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Socializing Health Professions Students to Interprofessional Practice: A Case Study

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Abstract

According to the World Health Organization (WHO, 2010), interprofessional (IP) practice is vital to safe, high quality, accessible, patient-centered care. Interprofessional practice requires the competency to engage in teamwork to support patient outcomes, which begins with the education of health professions students. Yet, myriad barriers and challenges to providing learning opportunities to socialize health professions students have been identified. The purpose of this paper is to provide an overview of how a core group of interprofessional faculty developed a commitment to initiatives and strategies in support of interprofessional education and practice. Framed by the Interprofessional Core Competencies (IPEC, 2016), students attend a masterclass in which participants learn about individuals with disabilities teamed with a service dog. Following the masterclass, students bring their knowledge and disciplinary perspectives to an

interprofessional case patient discussion. Students over three years consistently highly rank the importance of an interprofessional team approach to the care of this cultural community. IP faculty are champions who embrace the Interprofessional Education Collaborative (IPEC) core competencies, possess creativity, and maintain flexibility, to overcome the known challenges to IP education to provide meaningful experience for students to help socialize them for IP practice.

Highlights:

• Experiential learning of non-disciplinary specific content in the form of case studies promotes and enhances collaborative work across the disciplines.

• Integrating best practices across curriculum increases student confidence in content and interprofessional application.

• Students in the health professions recognize the value of the interprofessional educational approach regarding the role of assistance animals in the care of and for patients with disabilities.

• Interprofessional faculty committed to supporting and modeling for their students in their education can be facilitators for interprofessional practice.

Keywords: Interprofessional Education and Practice, Assistance Animals, Palliative Care

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Introduction and Background

Interprofessional education and practice (IPE&P) has gained increased recognition over time in its importance to patient outcomes. While IPE&P may be a new concept to some, it has been at the forefront of national discussions since the early 1970s. Almost fifty years ago the first Institute of Medicine (IOM) conference brought leaders together to begin to address interrelationships among health professionals and how to educate students for practice in collaborative interprofessional teamwork. Their focus was on how to prepare the healthcare workforce to deliver optimal, cost-effective healthcare to meet patient, family, and community

needs [1]. Interprofessional education brings students in the health professions together to learn about collaborative team work to prepare for practice. According to the World Health Organization interprofessional (IP) practice is vital to safe, high quality, accessible, patient-centered care [2].

To focus on the educational need for interprofessional practice an expert panel was convened by the Interprofessional Education Collaborative (IPEC), a unique partnership of six major health profession associations including dentistry, medicine, nursing, pharmacy, and public health. Out of this partnership a common vision was developed for interprofessional patient-centered care, including efforts to reform healthcare delivery, provide financing in line with that vision, and foster meaningful IP learning experiences to support team-based care of the future [3].

In its initial report IPEC presented an expectation of effective IP collaborative practice beginning with the development of IP competencies in health profession students who actively work as members of clinical teams as part of their learning process [3]. The goal for newly graduated health professionals is to enter practice being able to work effectively as a team, which can be developed as part of the students' interprofessional interactive learning together. Core Competencies for Interprofessional Collaborative Practice [4] include:

• Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics)

• 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. (Roles/Responsibilities)

• 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. (Interprofessional Communication)

• 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 and population health programs and policies that are safe, timely, efficient, effe3ctive, and equitable. (Teams and Teamwork)

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Interprofessional practice requires these competencies to engage in teamwork to support patient outcomes. This begins with the education of health professions students Yet, myriad barriers and challenges to providing learning opportunities to socialize health professions students have been identified. Overarching concerns include the traditional compartmentalization of disciplines and regulatory bodies, role confusion within each profession, insufficient infrastructure and resources, lack of curriculum mapping and integration, administrative and faculty resistance, and logistics of space and scheduling. [5].

Education across the health professions must embrace these competencies and engage in planned meaningful educational interventions to prepare for and socialize students for interprofessional practice as they enter practice or advance their practice. Healthcare continues to recognize the value each discipline brings to the care of patients, along with the challenges of each discipline to see and respect this value.

Therefore, the purpose of this case study is to describe one College of Health Professions development of an interprofessional experience, which includes content and experiential learning, to help socialize students to interprofessional practice. There are a variety of ways programs educating students across the health professions can meet this challenge. The following is our case study.

