2018 AAO SYMPOSIUM
Creating, Implementing, and Sustaining a Culture of Interprofessional Education (IPE) in Schools and Colleges of Optometry

Optometric Education Section, American Academy of Optometry

Moderator: Daniel Taylor, OD, FAAO, Associate Dean for Academic and Student Affairs, Michigan College of Optometry

Co-Moderator: Linda Casser, OD, FAAO, FNAP, Professor, Pennsylvania College of Optometry, and Coordinator of Interprofessional Education Initiatives, Salus University
• Welcome and thank you for attending this IPE Symposium
• We sincerely thank the Academy and its Optometric Education Section for supporting the presentation of this Symposium:
  • Section Chair: Michael J. Giese, OD, PhD, FAAO
  • Section Program Chair: Dr. Daniel Taylor, Michigan College of Optometry
  • Section Workshop Chair: Dr. Daniel Bastian, New England College of Optometry
• The Moderators and Symposium Speakers have no personal conflicts of interest or pertinent financial conflicts of interest to disclose
ASCO 2018 – 2019 Interprofessional Education and Collaborative Practice (IPECP) Committee

- Dr. Donnie Akers, Tusculum University, Consultant
- Dr. Gary Chu, New England College of Optometry
- Dr. Elli Kollbaum, Indiana University School of Optometry
- Dr. Rich Madonna, State University of New York, State College of Optometry
- Dr. Valerie Quan, Western University of the Health Sciences, College of Optometry
- Dr. Candice Turner, University of Alabama – Birmingham School of Optometry
- Dr. Melissa Zarn, Southern College of Optometry
- Dr. John Nishimoto, Marshall B. Ketchum University, Southern California College of Optometry, Consultant
- Dr. Linda Casser, Chair, Pennsylvania College of Optometry, Salus University
• Introprofessional education (IPE) is a vitally important and contemporary issue for the schools and colleges of optometry

• In this Symposium, members of the 2018 – 2019 ASCO Interprofessional Education and Collaborative Practice Committee will share their strategies, experiences, and recommendations for effectively incorporating interprofessional education initiatives into optometric curricula

• We are also very fortunate to welcome Symposium participants from the University of Incarnate Word, San Antonio, TX. Sincere thanks are extended to:
  • Dr. Timothy Wingert, Dean, Rosenberg School of Optometry
  • Dr. Matt Valdes, Clinical Assistant Professor, Rosenberg School of Optometry
INTRODUCTION, CONTINUED

• Format of this Symposium:
  • Introduction
  • Why is this IPE Symposium Important? Dr. Rich Madonna
  • IPE in a University Setting: Dr. Donnie Akers, Dr. Elli Kolbaum, and Dr. Valerie Quan
  • IPE at a Single Purpose Institution: Dr. Melissa Zarn
  • An Administrator’s Perspective on IPE: Dr. Denise Doyle
  • The Student Perspective on IPE: Dr. Candice Turner, Moderator; Ashley Garcia, Lauren Moreno, and Christopher Rodriguez from the University of the Incarnate Word, San Antonio, Texas
  • Wrap-Up
WHY IS THIS SYMPOSIUM IMPORTANT?

Richard J. Madonna, OD, FAAO
Professor, SUNY College of Optometry
Interprofessional Education (IPE)

“Interprofessional education occurs when two or more professions learn with, from, and about each other to improve collaboration and the quality of care.”

-- Centre for the Advancement of Interprofessional Education (CAIPE)
Why is IPE Important?

It helps future health care professionals to take part in team-based care

- Students learn together so they may collaborate and communicate effectively with members of other health care professions
- Students are more likely to provide care in teams after being taught in an interprofessional manner

Changes in health care delivery will increase the importance of interprofessional collaboration
Interprofessional Collaboration (IPC)

IPC occurs “when multiple health workers from different professional backgrounds work together with patients, families, carers (caregivers), and communities to deliver the highest quality of care.”

-- World Health Organization
Goals for Interprofessional Collaboration

- Improving patient experience (quality and satisfaction)
- Improving population health
- Reducing costs
Why is IPC Important?

Studies have shown that outcomes are improved through the use of IPC.

Studies have shown that patient experiences are improved through the use of IPC.

