Bridging the Gap for Interprofessional Education: Uniting Nurse Practitioner Students with Students from Other Health Care Professions

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The purpose of this presentation is to provide an overview of the process used in a newly formed Health Sciences Center to enhance interprofessional education at Mercer University.
Structure of the Health Sciences Center
Mercer’s health care providers
Each year, Mercer graduates more than 500 health care providers. Here’s the annual breakdown of each.
Committee Charges

- Search the literature for best practices in interprofessional education.
- Review the Core Competencies for Interprofessional Collaborative Practice and determine how they might be included in didactic and experiential/clinical curricula.
- Explore and recommend the ideal and practical infrastructure that would allow the enhancement of interprofessional education.
- Develop methodologies that will institutionalize interprofessional education rather than being based solely on interpersonal relationships.
Examples of Literature Reviewed

- Core Competencies for Interprofessional Collaborative Practice: [http://www.aacn.nche.edu/education-resources/ipecrepor.pdf](http://www.aacn.nche.edu/education-resources/ipecrepor.pdf)
Examples of Articles Reviewed

- Oandasan & Reeves (2005) Key Elements for Interprofessional Education Parts 1 & 2: The Learner, the Educator and the Learning Context & Factors, Processes and Outcomes
- Deon (2005) A Blueprint for Interprofessional Learning
- Djukic, Fulmer, Adams, Lee, & Triola (2012) NYU3T: Teaching Technology, Teamwork: A Model for Interprofessional Education Scalability and Sustainability
- Morrison & Glenny (2012) Collaborative Interprofessional Policy and Practice: In search of Evidence
- Gilbert (2005) Interprofessional Education for Collaborative Patient-Centered Practice
- Hammick, Freeth, Koppel, Reeves, & Barr (2007) A Best Evidence Systematic Review of Interprofessional Education
- Steinert (2005) Learning together to teach together: Interprofessional Education and Faculty Development
Commitment from the administration and faculty of ALL programs is a must.
The need for IPE is to implement to make patient care better....not just to have an IPE program.
Examples used cases (paper, simulations, real) to approximate the actual situations in which interprofessional teams will practice.
Pearls (continued)

- Working effectively in teams is integral to the success of IPP
- Faculty/staff development is needed to facilitate IPE
Progress So Far

- Plans for IPE activities
  - First semester of entry: An interprofessional seminar for all first year health science students
  - Second semester of entry: Interprofessional case study that involves a complex health problem
  - Third/or Fourth semester: Interprofessional case study that involves an ethical issue for a patient
Future Ideas

• Send a core group of faculty for training in Interprofessional Education facilitation
• Develop a workshop/seminar for all health sciences faculty to enhance understanding and skill set needed for facilitation of IPE
• Develop simulation and clinical experiences that will further enhance abilities of our students to work together.
Infrastructure Proposals

Office of Interprofessional Education with VP for IPE

- Medicine
- Nursing
- Pharmacy
- PT
- PA
- PH

OR

Standing IPE University Committee with Representatives from Each Program
Six months into the process: Structured activities have begun

Future of the process: Opportunities for collaboration are being identified at every meeting