Using an IPE Faculty Development Program to Build and Sustain Interprofessional Momentum

Background

Effective Interprofessional (IP) Teams improve patient safety and enhance quality patient healthcare experiences. Delivering IP Education (IPE) to numerous and diverse learners requires active participation of teachers in both educational and clinical settings. We will describe our model for implementing IPE across a large institution and describe how our activities meet the AACN Essentials IPE requirements and support the QSEN Teamwork and Collaboration competency.

Methods

In 2018 the university-wide Office of Interprofessional Curriculum (OIPC) developed a foundational series of workshops in partnership with the Center for Teaching and Learning (CTL), to provide faculty with tools and resource materials targeted to integrating IPEC sub-competencies into professional programs. Building upon this series, an Interprofessional Leadership Fellows (IPL) program was launched to annually select and training faculty to provide faculty mentoring and lead IPE initiatives across the institution. Building upon these two core programs, multiple strategies were implemented to engage faculty in IPE, bridging pre-licensure training across to health system IP teams, to increase the number of faculty engaging in IPE to create a comprehensive workforce development program. A PDSA approach was adopted for sustaining quality improvement of this multi-faceted program.

Results

Gaining momentum over three years, the comprehensive faculty development program has increased the number of faculty and professions promoting IPE and practice across the institution. In FY2021, a total of 91 educators participated in IPE workshops from 12 professions, with 29 earning their certification for “teaching interprofessional teams in healthcare”, selecting from a series of 15 workshops. Our center had appointed 73 scholars and the IP leadership fellows program has further expanded scholarship in IPE, training 20 fellows across professions of nursing, medicine, public health, social work, clinical laboratory sciences, physical therapy and healthcare administration.

Implications

Adding a comprehensive Faculty Development program to promote Interprofessional Education and Practice has the potential to accelerate integration of IPE for healthcare-related learners. Engagement of faculty in IPE has been able to increase integration of IP competencies across the continuum of education for multiple professions to meet accreditation standards in interprofessional practice.