Studies have shown that health care costs are reduced through the use of IPC.
IPECP Competencies

Values and ethics for interprofessional practice

Roles and responsibilities for interprofessional practice

Interprofessional communication practices

Interprofessional teamwork and team-based practice
Why Optometry?

Our practice

Our practice settings

Our patients

Our position in the health care system

Our commitment
Why Is This Symposium Important?

It will discuss how IPE is delivered in different optometric educational settings

- The university setting
- A single purpose optometric institution

It will discuss IPE from different perspectives

- The optometric administrator
- The optometric student

It will provide the framework for beginning IPE or expanding IPE at optometric institutions
A Continuum

An Interprofessional Learning Continuum Model

Learning Continuum (Formal and Informal)
- Foundational Education
- Graduate Education
- Continuing Professional Development
- Interprofessional Education

Enabling or Interfering Factors
- Professional culture
- Institutional culture
- Workforce policy
- Financing policy

Learning Outcomes
- Reaction
- Attitudes/perceptions
- Knowledge/skills
- Collaborative behavior
- Performance in practice

Health and System Outcomes
- Individual health
- Population/public health
- Organizational change
- System efficiencies
- Cost effectiveness

--M. Cox, 2015
IPE IN THE UNIVERSITY SETTING

Donnie Akers, Tusculum University
Elli Kollbaum, Indiana University School of Optometry
Valerie Quan, Western University of Health Sciences
Indiana University & IPE

Established in 1820

Large University Setting (114,000 students enrolled)

- Nine campuses throughout state
  - Main Campus in Bloomington
  - Health Sciences on multiple campuses

- University Clinical Affairs Council
  - Health Sciences Deans from all campuses

- IUPUI (Indianapolis)
  - School of Medicine (Main Hub)
  - Affiliated Clinics and Hospitals (IU Health)
  - IUSO has satellite clinic near campus

- IUB (Bloomington)
  - School of Optometry
  - Second largest group of health science learners
IU Interprofessional Practice & Education Center

Created in 2014

Collaborative Effort from University Clinical Affairs Committee

(8 Health Sciences Programs)

- Medicine
- Optometry
- Dentistry
- Health and Rehabilitation Sciences
- Nursing
- Public Health – Bloomington
- Public Health – Indianapolis
Indiana University School of Optometry

Established in 1951

- ~300 students enrolled
  - In Bloomington first 3 years
  - ~20% of 4th year interns in Bloomington per quarter
- Located on Bloomington Campus
  - Academic Building (1961)
  - Atwater Eye Care Center
    (Moved to separate building on campus with community access 2008)
IU Interprofessional Practice & Education Center

Created in 2014

TEACH! Framework & Curriculum

Team Education Advancing Collaboration in Healthcare

• Adopted AY 2015-2016
• Piloted AY 2016-2017
• Full implementation AY 2017-2018
### EXPOSURE

#### Values/Ethics for Interprofessional Practice
- Recognize that individuals and populations belong at the center of healthcare delivery.
- Embrace cultural diversity and individual differences.
- Respect the unique cultures, values, roles/responsibilities, and expertise of other professions.

#### Roles/Responsibilities
- Communicate roles and responsibilities clearly.
- Recognize one’s limitations.
- Communicate the importance of teamwork.
- Explain how the team works together to provide care.

#### Interprofessional Communication
- Engage in continuous professional and IP development to enhance team performance.
- Communicate the importance of teamwork.
- Listen actively.

#### Teams and Teamwork
- Describe the process of team development and effective team practice.
- Reflect on individual and team performance.
- Share accountability.

### IMMERSION

#### Baseline Assessment
- Cooperate with those who contribute to or support prevention and health services.
- Respect the dignity and privacy of patients and clients.
- Act with honesty and integrity.

#### Process Assessment
- Engage diverse professionals and resources to meet specific needs.
- Forge interdependent relationships with other professions.
- Communicate with team members to clarify each member’s responsibility.
- Facilitate unique and complementary abilities of other team members to optimize outcomes.
- Encourage the ideas and opinions of others.

#### Summative Assessment
- Demonstrate high levels of ethical conduct and quality of care.
- Identify ethical dilemmas specific to IP individual/population-centered care situations.
- Demonstrate competence in one’s own profession appropriate to scope of practice.
- Develop trusting relationships with patients, families, and other team members.

