An update on the status of interprofessional education and interprofessional prevention education in U.S. academic health centers

Maria C. Clay a,*, David Garr b, Annette Greer a, Rebecca Lewis c, Amy Blue d, Clyde Evans e

a Department of Bioethics and Interdisciplinary Studies, Brody School of Medicine, East Carolina University, Greenville, NC, USA
b South Carolina Area Health Education Consortium, Medical University of South Carolina, Charleston, SC, USA
c Department of Bioethics and Interdisciplinary Study, and the NC Agro-medicine Institute, East Carolina University, Greenville, NC, USA
d University of Florida College of Public Health and Health Professions, Gainesville, FL, USA
e Academy for Academic Leadership, Needham, MA, USA

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ABSTRACT

Purpose: A national study was conducted in 2010 that described the status of interprofessional education and interprofessional prevention education in the United States. This manuscript compares the results from the 2010 survey with those of an expanded survey in 2015.

Method: The original 10 questions comprising the 2010 survey were retained in 2015 and re-sequenced to facilitate completion. An additional 15 questions were added to the survey to capture information about issues not assessed by the first survey – language and program changes in IP-Education, IP-Practice and IP-Prevention Education, and demographic variables of interest. Respondents were again drawn from the membership list of the Association of Academic Health Centers.

Results: The respondent group of 156 represents 36 of the 42 states that have Association of Academic Health Centers (AAHC) member institutions, and 103 of the 125 AAHC member institutions that were eligible to receive surveys responded representing 82.4% of eligible AAHC institutions. Reported activity is higher in the area of course offerings with the least activity reported in the area of infrastructure. Data from the responses to the IP-Prevention Education questions, by contrast, indicate that there has been a decrease in IP-Prevention Education between 2010 and 2015.

Conclusion: The trend in growth of IP-Education and IP-Practice is encouraging and deserves to be tracked to assess whether the positive direction continues and whether the prevalence of dedicated personnel and infrastructure (centers and offices) continue to increase. Relative to IP-Prevention Education, increased assessment needs to be given to the proposed linking of IP-Education with prevention education.

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1. Introduction

The need for health professions students to engage in interprofessional learning experiences has been proposed for several years, and changes in health care and an emphasis on improving population health have increased the need to educate students and patients about the importance of disease prevention and health promotion. The need to utilize an interprofessional approach when providing preventive care has been recommended by several national organizations including the American College of Preventive Medicine, the Association for Prevention Teaching and Research, and the Healthy People Curriculum Task Force. In 2010, we examined the status of interprofessional education and an interprofessional approach to teach prevention in US academic health centers. Our purpose with the 2010 survey was to establish baseline measures of interprofessional education, interprofessional practice, and interprofessional prevention education in the U.S.

Our study, based on the Interprofessional Education Assessment and Planning Instrument, revealed the prevalence of IP-Education infrastructure was lower than the prevalence of interprofessional course work or personnel. Of note was the low occurrence of IP-Prevention Education. An important outcome from the study was that its results made possible the addition of the interprofessional education Objective ECBP-19 in 2014 to Healthy People 2020.
integration of preventive services as part of the Medicare Wellness 62 Practice.7 This document outlined four competency domains (and cation of the Core Competencies for Interprofessional Collaborative professional education. In 2011, the Interprofessional Education document. interprofessional education was mentioned in a Healthy People interprofessional education have been published.10,11 There have for health professions programs to implement interprofessional care, further facilitated responses and actions relating to the need for health professions programs to implement interprofessional learning experiences for students. Some reviews of the field of interprofessional education have been published,10,11 There have been a few reports in literature focusing on interprofessional prevention education. In 2011, Evans et al.12 reported on the efforts that emerged from two separate installments of the Institute for Interprofessional Prevention Education (convened by the Association for Prevention Teaching and Research), highlighting projects from several health professions teams that focused on the development of IP- Prevention Education curricular initiatives. Additional reports in the literature describing specific interprofessional prevention education efforts have included the prevention of falls in the elderly,13–16 the prevention of childhood obesity,17 and the integration of preventive services as part of the Medicare Wellness Visit.18
With the apparent growth in interprofessional education and the continued recognized need for prevention education, we sought to compare the status of interprofessional education and interprofessional prevention education in 2015 with the baseline information collected in 2010.

