

*White Paper: The State of  
Interprofessional Education  
(IPE) in the College of Health  
and Behavioral Studies*

James Madison University  
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Respectfully Submitted by IPE  
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## Executive Summary

Interprofessional collaborative practice occurs when multiple health care workers from different professional backgrounds work together with patients and families to deliver the highest quality of care. The World Health Organization (2010) suggests that “when students from two or more professions learn about, from, and with each other,” they can “enable effective collaboration and improve health outcomes.”

The goal of interprofessional collaboration and education is to encourage increased knowledge of the roles and responsibilities of other disciplines and to improve communication and collaboration among disciplines. Learning to work in interdisciplinary teams has been identified as a core competency for all health professionals by the Institute of Medicine (IOM, 2003). Graduates at JMU’s College of Health and Behavioral Studies need to demonstrate mastery of the interprofessional competencies in patient-centered care.

Constituted by the Dean of CHBS, the Interprofessional Education (IPE) Task Force examined the state of IPE in the College. The faculty’s knowledge, experience, and opinions of IPE were assessed using a variety of methods. The data collection activities, procedures, and formats were diverse and afforded participants (including faculty, administrators, and clinical supervisors) opportunities to contribute through dyadic interviews, group discussions, electronic input (IPE online survey or email), and a nominal group process. Data were collected during the fall 2012 and spring 2013 semesters to provide multiple opportunities for participation.

A SWOT analysis was conducted incorporating information from CHBS department heads, program directors, and faculty; literature review; preliminary findings from the JMU IPE Task Force Survey; results from the IPE Institute conference; and discussions of the JMU IPE Task Force. The SWOT analysis was used to highlight the strengths, weaknesses, opportunities and threats present within the JMU community to build a sustainable IPE program.

The SWOT analysis revealed significant strengths and opportunities. Two critical strengths were identified, namely a commitment to IPE by JMU leaders (Deans Lovell, Zingraff and a small number of faculty champions with prior IPE experience) and an infrastructure that could support IPE initiatives (the College of Health and Behavioral Studies, the Institute for Innovation in Health and Human Services, and the Center for Faculty Innovation).

Weaknesses noted included training, experience and professional development of faculty in IPE, crowded curricula impeding IPE activities, recognition of IPE activities in faculty workloads, promotion and tenure, and tight financial resources within the College. Threats included a low level of interest among some faculty, competing time demands on faculty activities, and the natural tendency of programs and disciplines to remain within their academic silos.

The IPE Taskforce concluded with five recommendation areas:

1. Establish a visible institutional home for IPE, in an accessible and prominent place within the College of Health and Behavioral Studies, with an organizational structure to support interprofessional education, practice and research.
2. Create a dedicated leadership structure with support staff and resources. The IPE leader, at the level of Associate Dean, should be advised by a diverse and representative steering committee, and report directly to the CHBS Dean to enhance IPE culture and increase IPE awareness.
3. Create mechanisms for faculty development and engagement, including IPE reporting and credit in workload and classes taught, and in promotion and tenure consideration. In addition, produce IPE departmental and faculty development plans and award financial support for proposals for IPE faculty generated initiatives.
4. Support the development of interprofessional curriculum that maps across discipline and program requirements and corresponds with IPE competencies. Review new courses for potential in IPE professional and pre-professional activities, including a variety of interprofessional simulation opportunities, freshman seminar and capstone evaluation projects
5. Support interprofessional collaboration in teaching, research, and clinical practice for faculty and students, including student engagement in pre-professional training at JMU community-responsive training clinics and regional sites, and study abroad opportunities with an IPE focus. Highlight IPE in IIHHS initiatives and clinics and build capacity of the Huber Learning Community to foster IPE awareness. Plan a certificate program for implementation of 3-4 courses consistent with other certificate programs.

## **Why Interprofessional Education (IPE)?**

The escalating costs of health care delivery in the United States and the inability of the American health care system to meet increased needs present multiple challenges which demand that health professionals seek new and innovative ways to deal with the current health care crises. Interprofessional collaborative practice (IPCP) occurs when multiple health care workers from different professional backgrounds work together with patients and families to deliver the highest quality of care. The World Health Organization (2010) suggests that when students from two or more professions learn about, from, and with each other, they can enable effective collaboration and improve health outcomes.

The movement to encourage team-based education and interprofessional collaborative practice grew out of the need to use the existing health workforce optimally and cost-effectively to meet the needs of families and communities. These challenges have led to the development of core competencies central to the development and socialization of the healthcare workforce in establishing educational change by socializing students into interprofessional practice. Core competencies are needed to create a coordinated effort across the health professions to embed essential content in all health professionals education curricula; guide curricular development; provide the foundation for a lifelong learning trajectory, acknowledge that evaluation and research which strengthen scholarship in interprofessional education and prompt dialogue to affect the "fit" between educationally identified core competencies.

The goal of interprofessional collaboration and education is to encourage increased knowledge of the roles and responsibilities of other disciplines and to improve communication and collaboration among disciplines in future work settings. The overall goal of the IPE initiative is to prepare students to deliberately work together to improve the safety and quality of healthcare in the US health system.

The World Health Organization (WHO) (2010) defines interprofessional health education as follows: "When students from two or more professionals learn about, from and with each other to enable effective collaboration and improve health outcomes", interprofessional collaborative practice: "When multiple health workers from different professional backgrounds work together with patients, families and carers and communities to deliver the highest quality of care", and defines interprofessional team-based care: "Care delivered by intentionally created, usually relatively small work groups in health care, who are recognized by others, as well as themselves as

having a collective identity and shared responsibility for a patient or group of patients” (WHO, 2010).

Learning to work in interdisciplinary teams has been identified as a core competency for all health professionals by an expert panel at the Institute of Medicine (IOM, 2003). The American Association of Colleges of Nursing notes, “Interprofessional collaboration is critical for achieving clinical prevention and health promotion goals in order to improve patient and population health outcomes (2011).”

Interprofessional collaboration epitomizes the best practices in health and human service careers. Students must have carefully designed and appropriately sequenced opportunities for learning the “why’s” and the “how to’s” of interprofessional collaboration. Studies (Hoffman et al., 2007; West et al., 2006; McGrath, 1991) have shown that IPCP:

- *lowers patient mortality*
- *improves patient safety*
- *improves health services*
- *reduces hospitalization and associated costs*
- *enhances patient satisfaction*
- *improves levels of innovation in patient care and*
- *increases staff motivation, well-being and retention*

A recent publication titled “Core Competencies for Interprofessional Collaborative Practice: Report of Expert Panel (2011) was endorsed by the American Association of Colleges of Nursing, Association of American Medical Colleges, American Association of Colleges of Pharmacy, American Dental Education Association, the Association of Schools of Public Health and others.

“This report is inspired by a vision of interprofessional collaborative practice as key to the safe, high quality, accessible, patient-centered care desired by all. Achieving that vision for the future requires the continuous development of interprofessional competencies by health professions students as part of the learning process, so that they enter the workforce ready to practice effective teamwork and team-based care. Our intent was to build on each profession’s expected disciplinary competencies in defining competencies for interprofessional collaborative practice. These disciplinary competencies are taught within the professions. The development of interprofessional collaborative competencies (interprofessional education), however, requires moving beyond these profession-specific educational efforts to engage students of different professions in interactive learning with each other. Being able to work effectively as members of clinical teams

while students is a fundamental part of that learning”  
(Interprofessional Education Collaborative Expert Panel, 2011).

Provision of *patient-centered care* is the goal of interprofessional teamwork. The nature of the relationship between the patient and the team of health professionals is central to competency development for interprofessional collaborative practice. The other three core competencies, *in the context of interprofessional teamwork*, identify 21st-century technologies for teamwork communication and coordination (i.e., informatics), rely on the evidence base to inform teamwork processes and team-based care, and highlight the importance of continuous improvement efforts related to teamwork and team-based health care (IPEC, 2011) (See Figure 1).

The Interprofessional Education Collaborative (IPEC) identified the following four competency domains in its May 2011 Report of an Expert Panel titled *Core Competencies for Interprofessional Collaborative Practice*:

Domain I: *Values/Ethics for Interprofessional Practice* - Work with individuals of other professions to maintain a climate of mutual respect and shared values.