- Advance effective IP teamwork by identifying factors that contribute or hinder collaboration.
- Assume and support diverse roles.
- Provide care that is safe, timely, efficient, effective, and equitable.

### COMPETENCE

#### Baseline Assessment
- Express one’s knowledge and opinions to team members.
- Work to ensure common understanding of information, treatment, and care decisions.
- Use respectful language appropriate for given situation.

#### Process Assessment
- Appropriately engage other professionals to participate in shared problem solving.
- Provide leadership to support collaborative practice and team effectiveness.
- Use process improvement strategies to increase the effectiveness of IP teamwork.
- Use available evidence to inform effective teamwork.

#### Summative Assessment
- Work to develop consensus on ethical principles.
- Integrate the knowledge and experience of other professions.
- Engage self and others to constructively manage disagreements.
**Exposure**

- **Orientation** to Interprofessional Practice and Education
  - Current Format: Vignette Cases

- **Anchor #1:** Introduction to Interprofessional Teamwork
  - Format: Interrupted Case

**Immersion**

- **Anchor #3:** Application of Interprofessional Teamwork Skills
  - Format: Standardized Patients/Acators

- **Anchor #4:** Integration of Interprofessional Teamwork Skills through
  - Medical Errors
  - Conflict Resolution
  - Complex Chronic Care Management
  - Medical Reconciliation
  - Verbal Order
  - Time outs prior to surgery
  - Format: Simulation

**Entry-to-Practice**

- **Anchor #5:** Evaluation of Interprofessional Teamwork through
  - Community Partnership
  - Participation in Team Care
  - Person-Centered Care/Case Study
  - Semi-Structured Interviews and Reflection
  - Service Learning
  - Team Observation and Reflection

- **Anchor #6:** Direct observation and feedback of students in Interprofessional Collaborative Practice

Additional Voluntary IPE Opportunities: HIV/AIDS Clinic with MATEC, Student Outreach Clinics

**Reflection in and on Action** ultimately leading to **Reflection Beyond Action**

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**Notes:**
- Additional co-curricular elements illustrating impact of interprofessional collaborative practice available for integration throughout required and elective coursework.

**Outcomes:**
- Portfolio, Practicum or Capstone-Based Summative Assessment
- Health Outcomes
EXPOSURE

ORIENTATION to Interprofessional Practice and Education
Current Format: Vignette Cases

ANCHOR #1: Introduction to Interprofessional Teamwork
Format: Interrupted Case

ANCHOR #2: Introduction to Team Science and Interprofessional Teamwork Skills
Format: Vignette Cases

IMMERSION

ANCHOR #3: Application of Interprofessional Teamwork Skills
Format: Standardized Patients/Actors

ANCHOR #4: Integration of Interprofessional Teamwork Skills through
- Medical Errors
- Conflict Resolution
- Complex Chronic Care Management
- Medical Reconciliation
- Verbal Order
- Time outs prior to surgery
Format: Simulation

Additional Voluntary IPE Opportunities: HIV/AIDS Clinic with MATEC, etc.
Key Campus Points

Western University of Health Sciences – POMONA CAMPUS
Key Campus Points

Western University of Health Sciences – OREGON CAMPUS
Key Campus Points
ENVIRONMENT: Dental, Nursing, Optometry, Medicine, Pharm, PT, PA, Podiatry, Vet Med
1st Year Curriculum:

- IPE Teams collaborate on 5 Patient-Centered Cases
- Three 1.5 hour sessions
  - Session 1: **Uniprofessional**
    - Scope of Practice
  - Sessions 2 and 3: **Interprofessional**
    - 9 students (from approximately 9 different professions)
    - 1 facilitator (faculty from any college)
    - Case based vignettes
Key Campus Points
Western University of Health Sciences

2nd Year Curriculum:

• **TeamSTEPPS**

  Team Strategies & Tools to Enhance Performance and Patient Safety

• **TOSCE**

  Team Observed Structured Clinical Encounter
Key Campus Points

Western University of Health Sciences

3rd Year Curriculum:
• Clinical teams
Key Campus Points

Players: Faculty, Admin, Students, IPE Office/IOR
University of Pikeville

Established 1889

Small University Setting
Total Enrollment: 2,335:

- College of Optometry
- College of Osteopathic Medicine
- College of Nursing
- College of Arts and Sciences
  Division of Social Work
Kentucky College of Optometry (KYCO)

Established 2015

- KYCO: ~180 students enrolled in Pikeville the first 3 years.

