**UNE College of Pharmacy**

**IPE Curricular Plan**

**Spring 2019**

**Mission and Vision**

The University of New England College of Pharmacy envisions interprofessional education (IPE) as a cornerstone of education for health professionals. The mission of the COP Interprofessional Education (IPE) program is to prepare healthcare professionals to provide patient and community care in a collaborative team environment. The vision and mission is aligned with the University’s new strategic plan ([www.une.edu/president/strategicplan](http://www.une.edu/president/strategicplan)).

The Interprofessional Education (IPE) curricular plan for the University of New England College of Pharmacy is organized around the four recommended characteristics set forth by the 2019 HPAC *Guidance on Developing Quality Interprofessional Education for the Health Professions* document (Health Professions Accreditors Collaborative 2019). The IPE curricular plan serves to identify the rationale, outcome-based goals, design, and assessment and evaluation methods that will ensure high quality, fully integrated and purposeful IPE learning in the College of Pharmacy’s didactic curricula. The curricular plan is designed to prepare learners to enter their experiential curricular experiences with interprofessional knowledge, skills, and attitudes needed to engage in interprofessional collaborative practice. The experiential curriculum provides an environment for students to demonstrate interprofessional teamwork and practice.

**IPE Curriculum Rationale**

UNE’s College of Pharmacy embraces the full integration of interprofessional education through a thoughtful approach to embedded IPE learning experiences throughout the didactic curriculum. The design of didactic learning outcomes to meet the IPE competencies is structured on the proposed Institute of Medicine’s Interprofessional Learning Continuum (IPLC) model with appropriate scaffolding of learning experiences that allow students to build on knowledge, skills, and attitudes over time (Institute of Medicine 2015).

The scaffolding approach to the competencies is based on published frameworks that integrate the IPE competencies into the Kirkpatrick outcomes evaluation model. (Danielson and Wilderodt 2018) Students progress through learning activities that provide exposure, then immersion, integration, and finally, practice. The focus of learning activities begins with a foundation in roles and responsibilities and values and ethics through exposure level learning activities. Students then move up the continuum to focus on communication and teamwork during immersion and integration learning activities. All four IPE competencies are integrated in during practice-based learning activities, which are a part of the didactic and IPPE curriculum and then continue into APPE experiences.

IPE learning activities occur in multiple course series including the Integrated Group Learning (IGL) series as well as the Abilities Based Lab (ABL) series, which run each semester from P1-P3 year. Part of the ABL experiences include embedded IPPE longitudinal simulation experiences, which are purposefully designed to be interprofessional. These learning experiences introduce students to IPE competencies and provide opportunities to learn about, from and with other health profession students. The culmination of IPE experiences is demonstrated in the third year, 3-credit, required Interprofessional Experience course that provides a longitudinal, authentic, interprofessional patient care learning experience with physician assistant and medical students. During this experience students have the ability to demonstrate the higher levels of learning outcomes including ‘collaborative behavior’ and ‘performance in practice’ (Danielson and Wilderodt 2018) .

**Student Learning Outcomes (outcomes-based goals)**

The curricular outcomes for Interprofessional Education at UNE COP are the four IPE Competencies identified in the 2016 IPEC Competencies Update. (Interprofessional Education Collaborative 2016):

1. **Values & Ethics**- Work with individuals of other professions to maintain a climate of mutual respect and shared values.
2. **Roles & Responsibilities**- Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.
3. **Interprofessional Communication**- Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.
4. **Teams & Teamwork**- Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver and evaluate patient/population centered care an population health programs and policies that are safe, timely, efficient, effective, and equitable.

