Interprofessional Alliance for the Health Sciences (IPAHS)
A Report for the Vice Chancellor
July 11, 2014

HISTORY

In spring 2013, the Vice Chancellor for the Division of Health Sciences convened a working group to lead a session at the SAAO Summer Retreat to discuss next steps for moving interprofessional education (IPE) forward on our campus. During exploration, the working group found a great deal of interprofessional activity on our campus, and not only in the area of education. The philosophical underpinnings that quickly emerged within the working group and that were confirmed during the 2013 SAAO Summer Retreat was that interprofessional collaboration is central to *all* faculty activity: education, research, patient care, and service.

During the 2013-2014 academic year, the working group (referred to as the Interprofessional Alliance for the Health Sciences, or IPAHS), drafted an organizing model to support interprofessional activity within the Division, identified the need for training, obtained that training, exchanged evidence-based literature and experiences with other universities, reflected from our year of exploration, and are ready to move forward in a thoughtful, intentional way. The following are highlights from our year followed by our recommendations, challenges, and opportunities.

DISCOVERY

One of the most significant contributions to the forward momentum for interprofessional collaboration was the Brody AMA Grant (REACH) with its related Teachers of Quality Academy (TQA) that is building a cadre of health educators with expertise and focus on patient safety, quality improvement, and interprofessionalism. The REACH/TQA linkage with IPAHS provided constant communication and exchange of ideas, successes, challenges, and solutions.

Teams of IPAHS members achieved significant discovery through travel generously supported by the Division and the sponsoring deans as summarized in Table 1:

Table 1. Conferences, workshop, and onsite visit by IPAHS members during 2013-2014.

Discovery Activity	Significant Findings
Interprofessional Education Collaborative (IPEC) 2014 Institute on Patient Safety and Quality Improvement, Herndon, VA	Intensive team project planning resulted in a draft tactical plan to address the need to raise awareness and cultivate a culture change for IPE on our campus
Department of Defense (DOD) and Agency for Healthcare Research and Quality (AHRQ) TeamSTEPPS® Master Training, Durham	Train the trainer model centered on enhanced communication among health care teams to improve patient safety and quality of care
Altogether Better Health VII – the largest global conference on Interprofessional Education, Pittsburgh	"Interprofessional Education" is being reframed in the literature and in academic health centers to "Interprofessional Learning and Practice"; implications for significant curriculum change and collaborative care models
Onsite visit to the Medical University of South Carolina (MUSC), and South Carolina AHEC, Charleston	IPE was established as the QEP in the university's strategic plan seven years ago; administrator position funded; goals and objectives to support IPE included IPE infused promotion & tenure and annual evaluation criteria, and a fully engaged partnership with AHEC. Lessons learned: focused heavily on IPE and not on Interprofessional Practice and are now facing challenges for developing infrastructure to support collaborate patient care models.

In 2013-2014, members of IPAHS facilitated new/strengthened partnerships with:

- AHEC (Greenville, Greensboro, and South Carolina)
- The College of Allied Health Sciences Navigate Counseling Clinic
- Faculty involved with the College of Nursing Midwifery Grant (IPE resident online case on meth mouth)
- Faculty involved with the College of Nursing IPE Grant (IPE case development)
- Faculty involved with the health education kiosks stationed in Family Medicine clinics
- Faculty involved with organizing IPE at MUSC, USC, and UNC-Chapel Hill

Inspiring examples of interprofessional service collaborations emerged from our students. A few examples are:

- The Health Sciences Student Leadership Council (All schools/colleges represented)
- The service mission trip to Nicaragua (College of Nursing and Brody School of Medicine)
- The Albert Schweitzer Service Fellowship (School of Dental Medicine and College of Allied Health Sciences Department of Occupational Therapy)
- The establishment this year of both the medical and dental Hispanic student organizations, together with students from the College of Nursing, who have interest in interprofessional education and service opportunities targeting the Hispanic population

REFLECTION

- The organizing model (attached) that IPAHS put forth as a framework to support interprofessional collaboration has been validated by the conferences and training that were attended, by the evaluation outcomes literature of other programs, and by the conversations with those in other universities who are further along in their journeys.

- Our working group has inherently begun to serve in the role as consultants and connectors for others interested in interprofessional collaboration across our campus; a preview of the role we might play if we institutionalize the Alliance.

- There is a need to foster a culture change and the bidirectional education of faculty and students around Interprofessional Education, Research, Patient Care, and Service

RECOMMENDATIONS

1. External & internal indicators reinforce the need for IPE to be positioned as a core value and strategic direction within the Division of Health Sciences, and should appear in the strategic plans of each of the Division's schools and colleges, particularly since IPE is reflected in several of our discipline-specific accreditation standards; with strategic goals and objectives to support collaboration, curriculum planning, annual evaluation, and tenure and promotion.
2. Formalize and implement the organizing model that includes the IPAHS Executive Committee, IPAHS Advisory Committee, Division of Health Sciences Assistant Vice Chancellor for Interprofessional Education and administrative support, and a call for widening the circle of faculty and student involvement and activity planning
3. Plan at least two Division-wide IPE events as part of orientation and early educational activities so that new health professional students will be inculcated into the culture of interprofessional learning and practice

We need these things to keep current with changing health professional education, and to prepare future health professionals to provide quality care in today's health care environment.

CHALLENGES

How do we move forward within the current economic climate? The most significant proposed cost is the funding of an administrative position and a support position. We suggest a phased approach:

Phase 1- (Y1-Y2) Build upon existing structures and momentum. Plan small change projects and faculty and student development programs. Seek external funding. (.2 FTE SAAO; .5 administrative support associate)

Phase 2 – (Y2-Y4) With increased trained faculty, begin curriculum change initiatives. Continue to seek additional funding (.5 FTE SAAO; .5 administrative support associate)

Phase 3 – (Y5) Fully engage in transformational change initiate five years from now. (1 FTE SAAO; 1 FTE administrative support associate).

OPPORTUNITIES

The more relevant question may be, how do we demonstrate the cost-benefit of interprofessional collaboration? It is reasonable to project cost savings when the redundant use of resources, both human and material, are reduced, such as in shared curriculum content and those who deliver it, and shared research equipment and facilities. Whereas, the literature is scant for cost-effectiveness of interprofessional education largely due to the lack of adequate measures of cost and of student learning outcomes (research opportunity), the cost benefit of collaborative patient care is more easily envisioned through enhanced patient safety, quality of care, and improved health outcomes. In support of the ECU mission, the cost benefit of interprofessional practice may be particularly relevant in rural areas where there may be a greater need for role sharing due to the limited number and types of professional disciplines that are represented.[1]

Respectfully submitted,

The Interprofessional Alliance for the Health Sciences (IPAHS) members:
Dr. Libby Baxley, Brody School of Medicine
Dr. Geralyn Crain, School of Dental Medicine
Dr. Trish Fazzone, College of Nursing and Division of Health Sciences
Dr. Annette Greer, Brody School of Medicine
Dr. Mike Kennedy, College of Allied Health Sciences
Dr. Donna Lake, College of Nursing

[1] Cost effectiveness of interprofessional education. D Nestel, B Williams, and E Villanueva. In Cost Effectiveness in Medical Education. Ed. K. Walsh. Radcliffe Publishing, Ltd. Abingdon, UK. 2010