- Partners (UPIKE Campus):
  Kentucky College of Osteopathic Medicine
  Elliot College of Nursing
  UPIKE Division of Social Work

- Other Partners: (Off Campus):
  Appalachian College of Pharmacy
Appalachian College of Pharmacy
Established 2005

Other Partners:
• Appalachian College of Pharmacy
• Located in Oakwood, Virginia
(Approximately 90 minutes away)
Interprofessional Education Workshops
University of Pikeville and Appalachian College of Pharmacy

• **Exemplar project**

• Twice yearly (fall and Spring) the University of Pikeville and the Appalachian College of Pharmacy send students to a joint workshop.

• At this time the Workshop includes:
  - Optometry
  - Osteopathic Medicine
  - Pharmacy
  - Nursing (undergraduate)
  - Social Work (undergraduate)
Interprofessional Education Workshops

University of Pikeville and Appalachian College of Pharmacy

• Exemplar project
  • *These workshops contain two main elements:* 
    1) Large Group Seminars
    2) Small Group Breakout Sessions

• Large Group Seminars will have Interprofessional speakers reinforcing the importance of Collaboration within the current Medical Model and the concept of Patient-Centered-Care.
• Small Group Breakout Sessions happen afterwards to place a strategic mix of students in small groups to work through a complex multi-disciplinary patient case.
Exemplar Project:

Small group Sessions:

1) Small groups of 8-10 depending on total number of professions involved

2) Requires a trained Faculty Facilitator to passively observe and ensure all professions are participating. They may ask questions to facilitate discussion and contribution from every student.

3) Each session begins with an icebreaker activity: such as share with the group one myth or stereotype you dislike about the profession you have chosen.
Exemplar Project: (Continued)

Small group Sessions:

4) After the icebreaker, the Facilitator hands out Phase 1 of a strategically created complex patient case. After a prescribed amount of time (usually 20-30 minutes) the Facilitator will hand out Phases 2 and 3 of the case.

5) There are 3 sequenced Phases given to the group that evolve and emphasize how and why Interprofessional collaboration has benefitted their patient. Each Phase will offer new information or reveal new complications for the students to work through.
Exemplar Project: (Continued)

Last but not least: before and after the Small Group Sessions, the students are given surveys targeting their understanding of other professions and the importance of Interprofessional collaboration for Patient-Centered-Care.

These surveys not only reinforce the lessons learned in the workshops, but also provide opportunity for papers and presentations based on the gathered data.
• **Case Conferences:**
  – Each profession takes the lead on a grand rounds case
  – Students are expected to discuss the case and contribute to collaborative care plans
  – Real and standardized cases are used
    • Ex: Diabetes, stroke, polypharmacy
Learning Objectives:

• Each group will create an evidence-based interprofessional care plan or discharge activity for the patient

• Facilitator will stimulate group to garner input from all the group members

• Active discussion in a noncompetitive environment is encouraged with a shared task
Challenges
Western University of Health Sciences

• **Scheduling**
  – Faculty
    • Implementation for all students requires more manpower
  – Students
    • Limited scheduling opportunities because of busy student schedules

• **Engagement**
  – Students want to put it into clinical practice
  – Faculty members who are already stakeholders in inter-professional care are best suited for this role and student guidance
Successes

Western University of Health Sciences

• Grand rounds format offers real cases and scenarios
• Learning process through different points of view
• Clinical application in 3rd year offers high level of engagement and lends to more clinical application in a forum of different perspectives
• Less forced and more organic compared to standardized patient scenarios
Opportunities
Western University of Health Sciences

• Collaborative care models
  – Research
  – Teaching
  – Patient care teams
    • Student run clinics

• Core values
IUSO Exemplar Project: Anchor #3

• Uniprofessional Preparation
• IPE Anchor #3 Session (3 Hrs)
  • Facilitators assigned to monitor groups of 8-10 students
  • Code of Ethics dissected
  • Standardized patient interaction
  • Small group and large group discussions on question sets
  • Aim: Application of Interprofessional Teamwork Skills & Ethics
• Debriefing (Uniprofessional)
IUSO Exemplar Project: Anchor #3