The College of Health Professions, Pace University Case Study

Our university's case study began with the founding of the College of Health Professions (CHP). Over a decade ago the CHP brought together existing health programs at the university, nursing, undergraduate and graduate, and physician assistant studies (in New York City), across two campuses, urban and suburban. Over time an additional program at the university, communication science disorders, joined the CHP and new graduate programs, nutrition and dietetics, occupational therapy, and physician assistant studies (on the Westchester campus), were successfully added. Additional programs are planned to add to the current disciplines in the CHP to educate students to meet current and future needs in healthcare. The CHP is a robust, diverse,

dynamic college, that strives to provide the highest standards in education to prepare students for practice across the health professions.

With a newly formed College of Health Professions (CHP) in 2010, faculty asked, "Could a core of committed faculty across the current and future CHP health professions work together to help faculty and students' value and respect what the different disciplines bring to the care of patients, and also work together for quality patient care?" Committed, we started to work together and looked for a content area that was not owned by any one discipline. With eyes wide-open we acknowledged that both historically and currently, faculty can be a barrier to interprofessional education that will support students in interprofessional education and practice (IPE&P). The siloing of disciplines and perceptions of disciplinary ownership of practice knowledge can impede faculty across the disciplines from finding meaningful opportunities to collaborate authentically and model interprofessionalism for their students [6]. Valuing disciplinary contributions is an essential foundation for interprofessional education [7]. It is our intent to provide an overview of how this core faculty developed a commitment to initiatives and strategies in support of interprofessional education and practice. Free-standing initiatives and strategies have led to curricular integration of important neutral content and student outcomes related to content and interprofessional practice. This work has led to the establishment of the Interprofessional Education and Practice Committee as a standing committee within the faculty governance of the CHP.

The IPE&P Committee began its work with a focus on palliative care. Palliative care is interprofessional by nature and allowed an excellent foundation for important content to support interprofessional practice [8]. Building on this work the faculty committee accepted an opportunity to work with a grant initiative. First, we developed a point-of-care palliative care website for clinicians. Then to support the expanded aims of the grant we focused our work on individuals with disabilities supported by assistance animals. It was and is astonishing how little healthcare providers know about working with this cultural community [9].

Therefore, being knowledgeable about and culturally competent in caring for individuals with disabilities teamed with service dogs is another area where interprofessional practice is essential and is also a disciplinary neutral content area. Consistent with the IPE&P Faculty Committee's goal of content to facilitate disciplines to learn together and to support and improve patient care, we developed our *Canines Assisting in Health 101* (CAsH 101) interprofessional educational

intervention. Framed by the Interprofessional Core Competencies [4] this class prepares participants to learn about and bring their knowledge and disciplinary perspectives about individuals with disabilities teamed with a service dog to an interprofessional case patient discussion, which we defined as an IPE&P café. Students across the disciplines work together to respond to questions about the case patient and develop an interprofessional plan of care for the case patient. CAsH 101 is now offered every spring semester.

Materials and Methods

Canines Assisting in Health 101 was developed by Pace University, Canines Assisting in Health, which was founded in 2016. The aim of CAsH is to educate interprofessional healthcare providers to be knowledgeable about and culturally competent in providing care to individuals with visible and invisible disabilities who are teamed with a service dog, and/or participate in animal assisted interventions for proper support. This program was inspired by the advocacy work of Captain Luis Carlos Montalvan and his service dog Tuesday and was developed in collaboration with Luis and Tuesday and Educated Canines Assisting with Disabilities (ECAD). CAsH is grounded in the Social Model of Disability [10], which recognizes the need for healthcare providers to be educated to support individuals with disabilities to participate equally in society with those who do not have disabilities. Additionally, this model expects providers to be knowledgeable about the role of assistance animals, including the legal rights of individuals teamed with service dogs. Thus, providers can help mitigate the challenges faced by those with disabilities to support health and independence when such individuals receive healthcare and as they participate in society.

Fundamentally, students learn about how to advocate for service dog teams in healthcare by understanding models that frame the care of individuals with disabilities, laws that protect them, and how healthcare organizational policies and practices should support service dog teams as well as others, including healthcare providers, within this context in healthcare settings. With this knowledge students participate in experiential learning by working on a related case study, with one or more other disciplines to identify and value what each discipline brings to developing an interprofessional plan of care to meet the needs of the case patient. Student learning objectives, framed by the IP core competencies include:

• Articulate the knowledge needed to be culturally competent in caring for individuals with visible and invisible disabilities teamed with service dogs in the United States.

