

## Considerations for Running an Interprofessional Education (IPE) Experience

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### Abstract

*Interprofessional Education (IPE) is an educational approach that fosters collaboration among healthcare professionals, aligning with the World Health Organization's framework emphasizing effective collaboration for improved health outcomes (WHO, 2010) [1]. Over the past decade, the healthcare sector has recognized the significance of teamwork and patient-centered care. This recognition has impacted accreditation requirements, making IPE increasingly important. Integrating IPE into health science curricula has expanded students' understanding of high-quality patient care and nurtured mutual respect among healthcare team members. Core competencies, as defined by the Interprofessional Education Collaborative Expert Panel (IPEC), include mutual respect, role understanding, teamwork, and effective communication.*

*This paper explores practical strategies for implementing IPE in healthcare settings, highlighting five key considerations: stakeholder engagement, interdisciplinary collaboration, resource allocation, objective mapping, and comprehensive assessment. By addressing these considerations, robust IPE opportunities can be created to enhance student education and improve patient care quality. Experiential learning, such as simulation, case-based learning, and community outreach, can further enrich IPE experiences, fostering a deeper understanding of healthcare collaboration.*

*In conclusion, this paper offers guidance for developing effective IPE programs, emphasizing the importance of collaboration and improved patient care. Educators are encouraged to embrace IPE as a valuable tool in preparing healthcare students for interprofessional teamwork in their future careers.*

### Introduction

Interprofessional Education (IPE) represents a teaching approach that involves the participation of multiple professional disciplines. The World Health Organisation (WHO) Framework for Action on Interprofessional Education and Collaborative Practice (2010) [1], states that "Interprofessional education occurs when two or more professionals learn about, from and with each other to enable effective collaboration and improve health outcomes" (WHO, 2010) [1]. Over the past decade, the healthcare field has been committed to enhancing the quality of patient care through collaborative efforts among various health professions [2-3]. Numerous organizations characterize the provision of superior healthcare as being centered around teamwork and patient-centricity (NLN,2016) [2]. The prioritization of patient-centered collaborative care within practical healthcare settings also has a substantial effect on the prerequisites for accreditation. Besides its influence on collaborative healthcare practices and, in the end, patient welfare, the ongoing developments in accreditation are a significant driving force behind the increasing importance of IPE [5,6].

Building upon literature and personal experience, this paper will explore practical tools and guidelines to introduce IPE to the healthcare setting.

### Background

The integration of IPE into educational programs for health science and healthcare students has propelled their development beyond the confines of conventional curricula [7]. This is in part to answer the IOM report of 2003 which states "Once in practice, health professionals are asked to work in

interdisciplinary teams, often to support those with chronic conditions, yet they are not educated together or trained in team-based skills." The uptake of IPE, has resulted in students from diverse health disciplines gaining a deeper insight into the various facets of delivering high-quality patient care. In addition to this enhanced understanding of quality patient care during their academic years, IPE has also nurtured a greater sense of mutual respect and positive attitudes among members of collaborative healthcare teams, all with the goal of improving patient outcomes [8,9].

Central to the IPE is the Interprofessional Education Collaborative Expert Panel (IPEC, 2011) [10] has four competencies that encapsulate the broader principles of healthcare delivery. These core competencies include; mutual respect, understanding the roles of others, a team approach and effective communication and apply team concepts to plan and deliver care. IPE brings together learners, students, and faculty within an interactive, team-oriented, and collaborative environment [10]. Both interprofessional collaboration and IPE have gained recognition from the World Health Organization as vital steps toward preparing a healthcare workforce that is primed for collaborative practice, and better equipped to address local health needs [1].

### Getting Started

Designing and developing Interprofessional Education (IPE) opportunities can indeed be a complex undertaking [11-13]. To navigate this challenge effectively, five key considerations are essential. Firstly, as with any initiative identification of major stakeholders and gaining support and buy-in from the administration is key [14,15]. Finding champions from other

disciplines and finding commonalities allow the case for IPE to be heard [13]. To attract more healthcare disciplines to IPE, creating an inventory of disciplines that have or should have patient contact, along with explanations of potential patient interactions, can highlight the importance of collaboration. This intentional inventory can diversify healthcare approaches and ultimately lead to improved patient outcomes in the long run [16]. Additionally, as facilitators, the onus is on modelling, therefore, even in the planning, expected behaviours, such as communicating, collaborating, understanding each other's role and working as a team for common consensus [10,11]. Next, ensuring adequate and sustainable resources are available, whether it be formal or informal IPE. This includes time and resources allowing participation across the disciplines [14]. Furthermore, once an IPE team has been formed clear mapping with shared objectives. Then creation of activities that permit the demonstration of those objectives, and assessment to show achievement is crucial [17]. Assessments must have a clear purpose and relate directly to the objectives. These can be formative or summative and the evaluation method should be built in from the outset. Related to evaluation all those involved should have the opportunity to give constructive feedback that can explore the procedures related to the activity [2]. This gives provision for improvement across all processes such as logistics, methodology, facilities, and available resources.

By addressing these considerations, the ability to create robust IPE opportunities that promote collaboration, enhance the educational experience, and ultimately benefit both students and the quality of patient care.

### Experiential learning

Several successful models of IPE have emerged, with experiential components heightening learner motivation and curiosity to actively participate and value the IPE process. Simulation allows for safe space practice with the value of debriefing and reflection [18,19]. Engaging in interprofessional activities can lead to a greater understanding of issues and tensions that arise, these can be addressed during debriefing where a facilitator can moderate and explore challenges in a professional manner. Additionally, workplace IPE learning when intentionally performed can result in increased understanding, confidence, and change in behaviour [20,21]. For many the resources and logistics required for a simulation are prohibitive, there for flexibility is another attribute that the IPE team should possess. For instance, using case-based learning in the classroom is also effective. It involves presenting a mock patient case and posing questions to students to determine what each healthcare discipline would contribute. This approach fosters a deeper understanding of patient cases from various healthcare disciplines' viewpoints through peer discussion [19]. Alternatively, informal IPE through community outreach, such as health fairs or educational activities can also form part of the portfolio. This can elevate volunteerism to service-learning emphasizing the four competencies with guided debriefing related to the objectives. The study conducted by Wang et al (2020) [21] illustrated the use of service-learning to enhance students' role awareness in interprofessional collaboration [13].

### Conclusion

In conclusion, this paper has outlined five essential principles for developing an IPE experience for healthcare students. Each principle may require adjustment based on the initial team's

ability to gain traction, available resources, the development of clear IPE objectives, ensuring those objectives are assessed and aligned, and finally, a system where feedback and improvements can be made. The summarized principles should serve as a guide for developing an IPE curriculum, giving confidence to start. Excepting that IPE is increasingly important in healthcare programs, as it prepares students to work effectively as a team for the betterment of patient care in practice it is the wish of the author that educators endeavour an IPE experience.

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