Domain II: *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 populations served.

Domain III: *Interprofessional Communication*: Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.

Domain IV: *Teams and Teamwork*: Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.





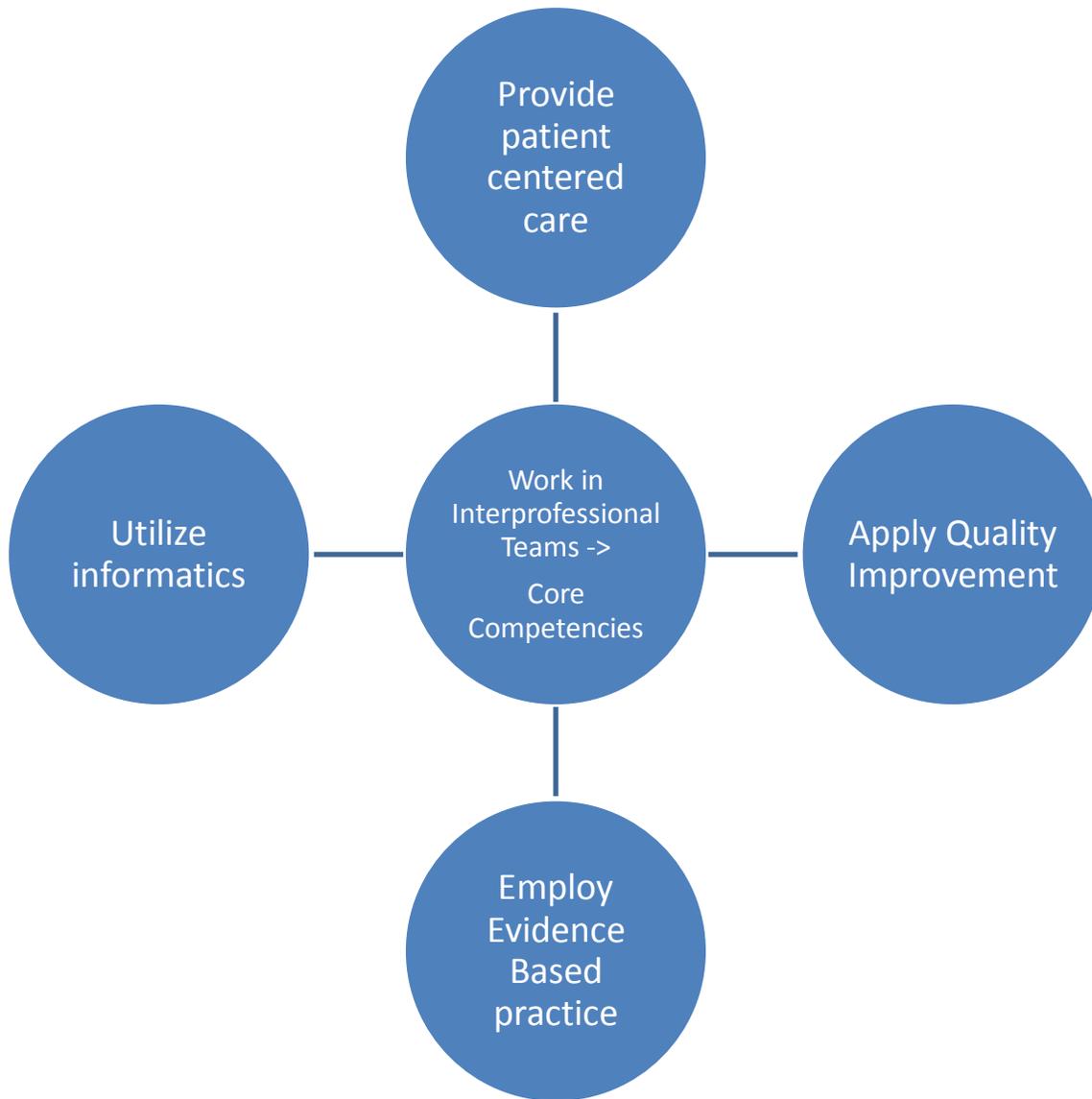


Figure 1: Interprofessional Teamwork and IOM Core Competencies (IPEC, 2011, p. 14)

Our future healthcare providers and graduates of the College of Health and Behavioral Studies at James Madison University need to demonstrate mastery of the interprofessional competencies and collaborate to impact patient outcomes and improve the safety and quality of the United States healthcare system.

## Data Collection Process

**Methods and results of IPE data collection.** The IPE Task Force collected data to assess the faculty's knowledge, experience, and opinions of IPE using a variety of methods. The data collection activities, procedures, and formats were diverse and afforded participants (including faculty, administrators, and clinical supervisors) opportunities to contribute through dyadic interviews, all group discussions, electronic input (IPE online survey or email), and a nominal group process. Data were collected during the fall 2012 and spring 2013 semesters to provide multiple opportunities for participation. Archival data from students regarding JMU IPE activities were incorporated to ensure stakeholders were well represented (e.g., reviewed course evaluations, workshop evaluations, etc). Information from the professional literature on recommended practices and innovative IPE models were used to guide the task force discussions and construct the survey. In addition, findings from the Interprofessional Education Collaborative (IPEC) 2012 Institute and Collaboration Across Borders III workshops, and IPE professional organization publications were studied and incorporated in our procedures. We consistently consulted the IPEC competencies (IPEC, 2012) to ensure that our data collection and analysis procedures were informed by current best practice recommendations.

**Strengths, Weaknesses, Opportunities, Threats (SWOT).** A SWOT analysis was conducted incorporating information from CHBS department heads, program directors, and faculty; literature review; preliminary findings from the JMU IPC Task Force Survey; results from the IPE Institute conference; and discussions of the JMU IPE Task Force. The SWOT analysis was used to highlight the strengths, weaknesses, opportunities and threats present within the JMU community to build a sustainable IPE program. The SWOT analysis revealed significant strengths and opportunities. Two critical strengths were identified, namely a commitment to IPE by JMU leaders (Deans Lovell, Zingraff and a number of faculty members with prior IPE experience) and an infrastructure that could support IPE initiatives (the College of Health and Behavioral Studies, the Institute for Innovation in Health and Human Services, and the Center for Faculty Innovation). Weaknesses and threats are also identified and although they were significant, none seem insurmountable. The results of the SWOT analysis are shown in Table 1 below.

Table 1  
*Strengths, Weaknesses, Opportunities, Threats*

<b>Strengths</b>
<p>Several faculty members in the College have training and/or experience with a variety of IPE activities. Examples include:</p> <ul style="list-style-type: none"> <li>• teaching courses or workshops here or abroad as part of an interdisciplinary team of faculty in which the audience may be students from one or more disciplines</li> <li>• participating in an IP group to write grants</li> <li>• participate in an IP team on research projects, participate in clinical practice activities as part of an IP team</li> </ul>
<p>Accreditation agencies are now including IPE in their educational requirements.</p>
<p>The availability of an experienced and active Center for Faculty Innovation is a key resource in helping with faculty development.</p>
<p>The Dean and Associate Dean are very supportive of IPE.</p>
<b>Weaknesses</b>
<p>Not enough champions of IPE in key places in the college.</p>
<p>Curricula in many programs are already overly crowded creating a shortage of available time and scheduling conflicts, both of which impede the ability to do IPE activities.</p>
<p>Tight financial resources in the college.</p>
<p>Lack of a mechanism to readily recognize IPE activities in faculty workloads.</p>
<p>Lack of consistent valuing of IPE activities within promotion and tenure criteria and processes.</p>
<p>Shortage and availability of spaces large enough for some IPE activities</p>
<p>Most faculty do not have expertise, training or experience and perhaps lack interest.</p>
<p>Accrediting agencies require so much content overall that it is difficult to add IPE to existing curricula and some accreditation agencies add stipulations for the background of instructors that limits use of IP faculty teams.</p>