- 3rd Year OD students (n=70)
- Partners in Health Sciences (~600 students per cohort)
  - Medicine (30)
  - Nursing,
  - Speech Language Pathology
  - Audiology
  - Athletic Training
  - Nutrition & Diatetics
  - Recreation Therapy
  - Public Health
  - Psychology
  - Social Work
Challenges/Obstacles

Indiana University School of Optometry

- Scheduling/Curriculum
- Space
- Faculty Engagement
- Resources
  - Space, Facilitators, Food?
- Generalizability of scenarios & materials
- Scaling
- Mix of partners
• IPE Readiness Assessment
  – Orientation for 1st year at IUSO
• Anchor Feedback Form
  – Completed at event end
  – Core Behavior Indicators measured
IUSO IPE Events and Opportunities

• Social Work Student Practicum
• OD/MD Student Workshop
  • (Spring) 4th Year OD paired with 1st Year MD for skills with equipment and introduction to scope
• Screenings
  • Veterans Stand Down
  • MLK Day
  • Special Olympics (developing)
QUESTIONS AND ANSWERS

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INTERPROFESSIONAL EDUCATION AT A SINGLE PURPOSE INSTITUTION

Melissa Zarn Urankar, Southern College of Optometry
IPE at a Single Purpose Institution

Southern College of Optometry

Introduction

History and Culture as a Single Purpose Institution

- Est 1932, JJ Horton, MD (ophthalmologist)
- Optometric Technician program added
  - 1972-1979

Didactic program in “the Tower”

Clinical program

- The Eye Center, 2002
- University Eye Care, 2014
- Focal Point, 2017

Memphis Medical District

Longstanding identity and culture as a single purpose institution.
TWO CHOICES:

1) CHANGE YOUR INSTITUTIONAL CULTURE

2) CREATE A NEW MODEL FOR INTERPROFESSIONAL EDUCATION
IPE at a Single Purpose Institution

Southern College of Optometry

Challenges

Isolation
- *Silos happen without connections outside your profession*
- *No infrastructure to require other programs to collaborate*

Didactic programs
- *Faculty buy-in*
- *Logistical challenges*

Clinical programs
- *Partnership agreements*
- *Externship programs*

Opportunities

Fewer administrative levels

Administrative champions
- *President*
- *Vice President of Academic Affairs*
- *Vice President of Clinical Programs*
- *Academic programming*
- *Extern & Residency programming*

Networking
- *Combatting isolation*
- *Creating the infrastructure for collaboration*
EXAMPLES
IPE at a Single Purpose Institution

Southern College of Optometry: Interprofessional Education Series

“One hour of lecture per week delivered over six weeks. A series of presentations designed to enhance students’ understanding of how optometry fits into the overall health care system and interacts with other health care professionals to provide an effective team approach to health care.”

Assignments

- **External observation to enhance their exposure to interprofessionalism; questions assigned**
  - What type of patient or conditions might you refer to this practitioner?
  - What key information should you include in a referral to this type of practitioner?
  - What barriers do you foresee preventing this type of patient from following through with the referral?

- **Video**
  - Summarize a case to an attending
  - Refer that case to the type of professional observed

Guest Lectures

- **Church Health: Optometry & Dietetics.**
- **Audiology**
- **Dentistry**
- **Social Work**
- **Speech Language Pathology**
- **Baptist Memorial Rehabilitation Hospital**
- **Good Shepherd Pharmacy**
TRANSLATING THE IPEC CORE COMPETENCIES TO INSTITUTION-SPECIFIC LANGUAGE

Create faculty buy-in
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Translating the IPEC Core Competencies to Institution-Specific Language

**Academic Cycle**

- Gaps & Opportunities
  - Evaluate Outcomes
- Assessment
  - ExamSoft & NBEO subscores
- Lecture Objective
  - Teach Material
- Course Objective
  - Graduate Attributes & NBEO Outline
- IPE Core Competencies

**Our Process**

Goal 1: Make it meaningful to the community
Goal 2: Increase faculty connection to IPE

Challenge: turn qualitative information into quantitative data

Used survey monkey surveys to

- Create a numerical ranking of sub-competencies
- Highlight gaps in current curriculum for highly ranking sub-competencies
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Translating the IPEC Core Competencies to Institution-Specific Language