Learning activities in the curriculum are mapped to the competencies (Appendix 1: IPE Competency Map) and the level of each learning activity is also evaluated using the University of Toronto PIPE’s tool) (University of Toronto Center for Interprofessional Education 2019) and mapped (Appendix 2: IPE Activities Map) according to location in the curriculum. The structured curricular mapping of IPE learning experiences ensures there is a natural progression of experiences and each competency is met. Each immersion or simulation experience is designed around authentic clinical scenarios that require interprofessional teamwork and collaboration. As students matriculate through the didactic curriculum these interactions provide an opportunity for students to demonstrate their pre-APPE readiness and provide valuable opportunities for pre-APPE readiness assessment of IPE outcomes.

**Design**

The approach to learning is outlined according to each academic year for students in the IPE Course Syllabus (modified map of course below). Activities are mapped to IPE competencies, paired with assessments for appropriate levels of evaluation based on the Kirkpatrick evaluation model (Danielson and Wilderodt 2018) and the participating Health Professions are listed. The implementation timeline details which experiences have been developed and are currently deployed learning activities as well as the timeframe for the roll out of the additionally planned activities. The implementation timeline demonstrates a substantial number of IPE learning experiences already take place; the IPE educational plan is designed to add structure and cohesion to these events and add experiences when needed to achieve the outcomes.

***Didactic Curriculum***

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| **Curricular Year** | **Activity (Course)** | **IPE Competency** | **Level of Learning (PIPEs)** | **Assessment\*** | **Health Professions\*\*** | **Implementation Timeline** |
| P1 | SBIRT Training  (ABL 1) | Values & Ethics | Exposure | SPICE-2 | MED | Implemented |
| MI Training  (ABL 2) | Values & Ethics  Communication | Exposure/ Immersion | SPICE-2 | MED | Spring 2020 |
| SIM Observation  (Co-Curricular) | Roles & Responsibility | Exposure | GRPQ | MED, RN, PA | Fall 2019 |
| IPEC Event & Reflection  (Co-Curricular) | Values & Ethics | Exposure | Reflection | Variable | Implemented |
| P2 | TeamSTEPPS-  (online modules) | Roles & Responsibility  Communication  Teamwork | Exposure | PACT | Variable | Fall 2019 |
| Exposure Simulation (ABL-3/4; IPPE weeks) | Roles & Responsibility  Communication  Teamwork | Immersion | GRPQ | MED, RN, PA | Spring 2020 |
| IPEC Event & Reflection  (Co-curricular) | Communication | Exposure | Reflection | Variable | Implemented |
| P3 | IGEP Experience-  (IPE Course) | Values & Ethics  Roles & Responsibilities  Communication  Teamwork | Competency | TSS | PA, MED | Implemented |
| Immersion Simulations-  (IPE Course; ABL-6) | Roles & Responsibility  Communication  Teamwork | Immersion/ Competency | ICASS, ICAR | MED, RN, PT | Fall 2019, Spring 2020 |
| IPEC Event & Reflection-  (Co-Curricular) | Teamwork | Exposure | Reflection | Variable | Implemented |

\* See (Shrader, et al. 2017). SPICE-2; PACT, GRPQ, TSS, ICAR, ICASS

\*\*MED: Medical students; RN: Nursing Students; PA: Physicians Assistants; PT: Physical Therapists; Variable- Any health profession student at UNE including: medical, dental, physician assistant, physical therapy, occupational therapy, nursing, social work, dental hygiene, public health

**Assessment and Evaluation**

Assessment and evaluation of student progression toward IPE competencies is a mixed modal approach using student reflection for qualitative assessment and validated IPE assessment tools for quantitative assessment. The work of Shrader et al. has been helpful in ensuring assessments are paired to the appropriate level of evaluation using the Kirkpatrick outcomes model (Shrader, et al. 2017). Assessments are paired to learning activities and detailed in the table above; an explanation of each tool and its utilization plan is detailed below.