<p>IPE efforts seem to be focused on health professions which is a narrow focus. All students will go on to positions in which they will need to work with people from a variety of disciplines and could benefit from IPE.</p>
<p><b>Opportunities</b></p>
<p>Utilize existing structures and processes to initiate IPE activities – international studies, certificate programs, IIHHS, Huber learning community, etc. Adapt existing structures rather than create new ones.</p>
<p>Adapt existing curricula to include IPE by:</p> <ul style="list-style-type: none"> <li>• focusing on topics that are not discipline specific but are common among several professions (patient safety, billing and coding, multiculturally sensitive patient interactions, etc.).</li> <li>• creating IPE activities in workshops or other formats outside of courses, so the IPE activity can be used as required activities within a number of courses in several curricula. This overcomes some barriers with scheduling and with the course approval processes</li> </ul>
<p>Secure external funding. IPE is a popular initiative at this time.</p>
<p>Create faculty development programs to increase faculty awareness, skill, and involvement through use of an existing, strong faculty development center.</p>
<p>The new college provides an opportunity to set new goals and priorities including a focus on IPE. This would include the utilization of college-based grants being directed to IPE development.</p>
<p>The college includes an array of programs that are well suited to IPE collaboration.</p>
<p><b>Threats</b></p>
<p>Low level of interest among some faculty.</p>
<p>Faculty time is already stretched thin by competing demands for their time and energy.</p>
<p>Competing demands by other initiatives and core responsibilities of the college and the departments for resources such as funding and space.</p>

Challenge of designing and implementing IPE programming to meet the level of the students participating as well as the needs of the programs
Disciplines and programs ingrained habit of remaining within their academic silos.

**CHBS Online IPE Survey.** An IPE survey was created to collect data regarding the faculty’s knowledge, education and training, practice (teaching and research), and IPE programs. The survey was disseminated to 173 faculty and administrators in the CHBS, with 69 respondents for a corresponding response rate of 40%. The IPE results support and extend the findings from the SWOT analysis. (The IPE survey and complete report of quantitative aggregate data can be found in Appendix A.)

Participants were asked to rate the extent which JMU demonstrated key characteristics (See Table 2) important for building sustainable interprofessional programs. The responses to this question correspond with selected SWOT analysis findings regarding the importance of opportunities for faculty development, the need for an appropriate infrastructure (institutional home), and strong administrative support. The survey respondents also noted the importance of rigorous academic goals.

Table 2  
*The extent to which JMU demonstrates key IPE characteristics*

Key IPE characteristics	Average Value	Standard Deviation
Opportunities for faculty development	55.61	29.93
Rigorous academic goals	53.10	28.19
An institutional home for interprofessional education and collaborative practice	50.18	30.98
Administrative support	49.24	31.81

Minimum and maximum values are 1 to 100.

The IPE survey results demonstrated that many faculty have professional experience in IPE activities, with 71% reporting clinical practice experience, 57% reporting research or scholarship experience, 51% reporting didactic teaching experience. The brief descriptions below in Table 3 are representative of the text examples of “Other IPE experiences” noted by faculty.

Table 3

*Descriptions of other IPC experiences by faculty*

Descriptions of other IPC experiences
<p>Of the nine short-term study abroad programs in which I have conducted, two were co-led by faculty in Psychology and Kinesiology. Also, all of the study abroad programs consisted of students majoring in Health Sciences or Health related disciplines such as Psychology, Social Work, Biology, and Education.</p>
<p>Therapeutic Riding Instructor working on a blended team with OT, PT, SLPs, Psych, Rec Therapy, and Med to create blended treatment protocols for individuals at an inpatient facility.</p>
<p>At XXX University, through the Area Health Education Center (AHEC), our Physician Assistant students were placed in clinical rotations with Physical Therapy, Social Work, Dietetics and other students.</p>
<p>I currently co-teach a cross-listed course for kinesiology and dietetics majors with a dietetics professor; In current and previous research studies, I have worked with faculty from dietetics and health sciences</p>

While the depth of the faculty IPE experience is quite encouraging, 65% of the respondents acknowledged that they “have not had educational courses or training in interprofessional education and/or interprofessional collaborative practice.” In Table 4, it is noted that most respondents acquired their knowledge through workshops (31%) or self-study (29%). The obstacles to interprofessional education and interprofessional collaborative practice receiving the highest ratings were time, credit for load, and scheduling. The rating of all the obstacles is shown below in descending order.

Table 4  
*Obstacles to IPE*

Obstacle	Average Value	Standard Deviation	Responses
Time	80.71	22.76	66
Credit for load	72.78	24.39	64
Scheduling	71.71	27.61	65
Financial resources	67.58	27.70	64
Value to promotion and tenure	57.50	30.75	62
Expertise	46.03	26.77	58
Space resources	45.40	32.33	58

(Value range 1 to 100.)

**IPE Nominal Group Technique.** The Nominal Group Technique (NGT) was conducted with faculty members to obtain more detailed information regarding the viability of implementing IPE at JMU. NGT is a structured small-group discussion process used to identify and prioritize ideas and suggestions. Participants in a small group, usually four to six persons, are asked to respond to a question posed by a moderator. The participants generate responses and then prioritize the ideas or suggestions of all group members. The CDC Evaluation Brief states that the process “prevents the domination of the discussion by a single person, encourages all group members to participate, and results in a set of prioritized solutions or recommendations that represent the group’s preferences.”

Three NGT discussions were held with a total of 11 faculty participating from nursing, PA, OT, Health Sciences, and Graduate Psychology departments. The participants viewed IPEC definitions and core competencies and received an overview of the NGT. In each group the moderator posed the nominal question, “What is needed to build sustainable interprofessional programs in research, teaching, and practice for students and faculty at JMU?” and participants silently generated written responses, reported responses orally round robin, clarified and combined responses collectively, and finally, selected their personal top five ideas and ranked them. The moderator calculated weighted scores and shared the results of their top ranked items with each group. The handout and question the

participants received followed by their rankings can be viewed in Appendix B. The final top five responses to the nominal question across the three dates are shown below in Table 5.

Table 5  
*NGT top five responses by group*

Nominal Question: What is needed to build sustainable interprofessional programs in research, teaching, and practice for students and faculty at JMU?
Group One (n=3)
<p>Create an institutional home with administrative support to communicate and integrate programs and approaches across campus</p> <ul style="list-style-type: none"> <li>Have physical and virtual home for IPC</li> <li>Have campus wide clearing house on programs (ex. YCP, librarians)</li> <li>Ways to share and collaborate information on ICP</li> </ul>
<p>Develop relationships with agencies outside JMU who already have IPC structures or would like to develop them (9)</p> <p>This would support two aims, to provide sites for IPC practicum for students and sites for faculty research in IPC</p>
<p>Examine what we have on campus, within and outside CHBS (children's music education programming)</p> <p>Recognize and reward existing IPC structures on campus</p> <p>ex: ISLA triage</p> <p>Look at funding streams and make eligibility broader than one college</p> <p>Provide grant funding to encourage faculty and students to pursue research in this area</p> <p>Find funding to get programs started that encourage IPC (IPAC autism center)</p> <p>Don't wait- apply existing resources ex. children's music ed program, YCP</p>
<p>Require courses in IPC that students across multiple disciplines take together, and that is taught by the multiple disciplines (4)</p> <p>Find ways to schedule students so that they can be meaningful contributors (registrar's office)</p> <p>Think in terms of workshops seminars, not courses (modules)</p> <p>Find ways to bring clinical coordinators and clinical students together (ex at same sites- WSH)</p> <p>Integrating NP and PA both she to teach billing and coding, find a way to teach it together</p> <p>Finding shared competencies and knowledge and teach together</p>
<p>Recognize, value, and create opportunities for communication to enable inter professional collaboration, research and practice (3)</p>