Lead Instructor Survey

March 2016
Sent to Instructor of Record for each didactic course

Included all domains and sub-competencies from the Interprofessional Education Collaborative document: Core Competencies for Interprofessional Collaborative Practice (Published May 2011)

Instructors asked to select one option for each sub-competency for all domains

- This is already incorporated into my course syllabus
- This topic could easily be incorporated into my course syllabus
- This topic could be incorporated into my course syllabus but would require extensive changes to the course
- This topic does not apply to my course

Responses revisited after 2017 survey completed

- Confirmed exposure to all key concepts of the top 10
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Translating the IPEC Core Competencies to Institution-Specific Language

Faculty Core Competency Survey

June-August 2017
Posted to all faculty members
Used the IPEC Core Competencies 2016 update
  – Slight differences in wording
Question posed for each domain to rank the sub-competencies:
  – For each section, please rank in order of importance to the SCO Community with 1 being most important.
Ranking score for each sub-competency was scaled to account for different number of sub-competency in each domain
Selected top 10 for working document

IPEC Core Competencies:
4 Domains, 39 Sub-Competencies
• Values & Ethics (10)
• Roles & Responsibilities (10)
• Interprofessional Communications (8)
• Teams & Teamwork (11)
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Translating the IPEC Core Competencies to Institution-Specific Language

Sub-Competency Scaled Ranks By Domain
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Translating the IPEC Core Competencies to Institution-Specific Language

Sub-Competency Scaled Ranks By Domain: Values & Ethics

Work with individuals of other professions to maintain a climate of mutual respect and shared values

(VE-1) **Place the interests of patients and populations at the center of interprofessional health care delivery** and population health programs and policies, with the goal of **promoting health and health equity across the life span.**

- **Ranked 5th**
- Incorporated in classes: 110, 120, 202, 212, CLN 216, 232, 302, 320
- Possible Incorporation into classes: 218, 223, 224, 227, 309, 317, 331

(VE-10) **Maintain competence in one’s own profession appropriate to scope of practice.**

- **Ranked 6th**
- Incorporated into classes: 110, 120, 202, 212, CLN 216, 218, 227, 232, 302, 308, 320
- Possible incorporation into classes: 223, 224, 317, 331

(VE-5) **Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs.**

- **Ranked 8th**
- Incorporated into classes: 202, 212, CLN 216, 218, 232, 302, 320
- Possible incorporation into classes: 120, 223, 224, 308, 317, 331

(VE-9) **Act with honesty and integrity in relationships with patients, families, communities, and other team members.**

- **Ranked 10th**
- Incorporated into classes: 120, 202, 212, CLN 216, 218, 232, 320
- Possible incorporation into classes: 110, 223, 224, 227, 302, 308, 317, 331

**Values and Ethics: SCO students will work with individuals of other professions to maintain a climate of mutual respect and shared values by**

- Placing the interests of patients at the center of interprofessional health care delivery
- Promoting health and health equity across the life span
Sub-Competency Scaled Ranks By Domain: Roles & Responsibilities

*Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and to promote and advance the health of populations.*

(RR-5) **Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable.**

- Ranked 1st
- Incorporated into classes: 126, 202, CLN 216, 215, 227, 311, 320, 321
- Possible incorporation into classes: 218, 223, 302, 308, 317, 331

(RR-2) **Recognize one’s limitations** in skills, knowledge, and abilities.

- Ranked 7th
- Incorporated into classes: 110, 202, 212, CLN 216, 218, 224, 227, 232, 320, 321, 322
- Possible incorporation into classes: 116, 126, 215, 223, 302

**Roles and Responsibilities:** SCO students will use the knowledge of their own role and the roles of other professions to appropriately assess and address the healthcare needs of patients and to promote and advance the health of populations by

- Providing care that is safe, timely, effective and equitable while recognizing their limitations in skills knowledge, and abilities
- Providing care that is safe, timely, effective and equitable while using the full scope of skills, knowledge, and abilities of professionals from health and other fields
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Translating the IPEC Core Competencies to Institution-Specific Language

Sub-Competency Scaled Ranks By Domain: Interprofessional Communication

Communicate with patients, families, communities, and other professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.