• Identify interprofessional competencies required to support all patients, with a focus on patients with visible and invisible disabilities teamed with service dogs.

• Engage in an interprofessional team approach, bringing disciplinary knowledge and perspectives to the care of patients with visible and invisible disabilities teamed with service dogs. Students are provided with preparatory materials, articles, website resources, videos, and simulations of real healthcare experiences of service dog teams, all located at a website designated for this educational intervention. Key articles include the interprofessional core competencies, Americans with Disabilities Act (ADA) which addresses the rights of individuals related to assistance dogs, essential information on assistance dogs (including differences among assistance dogs), and key content on the knowledge areas in providing care to the cultural community of service dog teams. Additional resources include an example of a gold-standard healthcare organization policy on assistance dogs for patients or visitors teamed with a service dog, as well as videos, and simulations that cover specific information to support students in the cognitive, affective, and psychomotor domains of learning.

Across CHP, students in courses identified by their program faculty as having content relevance participate in CAsH 101. They are enrolled into our IPE&P CAsH website where they access the preparatory content and videos. Students then attend the 75-minute Canines Assisting in Health (CAsH) class provided by the founder of CAsH and their canine partner, Pawfessor Spirit (a Golden Retriever, educated as a service dog) who is presently the only canine faculty member at Pace University. The CAsH 101 class serves as a pre-brief to prepare the students for collaborative interprofessional teamwork to participate in the IP café and respond to the needs of the case patient.

The CAsH 101 class and IP café have been offered in a variety of live formats, both in-person and via Zoom. We continued our IPE&P initiatives during the Covid-19 pandemic virtually, with all classes and cafes delivered virtually via *Zoom*. Following the class students participate in the IP café, which has been offered on the same day as the class as well as different days following the class. There are three case presentations on different aspects of interprofessional knowledge and cultural competence encountered in working with individuals with visible and invisible disabilities who are teamed with a service dog or could benefit from being teamed with a service dog. In the café students introduce themselves and their discipline, choose a recorder for the café case study questions, engage in a 60-minute discussion with other members of their team, answer the case study questions, and post their responses to our organization website for their designated team. Student teams formulate a plan based on addressing the case questions framed by the interprofessional core competencies. Teams post the plan they formulate and identify how the case questions helped them develop their interprofessional plan for the case patient. The questions for the student teams are the same for all three cases.

Results and Discussion

Table 1 Post café survey questions for student participants.

Question	2019 N=321	2020 N=424	2021 N=480
1. How confident are you in your knowledge of providing care to patients with visible/invisible disabilities who are teamed with a service dog?	7.88	7.54	7.98
2. How confident are you in your ability to appropriately interact and communicate with patients with visible/invisible disabilities who are teamed with a service dog?	8.17	8.03	7.98
3. How confident are you in providing hands-on care with patients with visible/invisible disabilities who are teamed with a service dog?	7.99	7.81	7.96
4. How important is an interprofessional team approach to the care of patients with visible/invisible disabilities who are teamed with a service dog?	9.01	9.21	9.14
Overall Mean	8.13	8.14	8.265

Following the IP café students are asked to voluntarily respond to a survey to assess outcomes for confidence in the learning outcomes for this intervention (Table 1 identifies mean scores for student participants). Over three years (2019-2021) students reported high levels of confidence in their content knowledge, their perception of being able to apply this knowledge to hands-on-care, and in communicating. Questions 1, 2 and 3 of the CHP survey speak to content knowledge which addresses the IPEC Core Competency 2, Roles/ Responsibilities. Interprofessional teamwork requires bringing content knowledge and disciplinary perspective to collaboratively

assess and address patient and population needs. This is a starting point to knowing oneself professionally to know and respect what one brings from their discipline and role to patient care. This is foundational to understanding that no discipline can meet all the comprehensive needs of patients. Knowing and respecting the knowledge and role of other disciplines is necessary to assessing and addressing patient and population healthcare needs. Learning, understanding, and practicing the Roles/ Responsibilities of IPEC core competency supports the other core competencies of Value/Ethics for IP communication. This allows them to be applied in the remaining core competency of Teams/Teamwork, which the students experience in the IP café. Question 4 of the CHP survey addresses the importance and valuing of collaborative interprofessional teamwork. This question is also grounded in the IPEC core competencies and speaks to the Values/Ethics for IP core competency. Students over three years consistently highly rank the importance of an interprofessional team approach to the care of this cultural community.