Group Two (n=4)
<p>Procure faculty, students, community and administration support.            Get widespread buy-in across campus by picking some can't lose projects            Tie to accreditation            Support from department heads and program directors to engage in interprofessional activities            Promoting it as something that is not just something more to do            Faculty need to see the connections as to why this is important. Those engaging in it, and those who are not</p>
<p>Resources            Use, integrate, and expand on existing supports and infrastructure to support these activities rather than creating a separate infrastructure            Obtain sustainable funding to have a place for students and faculty to carry out the IPC initiatives</p>
<p>Professional development and learning opportunities for students            Training for faculty, students, administrators            Create learning opportunities for students from different disciplines  <i>Three way tie for 4th and 5th</i></p>
<p>Including these activities on teaching and scholarship on evaluation and merit documents, rather than just service            Assess the kinds of IPC activities that are already happening at JMU            A review of specific curriculums to identify what courses might be conducive to inclusion of IPC concepts and team teaching across programs            Promoting it as something that is not just something more to do            Develop course objectives and to incorporate into your course to reflect IPC initiatives</p>
Group Three Final 5 (n=4)
<p>Resources and incentives for IPC facility and budget            Resources and incentives for faculty to teach IPC, including credit for load            Funding or resources for community professionals who may be able to come in and model or teach</p>
<p>Administrative infrastructure that creates logistical feasibility for IPE/C</p>

<p>Foundational, early, Gen-Ed team taught courses                  And objectives readdressed throughout majors                  Shared common courses- required                  Required Gen-Ed course on IPC for students                  Departmental scheduling that would allow/facilitate for IPE/C in classroom/learning</p>
<p>Develop IPC/E practice sites:                  IHHS and partner institutions                  Bridge to practice                  Link from classroom to practice                  Incorporation of students in grand rounds or other community opportunities</p>
<p>Better mechanisms for faculty to understand each other’s disciplines, role identities, and scopes of practice                  Determine research interests and work together                  Attitude adjustment, recognizing areas of expertise but we don’t “own” certain skills                  Faculty to sit in other classes that mesh with discipline                  Attitude and understanding that silos aren’t cool</p>
<p>Institutional value for IPC research and scholarships: incentives, tenor and promotion                  Shared definition of scholarship                  Role modeling opportunities for students                  Take IPC community venues (schools, hospitals, PH, CSB) and educate them                  Venue or facility for across discipline practice                  Integration with campus services, specifically student services, UREC, UHC, athletics</p>

The NGT findings correspond with results from the SWOT and survey, all noting the importance of an institutional home, procuring administrative support, obtaining professional development for faculty, incorporating IPE in promotion and tenure and course load decisions, and the necessity of providing sufficient space, resources, and budgetary support. NGT participants discussed the importance of creating cultural shift to support IPE at JMU and noted a number of specific strategies to promote IPE within the college. In addition, many participants stressed the importance of connecting with colleagues in other JMU colleges, other universities, and agencies beyond CHBS. (The findings from the NGT will be incorporated in the recommendations.)

## Recommendations

The recommendations reflect the collective guidance from IPE research literature, professional organizations, documents describing recommended IPE practice, and the data from the JMU SWOT analysis, IPE Survey, and the NGT. The recommendations include:

- Establish a visible institutional home for IPE
- Create a dedicated leadership structure with support staff and resources
- Create mechanisms for faculty development and engagement
- Support the development of interprofessional curricula that map across discipline and program requirements and correspond with IPEC competencies
- Support interprofessional collaboration in teaching, research, and clinical practice for faculty and students.

The recommendations are presented in Table 6 organized in columns illustrating the recommendation, associated actions, evaluation method, and the support needed.

Table 6  
*IPE Recommendations*

IPE Recommendations			
Recommendations	Actions	Evaluation	Support Needed
Establish a visible institutional home for IPE	Develop an organizational structure dedicated to interprofessional education, practice and research (The entity should not be affiliated with a specific discipline or academic department) Situating the IPE home in an accessible and prominent place	Collect data from participating academic and clinical units regarding the degree to which the structure supports their goals	Budget support for the establishment of the institutional home Allocate adequate space for IPE institutional home

<p>Create a dedicated leadership structure with support staff and resources</p>	<p>Appointment of an IPE leader reporting directly to the CHBS Dean to enhance IPE culture and increase IPE awareness          Ensure administrative oversight for IPE at level of Associate Dean (at least 50% position). Allocate additional faculty positions (at least 1 FTE initially) for IPE -C for IPE curriculum and practicum development and oversight and full-time support of 1-2 staff          Constitute a diverse and representative steering committee, including community and consumer representatives          Assign a CARS PhD student to help develop IPE evaluation plan for CHBS IPE initiative          Develop calls for proposals for IPE faculty generated initiatives with</p>	<p>Meet with CARS staff to discuss assessment and evaluation plan for IPE initiatives          Compile annual summary of IPE activities to be included in annual CHBS report          Include IPE goals and activities in CHBS strategic planning and annual departmental reports (department report to be provided directly to IPE leadership and Dean)</p>	<p>Obtain adequate funding to support IPE initiative (staff, resources)          Allocate adequate space for IPE activities including interprofessional teaching and interprofessional practice          Develop a repository of IPE service learning opportunities          Designate a library liaison through the JMU Libraries          Develop a library of IPE reference materials (journals, books, training resources, etc.)</p>
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	funding		
<p>Create mechanisms for faculty development and engagement</p>	<p>Incorporate IPE activities in promotion and tenure consideration (Review promotion &amp; tenure criteria for faculty to recognize IPE activities)                      Align faculty activity report with realistic IPE workload and course credits                      Conduct departmental discussions to produce departmental IPE plan                      Create Faculty Development Plan with IPE leadership and CFI (e.g., assign mentors, create interest groups, designate IPE research teams, etc)                      Adopt "faculty affiliates" model for IPE faculty group through CFI                      Negotiate release time for IPE activity                      Recognize IPE accomplishments and/or activities                      Award financial support for</p>	<p>Submit departmental IPE plans to Dean and IPE leadership                      Submit written faculty development plans (FAR) with IPE goals</p>	<p>Allocate funding for IPE professional development travel, trainings, research and education resources, and projects that reflect IPE competencies                      Award funds for IPE initiatives through Dean's Grants</p>

	proposals for IPE faculty generated initiatives		
Support the development of interprofessional curriculum that maps across discipline and program requirements and corresponds with IPEC competencies	<p>Develop IPE courses and core curriculum that corresponds with the IPEC competencies and departmental goals                      (Use IPEC competencies to create learning outcomes in IPE knowledge, clinical and teamwork skills, communication and practice)                      Require IPE representation on C&amp;I committees                      Review new courses for potential for IPE                      Promote diversity of options in professional and pre-professional activities                      Plan for IPE simulation space                      Develop a variety of interprofessional simulation opportunities                      Plan integrated IPE Simulation                      Exercise with a patient safety and quality improvement</p>	<p>Establish IPE education outcomes and processes related to the IPEC core competencies                      Develop a system for competency-based student assessment of IPE knowledge, clinical practice, and research skills</p>	<p>Train representatives on the undergraduate and graduate C&amp;I committee regarding components of IPE                      Allocate adequate space for IPE activities                      Assign faculty, support staff, and resources for IPE activities (e.g., simulation requires technical support, equipment, standardized patients, actors, etc.)</p>

	<p>focus to include all health professions/disciplines</p> <p>Develop and highlight a component of the QEP to focus on IPE</p> <p>Update IPE course justification criteria</p> <p>Develop standards for criteria for IPE designation</p> <p>Expand knowledge of IPE through freshman seminar and capstone evaluation projects</p>		
<p>Support interprofessional collaboration in teaching, research, and clinical practice for faculty and students</p>	<p>Develop opportunities for student engagement in pre-professional training at JMU and regional sites</p> <p>Develop IPE community-responsive training clinics</p> <p>Develop IPE practice opportunities in JMU and community-based training sites</p> <p>Develop and/or strengthen existing study abroad opportunities with an IPE focus</p>	<p>Meet with CARS staff to determine assessment and evaluation of IPE teaching and practice (including the assessment of patient and community outcomes)</p>	<p>Designate adequate and accessible space for IPE clinic activities and teaching that facilitates interprofessional practice</p> <p>Obtain approvals for IPP certificate program (SCHEV, C&amp;I etc.)</p>

	(Global Health/Study Abroad) Highlight IPE in IIHHS initiatives and clinics Build capacity of Huber Learning Community to foster IPE awareness Plan certificate program for implementation: 3-4 courses consistent with other certificate programs. (e.g., 3 core; 1-2 service learning)		
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Interprofessional collaboration at JMU over the past ten years involved faculty and students across the university, most notably including the College of Education, so the broader vision for interprofessional collaboration extends to all of JMU and not just our college. It is the intent of the task force that implementation of the recommendations will result in a collaboration ready workforce and a culture shift in health professions education and practice, both within JMU classrooms and labs, in practice sites, and beyond.