(IC-1) Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.

- Ranked 3rd
- Incorporated into classes: 212, CLN 216, 302, 321, 322
- Possible incorporation into classes: 218, 223, 227, 308, 317, 331

(IC-2) Communicate information with patients, families, community members and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.

- Ranked 2nd
- Incorporated into classes: 202, 212, CLN 216, 227, 302, 322
- Possible incorporation into classes: 218, 223, 317, 321, 331

Interprofessional Communication: SCO students will communicate with patients, families, communities, and other professionals in a responsive and responsible manner that supports a team approach to health promotion and maintenance as well as disease prevention and treatment by

- Choosing effective communication tools and techniques to facilitate communication with patients, families, and community members.
- Choosing effective communication technologies and information systems to facilitate discussions and interactions that enhance team function.
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Translating the IPEC Core Competencies to Institution-Specific Language

Sub-Competency Scaled Ranks By Domain: Teams & Teamwork

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient-/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

(TT-3) Engage health and other professionals in shared patient-centered and population-focused problem-solving.
- Ranked 4th
- Incorporated into classes: CLN 216, 302
- Possible incorporation into classes: 223, 317

(TT-4) Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/ preferences for care.
- Ranked 9th
- Incorporated into classes: CLN 216
- Possible incorporation into classes: 223, 302

Teams and Teamwork: SCO students will perform effectively in different team roles to plan, deliver, and evaluate patient-/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable by
- Engaging with health and other professionals in shared patient-centered problem-solving
- Engaging with health and other professionals in shared population-focused problem-solving
HOSTING NON-OPTOMETRY INTERNS WITHIN THE OPTOMETRY CLINIC

Provide clinical opportunity for direct student interactions
IPE at a Single Purpose Institution

Hosting Masters of Social Work Student

Setting it up

Networking through a pilot project
  – Partnership with Union University School of Social Work
Discussion about clinical placements with Social Worker
  – She asked the question: “Is SCO an option?”
We took this to Clinical Programs
  – Yes!
Required memorandum of agreement and signed contract agreement
SCO pays the student social worker a stipend for their service
  – Commonly used incentive for social work placements

Timeline: discussions started in May 2016, first student on-site Jan-Apr 2017
IPE at a Single Purpose Institution

Hosting Masters of Social Work Student

What is it

Master’s of Social Work candidate, first-year of program
300-hour practicum
Spring term, 2 completed
Based at TEC (SCO’s main campus clinic)
Available to serve entire clinic population
  - Observe exams throughout clinic
  - Identify resources based on patient population
    • Created resource manual for faculty and staff to use
  - Focus on Low Vision (heavier for second year offering)
  - Available for direct consultation during on-campus hours
    • Follows up on patient consults received during off-campus hours
Managed on-site by Lead Case Manager and Director of IPE
Precepted by off-site social work field director
IPE at a Single Purpose Institution

Hosting Masters of Social Work Student

Observed outcomes

Increased faculty awareness and interest in social work services
  – Peak requests are during the last two weeks of the rotation through the month following
Social work student exposed to clinical care
  – Develops understanding of optometry scope of practice
  – Develops insight into patient needs
Social work program advisors developing clinical insights to feedback to SCO faculty and clinic administration

Moving Forward

Opening a position for 600-hour practicum which would span Fall and Spring terms

Maintaining 300-hour practicum, which would yield 2 social workers on-site for the spring

Dreaming big: creating a position for a degreed social worker at SCO
  – Potential for expanded Low Vision services
  – Potential to provide on-site precepting for students
MEMPHIS INTERPROFESSIONAL EDUCATION NETWORKING

Combating isolation
IPE at a Single Purpose Institution

Memphis IPE Network

Midsouth Interprofessional Health Education Collaborative (MIHC)

Initial plan – invite local educators and talk about IPE…and see where it goes!
Initial topics (November 2017)
- Developing expectations and learning objectives
- Assessing IPE within individual programs
- Mechanics of inter-facility/inter-program collaboration

Special projects discussed
- Multi-disciplinary diabetes clinic
- Telemedicine and simulations
- Shared skills training
- Multi-disciplinary grand rounds
- Community Outreach
March 2018

Committees loosely formed
- Organizational needs to capitalize on momentum and sustain group
- Multi-disciplinary clinic opportunities
- Simulation
- Projects and Courses
- Community Outreach