Early exposure experiences are evaluated with tools that evaluate Level 1a: Reaction or 2a: Modification of Attitudes/perceptions. First year pharmacy experiences include exposure to and learning from medical students through shared learning of a behavior screening tool (SBIRT) and Motivational Interviewing skills (MI). The assessment chosen to evaluate student learning in this setting is the SPICE-2 scale, which is specifically designed to measure pharmacist and physician interactions. It measures the IPE outcomes Values and Ethics, Roles and Responsibilities, and Teamwork. During the spring semester of P1 year students will observe other professions engaging in simulation to gain a better understanding of roles and responsibilities. Evaluation of this Observational Sim experience will be conducted with the GRPQ assessment tool, which is aligned with the Roles and Responsibilities IPE outcome.

As students progress through the curriculum and engage in more integrative and immersive experiences evaluation of the learning experiences will occur at level 3a: Behavior Change. During the second year of the didactic curriculum students will focus on interprofessional team dynamics with an introduction to components of the TeamSTEPPS program. Student learning will be assessed using the PACT tool, which is designed to evaluate the IPE outcomes Roles and Responsibilities, Interprofessional Communication and Teamwork. The PACT tool evaluates student learning outcomes at level 3a: Behavior Change (Shrader, et al. 2017). Once the knowledge of the team-based skills is achieved through the modules, the second-year students will participate in simulation events as part of their longitudinal IPPE experience that is embedded in the ABL course series. These simulation events will occur with nursing students and medical students. Student performance will be evaluated with the GRPQ assessment tool, which is aligned with the Roles and Responsibilities IPE outcome. Repeated use of the GRPQ across curricular year allows for trending of performance in IPE outcomes over time.

In the third-year students participate in the long standing IGEP program, which is a real-life, team-based patient care experience that is considered a competency level learning activity. Students share learning experiences in the classroom, develop an interdisciplinary plan for their patient encounters, participate in a PA/Medical student led patient history at visit 1 then a pharmacy student led medication history at visit 2. Final patient recommendations and interprofessional team presentations are made to the elder teachers at the end of the experience. The students are assessed using the TSS (Level 3a: behavior change), which is designed to measure interprofessional team dynamics during geriatric care as well as the ICAR (Level 3a: behavior change); both tools are designed to measure the IPE outcomes roles and responsibilities, interprofessional communication and teamwork. The TSS is a self-assessment tool and the ICAR is a faculty observation tool, which provides a diversity of assessment perspectives on the outcomes. Lastly during their third-year students will complete simulation activity during their IPE course as well as during their IPPE experiences embedded in the ABL 6 course. These simulations will require students to demonstrate all four IPE outcomes as a means of evaluating pre-APPE readiness. The assessment tools utilized will include the ICASS (Level 3a: behavior change), a self-assessment tool as well as a repeat of the ICAR. Repeated use of the ICAR allows for demonstration of growth over time as well as a means of providing formative feedback during the IGEP experience and summative assessment at the end of the third year.

Longitudinally, each year students will participate in one Interprofessional Education Collaborative (IPEC) event that is designed by the UNE IPEC with broad representation of all health professions. These events are mapped to the four IPE Competencies by the IPEC group and students will be expected to attend an event that is aligned with the outcome focus of their academic year. Students will reflect on the session and these will be captured in their portfolio. Completion of these activities prepares students to meet criteria for the IPE Honors distinction should they choose to complete an immersive IPE project as a co-curricular activity.

Assessment and evaluation of IPE outcomes and engagement with other professionals occurs on each APPE rotation during the fourth-year. Students are evaluated using a standardized APPE assessment form that was developed by the New England Regional Directors of Experiential Education (NERDEE) group. The assessment form includes questions that map to each IPE outcome as part of the overall APPE evaluation form for preceptors. Assessment of student engagement with multiple health professions takes place during APPEs through a tracking program that is a part of student self-assessment. Students log interactions with all health care providers, which allows for reporting of interactions with physicians, specifically, as well as other health professions with prescriber status. This level of assessment is already in place for current P4 students.

# Works Cited

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**IPE ACTIVITIES MAP (Level of IPE Engagement)**

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| P1 Co-Curric | IPEC Event | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| P3 Co-Curric | IPEC EVENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**IPE COMPETENCY MAP**

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