## Appendix A: IPE Survey and Responses

### Q15 INTERPROFESSIONAL EDUCATION SURVEY

Q1 Recognizing that interprofessional education and practice is a priority in a growing number of health professions education majors, an Interprofessional Education Task Force was recently established by Sharon Lovell, Interim Dean for the College of Health and Behavioral Studies. This Task Force aims to outline a case for interprofessional education (IPE) at James Madison University, to identify goals for interprofessional education, to summarize current interprofessional education initiatives, to suggest strategies for integrating interprofessional education into academic programs, and identify initial priorities, including plans for faculty development. Your cooperation in completing this survey will assist us with the collection of information essential to our analysis of the strengths, weaknesses, opportunities and challenges for interprofessional education and collaborative practice in the College of Health and Behavioral Studies. The World Health Organization (2010) defines interprofessional education as follows: "When students from two or more professionals learn about, from and with each other to enable effective collaboration and improve health outcomes", and interprofessional collaborative practice: "When multiple health workers from different professional backgrounds work together with patients, families and communities to deliver the highest quality of care". A report published in May 2011 by the Interprofessional Education Collaborative (IPEC) titled "Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel (2011) advocates for: \*Development of interprofessional competencies by health professions students as part of the learning process, so that they enter the workforce ready to practice effective teamwork and team-based care and, \*Development of interprofessional collaborative competencies through interactive learning with each other and working effectively as members of clinical teams. Endorsed by the accrediting bodies of a number of health professions education programs, the four core competencies identified by the Interprofessional Education Collaborative (IPEC, 2011) are: 1) Work with individuals of other professions to maintain a climate of respect and shared values. 2) 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 populations served. 3) Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease. 4) Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable. The purpose of this survey is to collect information about the current state of interprofessional education and collaborative practice in the College of Health and Behavioral Studies at James Madison University and the strengths, weaknesses, opportunity and challenges to implement interprofessional education and collaborative practice in the College of Health and Behavioral Studies at James Madison University.

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### Q2 IRB item

- I agree to voluntarily participate in the study. (1)
- I am not able to participate in the study. (2)

### Q3 What experiences, have you had with interprofessional education and collaborative practice? Select all that apply.

- Interprofessional clinical teaching (1)
- Interprofessional didactic teaching (2)
- Interprofessional practice (3)
- Interprofessional research/scholarship (4)
- I have had other interprofessional education and/or collaborative practice experiences (5)

### Q4 Please use this space to describe other interprofessional experiences in which you have engaged.

### Q5 Please note your education and training in interprofessional education and interprofessional collaborative practice.

- I have not had educational courses or training in interprofessional education and/or interprofessional collaborative practice (1)
- I have taken courses (2)
- I have attended workshops (3)
- I have participated in webinars (4)
- I have engaged in some level of self-study (5)
- Other (6)

### Q6 Please describe other education and/or training you have had in interprofessional education and/or interprofessional collaborative practice.

### Q7 What is your level of interest in learning more about interprofessional education and interprofessional collaborative practice?

\_\_\_\_\_ 1 star = not interested, 5 stars= highly interested (1)

Q8 Leaders in interprofessional education and interprofessional collaborative practice identify characteristics that are important for building sustainable interprofessional programs. To what degree does JMU demonstrate these characteristics?

- Use of common language (i.e. inter professional) (1)
- An institutional home for interprofessional education and collaborative practice (2)
- Administrative support (3)
- Rigorous academic goals (4)
- Opportunities for faculty development (5)
- Departmental commitment to set aside time for students and faculty to participate (6)
- Support for Interprofessional scholarship (8)

Q9 Please add other thoughts you have on how JMU demonstrates the above characteristics.

Q10 To what degree are these obstacles to interprofessional education and interprofessional collaborative practice?

- Time (1)
- Scheduling (2)
- Financial resources (3)
- Credit for load (4)
- Value to promotion and tenure (5)
- Space resources (6)
- Expertise (7)

Q11 Please add your comments on obstacles to interprofessional education and/or interprofessional collaborative practice.

Q12 The Interprofessional Education Task Force wants to identify some early adopters and faculty champions. How much interest do you have in such a role?

- 1 star = not interested, 5 stars = very interested (1)

Q13 If you would be willing to participate in a focus group that will assist with the analysis of interprofessional education, practice and research, please email Julie Sanford at [sanforjt@jmu.edu](mailto:sanforjt@jmu.edu).

Q14 Please use this space to provide any other thoughts or suggestions you have for the Interprofessional Education Task Force.

## Initial Report

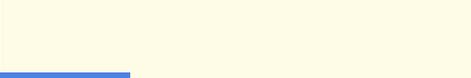
Last Modified: 02/28/2013

### 1. IRB item

#	Answer		Response	%
1	I agree to voluntarily participate in the study.		67	97%
2	I am not able to participate in the study.		2	3%
	Total		69	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.03
Variance	0.03
Standard Deviation	0.17
Total Responses	69

**2. What experiences, have you had with interprofessional education and collaborative practice? Select all that apply.**

#	Answer		Response	%
1	Interprofessional clinical teaching		26	40%
2	Interprofessional didactic teaching		33	51%
3	Interprofessional practice		46	71%
4	Interprofessional research/scholarship		37	57%
5	I have had other interprofessional education and/or collaborative practice experiences		18	28%

Statistic	Value
Min Value	1
Max Value	5
Total Responses	65

**3. Please use this space to describe other interprofessional experiences in which you have engaged.**

Statistic	Value
Total Responses	21

**4. Please note your education and training in interprofessional education and interprofessional collaborative practice.**



#	Answer	Response	%
1	I have not had educational courses or training in interprofessional education and/or interprofessional collaborative practice	44	65%
2	I have taken courses	9	13%
3	I have attended workshops	21	31%
4	I have participated in webinars	6	9%
5	I have engaged in some level of self-study	20	29%
6	Other	3	4%

Statistic	Value
Min Value	1
Max Value	6
Total Responses	68

**5. Please describe other education and/or training you have had in interprofessional education and/or interprofessional collaborative practice.**

Statistic	Value
Total Responses	10

**6. What is your level of interest in learning more about interprofessional education and interprofessional collaborative practice?**

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	1 star = not interested, 5 stars= highly interested	1.00	5.00	3.78	1.10	63

**7. Leaders in interprofessional education and interprofessional collaborative practice identify characteristics that are important for building sustainable interprofessional programs. To what degree does JMU demonstrate these characteristics?**

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Use of common language (I.e. inter professional)	0.00	91.00	48.85	25.45	62
2	An institutional home for interprofessional education and collaborative practice	0.00	99.00	50.18	30.98	60
3	Administrative support	0.00	96.00	49.24	31.81	58
4	Rigorous academic goals	0.00	100.00	53.10	28.19	60
5	Opportunities for faculty development	0.00	100.00	55.61	29.93	62
6	Departmental commitment to set aside time for students and faculty to participate	0.00	100.00	38.83	29.99	58
8	Support for Interprofessional scholarship	0.00	100.00	46.67	29.51	58

**8. To what degree are these obstacles to interprofessional education and interprofessional collaborative practice?**

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Time	0.00	100.00	80.71	22.76	66
2	Scheduling	0.00	100.00	71.71	27.61	65
3	Financial resources	0.00	100.00	67.58	27.70	64
4	Credit for load	4.00	100.00	72.78	24.39	64
5	Value to promotion and tenure	0.00	100.00	57.50	30.75	62
6	Space resources	0.00	100.00	45.40	32.33	58
7	Expertise	0.00	93.00	46.03	26.77	58

**9. Please add other thoughts you have on how JMU demonstrates the above characteristics.**

**10. Please add your comments on obstacles to interprofessional education and/or interprofessional collaborative practice.**

Statistic	Value
Total Responses	16

**11. The Interprofessional Education Task Force wants to identify some early adopters and faculty champions. How much interest do you have in such a role?**

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	1 star = not interested, 5 stars = very interested	1.00	5.00	2.92	1.44	62

**12. Please use this space to provide any other thoughts or suggestions you have for the Interprofessional Education Task Force.**

Statistic	Value
Total Responses	12

## **Appendix B: Appendix: Nominal Group Technique Question and Results**

### **IPC Nominal Group Technique Results**

Final Top 5 Recommendations to the nominal question across three dates

10 faculty participants from Nursing, PA, OT, Health Sciences, Grad Psyc

Participants received an overview of IPEC definitions and the 4 core competencies and an overview of the NGP.