Each developed a potential project and created a plan for one project

June 2018

Update on committees
- Many had plans, but minimal progress

Organizational needs became focus of the meeting
- The need for an online sharing platform drove development of
  - Organization name
  - Mission statement
  - Planning committee

Next meeting October 2018
- Planning committee met three times in interim
  - Draft mission, vision, and goals
  - Draft organizational structure
IPE at a Single Purpose Institution

Midsouth Interprofessional Health Education Collaborative (MIHC)

Next Steps

Establish mission, vision, and bylaws (Oct 2018)
Create requirement for Board of Directors/board positions
Release website for public awareness and internal communication
Create database for members to access project information and resources
NEXT STEPS
Creating engagement-level experiences for all students
<table>
<thead>
<tr>
<th>Didactic</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring 2019 Pilot project for students in IPE Series Collaboration with University of Memphis</td>
<td>Fall 2018 – Summer 2019 Pilot Diabetes Clinic Collaboration with Church Health, Christian Brothers University, Good Shepherd Pharmacy, Union University</td>
</tr>
<tr>
<td>– Speech Language Pathology – Audiology</td>
<td>– Nutrition Hub – Physician Assistant program – Social Work program</td>
</tr>
</tbody>
</table>
AN ADMINISTRATOR’S PERSPECTIVE ON INTERPROFESSIONAL EDUCATION (IPE)

Denise Doyle, PhD
Emerita Provost, Chancellor, and Acting President
University of the Incarnate Word
An Administrator’s Perspective on IPE

I. Barriers to the creation of a robust and unified approach to IPE across multiple health professions schools
   A. Where the power to create such a program resides
   B. How resistance to the implementation of IPE may reside within the system
   C. Is it possible to retrofit existing silos?

II. Opportunities for effective IPE
   A. The role and importance of implementation champions
   B. The expectation of students today
   C. The significance of IPE is future-oriented

III. Creating the future model of health professions education
THE STUDENT PERSPECTIVE ON INTERPROFESSIONAL EDUCATION (IPE)

Candice Turner, OD, Moderator of the Student Discussion
Clinical Assistant Professor, University of Alabama – Birmingham School of Optometry
Welcome to the Student Discussion Panel, University of the Incarnate Word (UIW):

Ashley Garcia, Rosenberg School of Optometry
Lauren Moreno, Feik School of Pharmacy
Christopher Rodriguez, School of Physical Therapy

Anticipated discussion topics:

- Their involvement in IPE
- How IPE has impacted their educational experience
- How IPE will impact their anticipated patient / client care following graduation
SYMPOSIUM WRAP-UP
Creating, Implementing, and Sustaining a Culture of Interprofessional Education (IPE) in Schools and Colleges of Optometry

• Any questions or comments?
• ASCO IPE video: https://www.youtube.com/watch?v=PnCaOIAX9xM
• Thank you for your participation in this IPE Symposium
• The support of the Optometric Education Section is sincerely appreciated
• Sincere thanks are also extended to the:
  • Symposium presenters and Members of the ASCO IPECP Committee
  • Dr. Denise Doyle
  • Students from the University of the Incarnate Word
    • Ashley Garcia, Optometry
    • Lauren Moreno, Pharmacy
    • Christopher Rodriguez, Physical Therapy
  • ASCO Board of Directors, Executive Director, and Staff
SYMPOSIUM WRAP-UP, continued

Creating, Implementing, and Sustaining a Culture of Interprofessional Education (IPE) in Schools and Colleges of Optometry

• ASCO IPE SIG informational meeting:
  • Dr. Melissa Zarn, Southern College of Optometry, Facilitator
  • Friday, November 9, Noon – 2:00 pm
  • Bonham East, 3rd Floor of the Convention Center

• IPE Workshop, Optometric Education Section:
  • Friday, November 9, 2:00 – 3:00 pm
  • Convention Center, Room 216 AB
  • “Toolkits and Resources for Interprofessional Education and Collaborative Practice Initiatives in Optometry”
    • Dr. John Nishimoto, Southern California College of Optometry, Marshall B. Ketchum University
    • Dr. Sandra Block, Illinois College of Optometry

• Enjoy the rest of the AAO Meeting!