2. Methods

The research team returned to the Association of Academic Health Centers (AAHC) for an endorsement of this 5 year follow-up study and to seek permission to utilize their membership list. This resulted in the identification of 125 academic health centers located in 42 states, Puerto Rico and Washington, D.C. As in 2010, the membership list was further refined to identify the deans/leaders of specific schools/colleges/programs within each academic health center; all correspondence was sent to the deans/leaders who could complete the survey or forward to someone more knowledgeable in that school/college/program. This resulted in 481 participants who receive emails with links to the survey. An initial review of respondent showed that there were no respondents that represented the same program/college/school.

Similar to the 2010 study, the research team utilized an online survey housed in www.surveymonkey.com. The survey, however, underwent some modification. The original 10 questions comprising the 2010 survey were retained in 2015 and were re-sequenced to facilitate completion. Fifteen (15) additional questions were included in the survey to capture information not sought in the first survey - language and program changes in IP-Education, IP-Prevention Education, and demographic variables of interest (See Appendix). This manuscript compares findings from the 2010 survey with those of the 2015 survey.

3. Respondents and survey analysis

Of the 481 surveys sent, 156 persons responded to the IP-Education survey questions (34% response rate), and 154 persons responded to the IP-Prevention Education questions (32% response rate). The respondents represented 36 of the 42 states that had AAHC member institutions, and at least one academic program completed the survey in 103 of the 125 (82%) AAHC member institutions. A simple frequency, descriptive analysis was used to compute survey findings and a trend comparison was used to compare the 2010 results with those acquired in 2015.

4. Results

IP-Education activities increased in all categories between 2010 and 2015 (see Table 1). Specifically, 96% (N = 150) of the 156 respondents offer courses that include interprofessional collaborative experiences with 90% (N = 141) reporting an increase in such courses during the last four years. Eighty-eight percent (N = 137) of the 156 respondents indicated that such courses are team taught and 69% (N = 110) stated that these courses are required. Sixty-seven percent (N = 105) of respondents reported an increase in opportunities to assess interprofessional student teams using standardized simulation methods. Another form of education occurs in practice settings. Relative to interprofessional practice opportunities, 88% (N = 137) reported interprofessional clerkship opportunities with 66% (N = 103) of the 156 respondents indicating there was an increase of such opportunities during the past four years.

Relative to support for IP-Education through resource allocation and promotion, 83% of respondents (N = 129) indicated that there are dedicated personnel for IP-Education, 76% (N = 118) reported the presence of interprofessional centers or offices and 82% (N = 128) reported interprofessional language in official documents. Resource support through funding, however, is multifaceted with 34% (N = 53) of the 156 respondents reporting internal funding, 12% (N = 18) reporting external funding, 28% (45) reporting funding from a combination of internal and external sources, and 26% (40) reporting no funding to support interprofessional initiatives.

In summary, this snapshot of interprofessional activity reveals an upward trend line when comparing the 2010 findings with the reported 2015 activities in IP-Education and IP-Practice (See Table 1).

Faculty development, a new area of inquiry in the 2015 survey, was more prevalent in IP-Education than in IP-Practice. Eighty-one percent of 156 respondents (N = 127) reported faculty development opportunities for IP-Education while only 47% (N = 73) reported faculty development opportunities for IP-Practice. Relative to faculty development for prevention education, only 29% (n = 45) of the 154 respondents reported such opportunities and fewer (24%, n = 37) reported faculty development for prevention practice.

When reviewing the IP-Prevention Education results of the 2010 and 2015 surveys, IP-Prevention Education activities were more mixed (See Table 2). Specifically, 49% (n = 75) of the 154 respondents in 2015 indicated that interprofessional courses were offered during which students from multiple disciplines learned
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