They silently generated responses, reported responses round robin, clarified and combined, selected top 5 and ranked.

Below is the handout and question they received followed by their ranking/group.

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### IPC Nominal Question

The results will be used to add new information and/or supplement the findings from the IPC Survey.

#### **What is needed to build sustainable interprofessional programs in research, teaching, and practice for students and faculty at JMU?**

You may include items to add or items to eliminate. You may include infrastructure factors such as an institutional home or administrative support, professional development, promotion incentives, reducing scheduling and time constraints, space needs, credit for load, financial resources, etc.

- Create an institutional home with a director and support staff to develop and oversee IPC across the university.
- Include IPC activities in the promotion and tenure
- Promote a culture shift at JMU to support IPC research, teaching and practice
- Make an IPC advisory steering committee with student, faculty, administrators and community representatives

## **2\_20\_2013 Final 5 (n=2)**

1. Creating an institutional home with administrative support  
communicate and integrate programs and approaches across campus  
**(9)**
  16. Have physical and virtual home for IPC
  17. Have campus wide clearing house on programs (ex. YCP, librarians)
  18. ways to share and collaborate information on ICP
2. Develop relationships with agencies outside JMU who already have IPC  
structures or would like to develop them **(9)**
  - o This would support two aims, to provide sites for IPC practicum  
for students and sites for faculty research in IPC
3. Examine what we have on campus, within and outside CHBS  
(children's music ed programming) **(4)**
  5. Recognize and reward existing IPC structures on campus  
ex: ISLA triage  
look at funding streams and make eligibility broader than one college
  13. Provide grant funding to encourage faculty and students to pursue  
research in this area
  14. Find funding to get programs started that encourage IPC (IPAC  
autism center)
  22. Don't wait- apply existing resources ex. children's music ed  
program, YCP
4. Require courses in IPC that students across multiple disciplines take  
together, and that is taught by the multiple disciplines **(4)**
  10. Find ways to schedule students so that they can be meaningful  
contributors (registrar's office)
  20. Think in terms of workshops seminars, not courses (modules)
  12. Find ways to bring clinical coordinators and clinical students  
together (ex at same sites- WSH)
  21. Integrating NP and PA both she to teach billing and coding, find a  
way to teach it together
  12. Finding shared competencies and knowledge and teach together
5. Recognize, value, and create opportunities for communication to  
enable inter professional collaboration, research and practice **(3)**

## **2\_21\_2013 Final 5 (n=4)**

1. Procure faculty, students, community and administration support. **(15)**
  1. Get widespread buy-in across campus by picking some can't lose projects
  25. Tie to accreditation
  15. Support from department heads and program directors to engage in interprofessional activities
  13. Promoting it as something that is not just something more to do
  17. Faculty need to see the connections as to why this is important. Those engaging in it, and those who are not
  
2. Resources **(11)**
  7. Use, integrate, and expand on existing supports and infrastructure to support these activities rather than creating a separate infrastructure
  8. Obtain sustainable funding to have a place for students and faculty to carry out the IPC initiatives
  
3. Professional development and learning opportunities for students **(8)**
  14. Training for faculty, students, administrators
  16. Create learning opportunities for students from different disciplines

*Three way tie for 4th and 5th*
  
4. Including these activities on teaching and scholarship on evaluation and merit documents, rather than just service **(5)**
  
5. Assess the kinds of IPC activities that are already happening at JMU **(5)**
  
6. A review of specific curriculums to identify what courses might be conducive to inclusion of IPC concepts and team teaching across programs **(5)**
  13. Promoting it as something that is not just something more to do
  19. Develop course objectives and to incorporate into your course to reflect IPC initiatives

## **2\_25\_2013 Final 5 (n=4)**

### **1. Resources and incentives for IPC facility and budget (13)**

- 5. Resources and incentives for faculty to teach IPC, including credit for load
- 27. Funding or resources for community professionals who may be able to come in and model or teach

### **2. Administrative infrastructure that creates logistical feasibility for IPE/C (11)**

- Foundational, early, Gen-Ed team taught courses
- And objectives readdressed throughout majors
- Shared common courses- required

26. Required Gen-Ed course on IPC for students

19. Departmental scheduling that would allow/facilitate for IPE/C in classroom/learning

### **3. Develop IPC/E practice sites: (10)**

- IHHS and partner institutions
- Bridge to practice
- Link from classroom to practice

28. Incorporation of students in grand rounds or other community opportunities

### **4. Better mechanisms for faculty to understand each other's disciplines, role identities, and scopes of practice (9)**

- 7. Determine research interests and work together
- 14. Attitude adjustment, recognizing areas of expertise but we don't "own" certain skills
- 23. Faculty to sit in other classes that mesh with discipline
- 29. Attitude and understanding that silos aren't cool

### **5. Institutional value for IPC research and scholarships: incentives, tenor and promotion (7)**

- 9. Shared definition of scholarship
- 22. Role modeling opportunities for students
- 11. Take IPC community venues (schools, hospitals, PH, CSB) and educate them
- 6. Venue or facility for across discipline practice

18. Integration with campus services, specifically student services, UREC, UHC, athletics

**Appendix C: Recommendation from IPEC Conference Workgroup (Akerson, O’Donoghue, Sanford & Stokes; October 2012)**

Goal: Advance IPE and IPC for the CHBS as a core competency and ensure CHBS graduates are collaborative ready.

<b>Phase 1: Preliminary Work/Needs Assessment (2012-2013)</b>				
<b>Describe the state of IPE at JMU. Initiate work for IPE culture shift.</b>				
<b>Recommendations</b>	<b>Activities</b>	<b>Outcomes/Deliverables</b>	<b>Evaluation</b>	<b>Support Needed</b>
IPE taskforce complete assessment for CHBS and write white paper.	<p>Review of Literature and compilation of resources.</p> <p>Complete needs Assessment/Climate Survey.</p> <p>Develop conceptual framework.</p> <p>SWOT analysis.</p> <p>Resources include:</p> <p>AHRQ, University of MN National Coordinating Center, NYU 3T, Univ of Washington IPE</p>	<p>Blackboard site initially.</p> <p>Website of resources linked from CHBS site.</p> <p>Survey Data</p> <p>White Paper</p> <p>Changed culture/paradigm shift with IPE/IPP focus as a foundation.</p>	<p>(Development of plan to be completed with CARS support)</p> <p>Blackboard and website easily accessible by CHBS faculty.</p> <p>White Paper completed by March 2013.</p>	Staff support for qualtrix entry and white paper generation.

