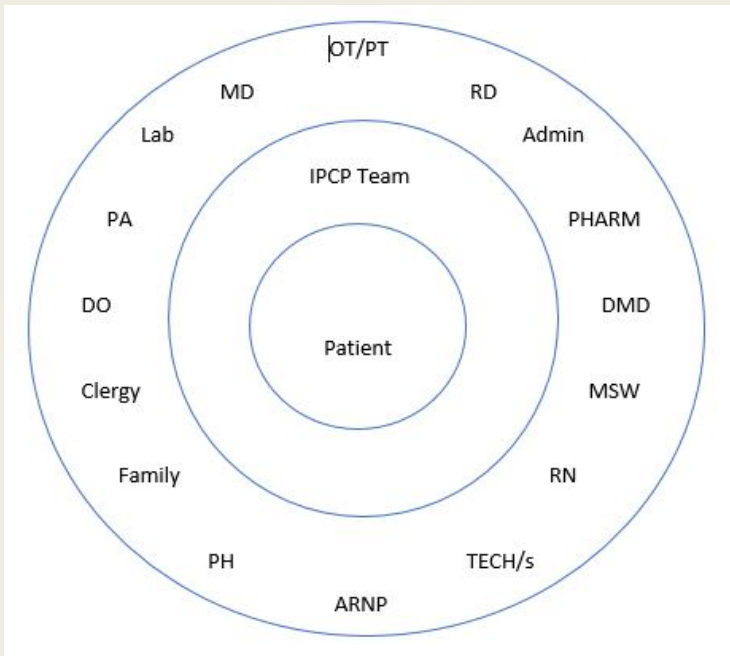
- Evaluate student attitudes about IPE/IPCP:
  - *modified RIPLS,*
  - *discussion (given before experience 1 and again after experience 4),*
  - *reflection paper,*
  - *exam questions.*

# Student Experiences

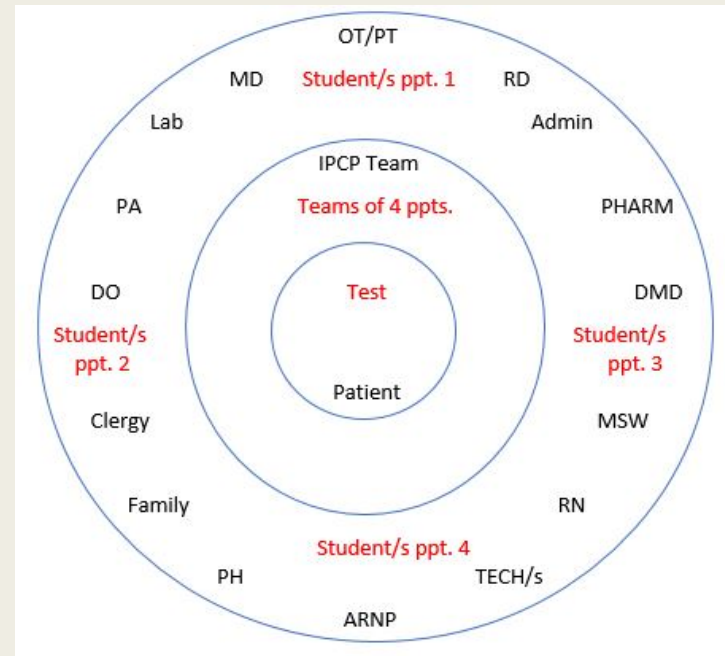
- Session 1
  - *Learn about 2016 IPEC Competencies, IPE/IPCP*
  - *Introduce Students to “ecological model” of IPCP*
- Session 2
  - *Explore current IPE/IPCP trends in students' planned specialty of study*
- Session 3
  - *Discuss identified trends and relate them to the 2016 IPEC competencies*
- Session 4
  - *Use the skills to achieve a best outcome...non-clinical analogy*

