

## **Building Upon Our Previous IPE Efforts**

Our previous QEP “Creating Collaborative Care (C3)” responded to the growing push in 21<sup>st</sup>-century healthcare for expanded, coordinated interprofessional service delivery. C3 sought to improve students’ knowledge, values, and attitudes regarding interprofessional collaboration principles and standards. Via the resources availed by MUSC through C3 (including development of the Office of Interprofessional Initiatives, the IP710 course, IP electives, and IP-Day) we hoped that students would acquire knowledge, including the values and beliefs, of health professions different from their own discipline that would enable them to define interprofessional health care delivery. C3 was highly successful to these ends. However, with respect to the development of students’ applied teamwork skills and the application of those skills in collaborative interprofessional healthcare delivery and research settings, C3 fell considerably short (see Institutional Data section below). After review of the Institutional data surrounding C3, key relevant stakeholders at MUSC indicated that our next QEP should build on the successes of C3, and the interprofessional resources availed by it, by focusing specifically on developing, fostering and evaluating students’ applied teamwork skills in clinical and research settings.

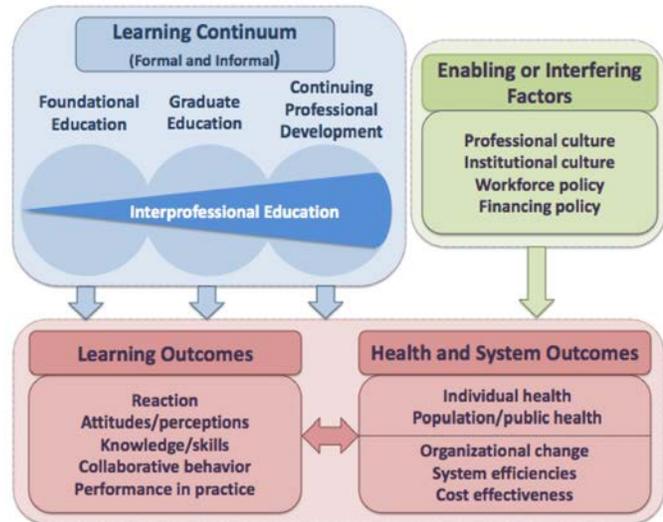
In the April 2015 Institute of Medicine Report entitled “Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes”<sup>1</sup>, critical issues pertaining to the future of interprofessional education and collaboration practice were addressed. Interprofessional education (IPE) occurs when learners of two or more health and/or social care professions engage in learning with, from, and about each other to improve collaboration and the delivery of care. Although the value of IPE has been embraced around the world—particularly for its impact on learning—many in leadership positions have questioned how IPE affects patient, population, and health system outcomes.

The IOM committee highlights four areas that, if addressed, would lay a strong foundation for evaluating the impact of IPE on collaborative practice and patient outcomes: (1) more closely aligning the education and health care delivery systems; (2) developing a conceptual framework for measuring the impact of IPE; (3) strengthening the evidence base for IPE; and (4) more effectively linking IPE with collaborative behavior.

To address the current lack of broadly applicable measures of collaborative behavior, the report recommends that interprofessional stakeholders, funders, and policy makers commit resources to examine the association between IPE and collaborative behavior, including *teamwork and performance in practice*. Due to the complexity of IPE and the environments in which it takes place, and given the wide array of confounding variables that could affect validity of the results, the committee also recommends that health professions educators and academic and health system leaders should adopt a mixed-methods research approach for evaluating the impact of IPE on health and system outcomes. When possible, such studies should include an economic analysis and be carried out by teams of experts that include educational evaluators, health services researchers, and economists, along with educators and others engaged in IPE.

After determining that no existing models sufficiently incorporate all of the necessary components to guide future studies, the committee developed a conceptual model that includes the education-to-practice continuum, a broad array of learning, health, and system outcomes, and major enabling and interfering factors (figure 1). This model is put forth with the understanding that it will need to be tested empirically and may have to be adapted to the particular settings in which it is applied.

Figure 1. The interprofessional learning continuum model (IOM, 2015)



NOTE: For this model, "graduate education" encompasses any advanced formal or supervised health professions

The Medical University of South Carolina is well-positioned

to engage in formal efforts to enhance student learning outcomes in areas directly relevant to the IOM-report recommendations. MUSC is a National leader in interprofessional education and is an incubator site for the National Center for Interprofessional Practice and Education. Over the past decade we have focused on the development of rich interprofessional curricula, courses, programs, and activities, and we have positioned ourselves again to be national leaders as we move to the next level of student engagement in the national trends in interprofessionalism. Specifically, we are ready to move interprofessionalism from the classroom to the clinic via development of student learning programs in collaborative behavior, practice and teamwork. MUSC's QEP will move interprofessionalism from the theoretical to the applied, by focusing our student learning outcomes on applied skills in collaborative teamwork in clinical care and health research.