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	collaborating Center, MedPortal, QSEN. (Buring, 2009); IPEC website; Include IPEC Core Competencies (May, 2011).			
Encourage faculty IPE/IPP initiatives.	Develop call for proposals for IPE and IPP faculty generated initiatives.  Ensure all proposals have assessment and evaluation components.	Projects that reflect IPEC competencies.	At least 2 projects/IPE initiatives funded through Dean's Grants	Funding allocation for IPE/IPP specific projects.
Begin planning and discussion for IPEPR Center.	Develop dedicated Center for Interprofessional Education, Practice and Research (IPEPR).  Obtain JMU approval for Center.  Budget initiative submitted by Dean's office for IPEPR Center.	IPEPR Center Designation with adequate funding to support initiative.	IPEPR Center designation by August 1, 2013.	Administrative oversight for IPEPR at level of Associate Dean for 50-100% position.  100% faculty position for IPEPR.  PhD Assessment student.  Full-time support of

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				1-2 staff.
Plan physical space and design for new IPEPR Center and clinic space in new CHBS building.	Dean and IPE team to meet with architects to designate and design IPEPR space.	State of the art IPEPR center in prominent location on first floor of new CHBS space.		
Develop evaluation plan.	<p>Meet with CARS staff to discuss assessment and evaluation needs of IPE plan.</p> <p>Micro and Macro levels to include short-term &amp; long-term data assessment</p> <p>Identify instruments for use.</p> <p>Explore use of TeamSTEPPS and RIPLS (assessment tools of IPE).</p> <p>Develop student assessment (access student knowledge instrument...Dr. Dow</p>	Written Assessment included in annual CHBS report.	Ongoing throughout plan.	CARS PhD student to help develop IPE/IPP evaluation plan for CHBS initiative.

	at VCU).  Spring: include data collection on assessment day			
<b>Phase 2: Initiate CHBS Culture Change (2013-2014)</b>				
<b>Recommendations</b>	<b>Activities</b>	<b>Outcomes/Deliverables</b>	<b>Evaluation</b>	<b>Support Needed</b>
Initiate Departmental planning discussions	Include in Departmental Plans.	Departmental and college specific plans to include focus on IPE.		
Begin Faculty Development Planning	Work with CFI to develop plan.  Consider: “faculty affiliates” model for IPE faculty group. Includes monthly meetings of IPE/IPP affiliates.	Written faculty development plan.	Faculty Satisfaction Surveys.	CFI involvement.
UAPACs to review Promotion & Tenure Criteria for faculty with a focus on IPE and IPP.	Review P&T guidelines to recognize IPE/IPP accomplishments and/or activities.			
Develop and highlight a	Meet with Lee			

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<p>component of the QEP to focus on IPE/IPP.</p>	<p>Sternberger to discuss possibilities of inclusion in QEP.</p> <p>Obtain upper admin support to implement as part of QEP and ethical decision making.</p>			
<p>Develop IPE courses and IPE/IPP core curriculum.</p>	<p>Curriculum Instruction review for any new course or potential for IPE/IPP.</p> <p>Ensure that representatives on the C&amp;I committee have training re required components of IPE.</p> <p>Develop standards for criteria for IPE designation.</p> <p>If CHBS orientation Fall 2013, include IPE activity. If begin fall 2014, implement</p>	<p>Designated IPE course.</p>		<p>Competency based assessment.</p>

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	<p>IPE/IPP activity.</p> <p>Develop upper level “All Professions Day” culminating in simulation.</p>			
<p>Initiate the curricular mapping process for IPEC competencies.</p>	<p>Plan certificate program for implementation in Phase 3 which could consist of 3-4 courses and be consistent with other certificate programs.</p> <p>Include IPP as a designation to be included in the certificate opportunity. (ex. 2 core; 2 service learning).</p> <p>Obtain needed approvals for IPP certificate program (SCHEV, C&amp;I etc.).</p>			<p>Capstone Evaluation project.</p>
<p>Highlight IPP in IIHHS</p>	<p>Develop a repository</p>	<p>Possible program</p>		

initiatives.	of service learning opportunities. (Bridge, 2011).	Websites/Blackboard course.		
Capitalize on Learning Communities concept.	Possibly expand upon Huber Learning Community IPE/IPP focus as a pilot.			
Develop and/or strengthen existing study abroad opportunities with an IPE/IPP focus.	At least 5 IPP study abroad opportunities.	Global Health/Study Abroad IPE focus.		
<b>Phase 3: Initiate JMU Culture Change (2014-2015)</b>				
<b>Continue CHBS IPE Initiatives</b>				
<b>Recommendations</b>	<b>Activities</b>	<b>Outcomes/Deliverables</b>	<b>Evaluation</b>	<b>Support Needed</b>
Develop simulation activity.	Begin planning of IPE Simulation with a patient safety focus and quality improvement. (Center for Advancement in Professional Education Simulations).  Plan for IPE simulation	IPE Patient Safety Simulation to include all health professions/disciplines.		Simulation resources: tech support, equipment, standardized patients, actors, etc.

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	center for new CHBS space.			
Strategically develop other university faculty within initiatives.	Engage faculty outside of CHBS with IPE initiatives.			
Obtain funding for IPE/IPP initiatives.	Seek External funding: Grants, donations.  Include development office to assist with donor visits.			
Develop IPP clinics that are immersed in the CHBS.	Designate clinic space.	Ground floor clinic space that facilitates Interprofessional practice.  Dedicated focused space for CHBS that promotes the academic and practice missions IPP.  Have IP treatment spaces and joint programs.		

## **Appendix D: Topics and Experiential Learning opportunities in Interprofessional Education and Practice**

### Simulations

Life in the State of Poverty Simulation – offered twice each semester  
Caregiver's Community Network – Simulation

### Courses & Workshops

Building Cultural Competency in Health and Human Service Delivery – Emily Akerson, Anne Stewart, Marcia Mays-Bernard, Josh Baldwin – offered three times each semester  
Life in the State of Poverty Simulation – Emily Akerson, Linda Hulton, BJ Bryson  
HHS 490: Autism Spectrum Disorder – An Interprofessional Approach – Dr. Harriet Cobb, Dr. Trevor Stokes, Prof. Julie Strunk, Dr. Carol Dudding  
Interprofessional Perspectives on Rural Healthcare and Practice - Rural Health Seminar – Prof. Emily Akerson, Dr. Tim Schulte  
HHS 490/590: Interprofessional Practice: Collaboration in Early Intervention – Dr. Margaret Shaeffer, Prof. Emily Akerson & Dr. Anne Stewart  
HHS 415: Ethical Decision-making in Healthcare – An interprofessional Approach – Prof. Emily Akerson, Dr. Anne Stewart, Dr. Janet Gloeckner, Dr. Joshua Baldwin, Dr. BJ Bryson  
HHS 201: Health Professionals in Diverse Communities (1 credit hr) – Dr. Sharon Babcock, Prof. Emily Akerson, Dr. Rhonda Zingraff  
HHS 202: Health Care Service in Diverse Communities (2 credit hrs) – Dr. Sharon Babcock, Prof. Emily Akerson, Dr. Rhonda Zingraff  
HHS 391: Health Informatics  
HHS 490 - Evidence-Based Complementary and Alternative Health Care (3 credit hrs) – Dr. Steve Keffer  
HHS 490- Health Policy Research Analysis  
HHS 590 Interprofessional Practice: Behavioral Health in Primary Care – Dr. Harriet Cobb, Dr. Sheri Tratneck and Prof. Emily Akerson

### Practice Opportunities

Interprofessional Behavioral Health and Primary Care – Medicine & Psychology – Dr. Tim Schulte & David Switzer MD  
Interprofessional Autism Clinical Services – Psychology, Occupational Health & CSD – Dr. Trevor Stokes, Prof. Liz Richardson, Marcia Powell  
Chronic Illness Management classes – Sharon Strang, Cathy Galvin, Maria Hostetter  
Interprofessional Strategies for Learning Assessment – Dr. Tim Schulte  
Interprofessional Family Review – Emily Akerson, Dr. Tim Schulte, Dr. Debbie Sturm, Healthy Families Programs  
Shenandoah Valley Child Development Clinic – Penny Critzer, Ginger Griffin, Lisa Markowitz

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Occupational Therapy Clinical Education Services – Prof. Liz Richardson  
Caregiver’s Community Network – Dr. Merle Mast, Kathleen Panteleo  
Precious Time Pediatric Respite Care – Darcy Bacon in collaboration with  
Nursing Department  
Healthcare for the Homeless Suitcase Clinic – Interprofessional Practice  
Opportunities – Tammy Kiser, Linda Hulton and others

## Appendix E: Overview of Departmental IPE initiatives

### CSD

1. Interdisciplinary autism clinic (Grad Psych, CSD, HS/OT)
2. Student study for JMU students referred for possible evaluation/accommodations (IIHHS, Grad Psych, CSD)
3. Early intervention-Language and Literacy-Community preschools, grad psych, CSD
4. Voice Swallowing Services-collaborative with RMH, CSD
5. Newborn Infant Screening-interfaces with RMH nursery nurses, community based birthing centers and CSD
6. Disease mapping-CSD (Dr Gray) in conjunction with physicians at RMH, UVA
7. Clinical co-evals in CSD for Audiology and SLP graduate students (we have also mapped several classes to cross disciplines-Geriatrics)
8. Brain injury case management-CBIR, CSD, Grad Psych, community based providers (CSB, MDs, Psychologists, etc.)