# Session 4: Experiential learning and discovery

“Ecological model” of patient centered IPCP



Ecological Model as represented via the non-clinical Activity



# Student Responses

- “This is so different than the small group projects we have to do. I like this. When you started talking about group projects, I almost tuned you out.”
- “I have a friend who went to \*\* for graduate school and she told me they are doing assignments that talk about this stuff.”
- “Aha, I get it now.”
- “This is weird but it makes sense now. It is important to know who may be able to help you with your patient.”
- “I never even thought about working with engineers as an OT. The article I found was really interesting.”
- “The final day got me. But I don’t think I would have appreciated it as much if you had not done that. It makes so much sense.”
- “The graduate school I visited is doing IPE. I didn’t really understand but these activities really helped me.”
- “Communication, patience and a willingness to learn from others” are so important for collaboration.

# RIPLS: Readiness for Interprofessional Learning Scale

- Why did we use this?
- What did we learn from the RIPLS?
- What were our next steps?

# Validating constructs of the Readiness for Interprofessional Learning Scale (RIPLS) in a baccalaureate allied health student population

- MVA, principal component analysis was conducted on the 19 items with varimax rotation
- When the three-factor structure was forced, the distribution of the item loading did not reflect published findings (Beyers, 1976; Polak & Kirby, 1976; Williams et al., 2013; Williams, Brown, & Boyle, 2012b)
- While administering the RIPLS to the students for this project, we discussed the questions in the RIPLS and how the students interpreted them.
- The student interpretations were played out in the item loadings; the clusters created new factors.
  - *Shared Learning*
  - *Applied Teamwork*
  - *Awareness of others*

# Senior Seminar in Allied Health Sciences: HSC 491

- Group leadership simulation
- Outdoor leadership challenge course
- Professional Shadowing Experience
- Mock Ethics Committee activity

*\* Placed in teams first day of class.*



# Group Leadership Simulation

- Group leadership simulation

- <https://hbsp.harvard.edu/product/8867-HTM-ENG>
- *Each team member has a different goal; working together for common outcome*
- *Reflection paper*
- *Student comments:*
  - *“The Everest project was fun and definitely emphasized working together as a team.”*
  - *“I really enjoyed the Mount Everest Stimulation as well as the team stimulation at the obstacle course.”*
  - *“I definitely was challenged with things like the Everest project and the outdoor leadership activity. They made you think outside of the box and more on a real life kind of way which is what will be needed when we go into grad school.”*

# Outdoor Leadership Challenge Course

- Outdoor leadership challenge course
  - *Completed in teams at beginning and end of the semester.*
  - *Activities grouped into 4 categories:*
    - Socialization, problem-solving, trust sequence, initiatives
  - *Student comments:*
    - *“The obstacle course was wonderful for getting the class to work as a team (I would suggest doing this earlier in the class so that the students can learn to trust one another more).”*
    - *“Class activities always corresponded with what we were learning. For example, the team building section we had both activities inside and outside the classroom.”*

# Professional Shadowing Experience

- Professional Shadowing Experience
  - *Shadow an allied health practitioner different from their own interest.*
  - *Reflection paper.*
- Student comments:
  - *“The class activities were helpful and offered good insight into professional presentation. Our shadowing experience helped me understand the connection between healthcare professions.”*
  - *“The professors helped move the class along and the presentations were good. I enjoyed learning about ethics and teamwork in healthcare. I also really liked having teams. Working with a group throughout the semester made me feel unified with them and motivated to learn...”*

# Mock Ethics Committee Activity

- Mock Ethics Committee activity
  - *Each team forms an “ethics committee” and is provided a case through which they explore the composition of an ethics committee and pragmatic approach to healthcare ethics.*
- Student comments:
  - *“I feel like all classroom activities better prepared me for my future in the allied health field they were very beneficial. I liked how we were put in groups and had to work together as a team. It certainly gave me preparation for what to expect in the medical field.”*

# Lessons Learned

- Continuous feedback loop from students
  - *Informal and formal evaluation*
- Identify opportunities
- Continual reflection from the instructor
- Do not force clinical language
- Create ability to critically think and scaffold experiences into knowledge of IPEC competencies

# Questions