### Psychology

1. Jeff Andre serves as a vision consultant to attorneys working on liability cases.
2. Kenn Barron is working on a NSF grant that focuses on STEM education (broadly defined).
3. JoAnne Brewster works with the police.
4. David Daniel is a participant on a grant with the Physics department.

### Nursing

1. Maria DeValpine is working with Business and Grad Psych to strengthen the health policy initiatives at IIHHS.
2. Linda Hulton has worked collaboratively with grad psych and IIHHS in support of the suitcase clinic.
3. Sharon Strang conducted a needs assessment and developed a plan for a chronic illness self-management strategies clinic in collaboration with grad psych, kinesiology, and dietetics. Subsequently, a HRSA grant was submitted by Julie Sanford and Sharon Strang to support funding of the clinic idea.
4. Julie Strunk is working with grad psych, OT, and education in the autism clinic, as well as, developing a clinical post conference re IPE.

### Social Work

1. IPE 220 Adult Health and Development Program and 320 Adult Health and Development Program – Leadership (taught by Nancy Owens). The Adult Health and Development Program (AHDP) is an intergenerational program that partners "Members" (adults 50+) with trained "Staffers" (JMU students). The staffers are trained in adult health topics and theories and encourage members to engage in activities which positively affect their health, well-being, physical fitness, and health knowledge. Members are adults in the community, over the age of 50, who are interested in improving their well-being and enjoy the company of students and other adults. Once a week, these partners participate in

various activities including exercise, health education, crafts, and music, along with sharing knowledge and wisdom about life. The focus of AHDP is on building relationships and enhancing the members' sense of personal wellness.

2. IPE 415 Ethical Decision-Making in Healthcare: An Interprofessional Approach with SOWK 465 Social Work Practice in Mezzo Systems students helping facilitate group process.
3. BJ Bryrson served with the IHHHS Interprofessional Ethics team which developed an online peer reviewed submission.

**Appendix F: Record/summarize current IPE activities at JMU**

<b>Interprofessional Workshops</b>	<b>Building Multicultural Competency</b>		<b>Poverty Simulation</b>		<b>TOTALS</b>
<b>Year of activity</b>	<b>Undergraduate student participation</b>	<b>Student and faculty participation as facilitators</b>	<b>Undergraduate student participation</b>	<b>Faculty, staff and community participation as facilitators</b>	
<b>TOTALS</b>	<b>2,248</b>	<b>446</b>	<b>2,303</b>	<b>506</b>	<b>5,503</b>
<b>Fall 2012</b>	<b>104</b>	<b>31</b>	<b>203</b>	<b>31</b>	<b>442</b>
<b>2011-2012</b>	<b>302</b>	<b>~35</b>	<b>267</b>	<b>~60</b>	<b>664</b>
<b>2010 – 2011</b>	<b>247</b>	<b>~50</b>	<b>289</b>	<b>~60</b>	<b>646</b>
<b>2009 - 2010</b>	<b>193</b>	<b>~50</b>	<b>276</b>	<b>~60</b>	<b>579</b>
<b>2008 - 2009</b>	<b>231</b>	<b>~50</b>	<b>208</b>	<b>~60</b>	<b>549</b>
<b>2007-2008</b>	<b>~170</b>	<b>~50</b>	<b>~260</b>	<b>~60</b>	<b>540</b>
<b>2006-2007</b>	<b>~240</b>	<b>~50</b>	<b>~170</b>	<b>~32</b>	<b>492</b>
<b>2005-2006</b>	<b>210</b>	<b>30</b>	<b>170</b>	<b>40</b>	<b>450</b>
<b>2004-2005</b>	<b>211</b>	<b>39</b>	<b>155</b>	<b>33</b>	<b>438</b>
<b>2003-2004</b>	<b>~170</b>	<b>30</b>	<b>165</b>	<b>35</b>	<b>400</b>
<b>2002-2003</b>	<b>~170</b>	<b>26</b>	<b>140</b>	<b>35</b>	<b>371</b>

**Appendix G: IPE Courses 2003 -2012**  
**December 18, 2012**

## Totals:

Student's enrollments in IPE courses –	1,746
Faculty teaching experience in IPE –	176
faculty names listed as instructor in one or more IPE courses (duplicated)	
Number of faculty involved in at least one IPE course	37
Number of courses listings (duplicated) –	61
Number of different courses offered -	19

IPE Course Taught	Faculty on Teaching Team	# Times Offered	# Students Enrolled	Disciplines represented Students	Faculty Disciplines	Semester offered
IPE 201, Health Care Professionals and Diverse Communities	Akerson, Babcock, Zingraff	7	137	PPH	Nursing, Biology, Sociology	Fall 2006-2012
IPE 202	Akerson, Babcock, Zingraff	6	107	PPH	Nursing, Biology, Sociology	Spring 2007 - 2012
IPE 415, Ethical Decision-making in Healthcare: An Interprofessional Approach	Akerson, Stewart, Gloeckner, Baldwin, Bryson, Cockley, Hunter, Poe, Ford, Yeom, West, Eaton, Rocchiccioli	17	1,432	SW, NSG, Dietetics, PPH	Nursing, Social Work, Psychology, Dietetics	Fall & Spring 2003-2012
IPE 490, Health Policy Research Analysis	Cockley, Grant	1	6	Health administration	Health Administration, Health Economics	Spring 2012
IPE 391 Introduction to Informatics for Health Care	Schubert	1	18	PPH	Informatics Sciences	Spring 2012

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Professionals						
HHS 590: Interprofessional Practice: Behavioral Health in Primary Care	Cobb, Tratneck, Akerson	1	6	Graduate Nursing, Graduate Psychology	Nursing and Psychology	Spring 2012
HHS 490/590, Interprofessional Practice: Collaboration in Early Intervention	Shaeffer, Stewart, Akerson	1	7	Education, Graduate Psychology, Nursing	Education, Occupational Therapy, Nursing, Psychology	Fall 2009
Seminar (non-credit): Interprofessional Perspectives on Rural Healthcare and Health Care Systems	Akerson, Schulte, Cockley	2	8	Graduate Psychology	Nursing, Graduate Psychology, Health Administration	Fall 2011 and Spring 2012
HHS 440: International Health and Human Services Studies (in Malta)	Lee, O'Donoghue, Rocchiccioli, Strunk	6	128	Nursing, Social Work, CSD, Health Sciences	Nursing, Social Work, CSD,	Summer 2006 - 2011
HHS 490: Evidence-Based Alternative Medicine & Health Care	Keffer	2	34			Spring 2010, 2011
HHS 490/590: Health and Human Services in Costa Rica: An Inter-professional Perspective	Stewart, Gross, Mast, Henriques	2	8	Psychology, Nursing	Psychology, Nursing	May 2010, 2011, 2012

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HHS 220/320, Adult Health and development Program	Owens	6	71	Social Work, Health Sciences	Social Work	Fall and spring 2005-2006 to 2008-2009, Fall only in 2009-2010 to present
HHS 460, Healthcare Informatics	Conaty-Buck	2	69	Nursing	Nursing	Spring 2010, 2011
HHS 590/490, Health Informatics	Conaty-Buck, McCabe, Hulton, Cockley, Ford, Dillon	4	62	Nursing, Health Sciences, Social Work	Nursing, Health Sciences	Spring 2009, 2008, 2007, 2006
HHS 590, Perspectives in Interprofessional Practice – Autism Spectrum Disorder	Cobb, Stokes, Strunk, Richardson, Desportes, Powell, Kielty Briggs	1	19	Graduate Psychology, Education	Graduate Psychology, Education	Spring 2010
HHS 314: Rural Healthcare: An Interdisciplinary Approach	Cockley, Akerson, Verson and Hunter	2	15	Nursing, Social Work, Health Administration	Nursing, Social Work, Health Administration	Summer 2004, Summer 2006

## Appendix H: References

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