Students were also offered a free text box to provide additional comments about the IP experience. Those who provided comments indicated that the CAsH 101 class and interprofessional discussion of case study questions provided them with knowledge about providing care to patients with disabilities who are teamed with a service dog. Many identified that they were able to have open and honest communication with IP student colleagues during the café', and that they actively listened to their team members and the contributions they brought to the care needs of their case patient. They also noted the importance of curricular integration of this content to provide them with this knowledge about providing care to this cultural community and being able to share this learning in their collaborative IP teamwork in practice.

Conclusion

Sustainability and reach of IP educational interventions depends on champions and resources. Resources may include time of faculty and academic administrators, and institutional support with scheduling, space and budget. IP faculty champions who embrace the IPEC core competencies, creativity, and flexibility can overcome the known challenges to IP education to provide meaningful experience for students to help socialize them for IP practice. In its current format from 2019-2021, our Canines Assisting in Health 101 class and interprofessional café have been attended by over 1200 students. Within the CHP this interprofessional education and

practice educational intervention is widely viewed as a valuable resource to promote knowledge and cultural competence across the health professions. Additionally, this educational intervention promotes care to the cultural community of individuals with disabilities teamed with service dogs that may lead our students to embrace and incorporate interprofessional competency in their practice. To the best of our knowledge, the CHP at Pace University is the only university to provide an interprofessional educational intervention to health professions students that focuses on the care of the cultural community of service dog teams. To expand the reach of this interprofessional education intervention, the founder of CAsH has developed a train-the-trainer program that includes learning objectives, instructional videos, and assignments to help other institutions engage in a variety of aspects of this important education for interprofessional health@pace.edu

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Credit authorship contribution statement

Joanne Knoesel: methodology, writing, original draft; Joanne Singleton: conceptualization, writing, formal analysis; Christine Amendola: writing, editing; Abbey Berg: supervision, editing; Lucille Ferrara: review, editing; Elijah Salzer: writing, review, editing.

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References:

- IOM, (1972). Institute Of Medicine, Educating for the Health Team. National Academies of Sciences. Washington, D.C. https://nexusipe.org/informing/resource-center/iom-1972report-educating-health-team
- [2] WHO, (2010). World Health Organization: Framework for Action on Interprofessional Education and Collaborative Practice. Geneva, WHO, 2010. http://www.who.int/hrh/resources/framework action/en/
- [3] IPEC, (2011). Interprofessional Education Collaborative Expert Panel, Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.
- [4] IPEC, (2016). Interprofessional Education Collaborative. Core competencies for interprofessional collaborative practice: 2016 update. Washington, D.C.: Interprofessional Education Collaborative.
- [5] Shapmire, T.J, Head, B.A., Nash, W.A....Faul, A.C., (2018). Overcoming barriers to interprofessional education in gerontology: the Interprofessional Curriculum for the Care of Older Adults. *Advanced Medical Education and Practice*. 9: 109–118. doi: <u>10.2147/AMEP.S149863</u>
- [6] West, C., Graham, L., Palmer, R.T.... Carney, P.A. (2016). Implementation of interprofessional education (IPE) in 16 U.S. medical schools: Common practices, barriers and facilitators. *Journal of Interprofessional Education & Practice, 4,* 41-49. <u>https://doi.org/10.1016/j.xjep.2016.05.002</u>.
- [7] Guraya, S.Y., & Barr, H. (2018). The effectiveness of interprofessional education in healthcare: A systematic review and meta-analysis. *The Kaohsiung Journal of Medical Science*, 34 (3), 160-165. https://doi.org/10.1016/j.kjms.2017.12.009.
- [8] Rokusek C., Chandan, N. (2016). Palliative Care An Ideal Environment for Interprofessional Education and Practice. *Austin Palliative Care*. 1(2): 1006
- [9] Singleton J.K. (2021) Culture Care of Individuals with Disabilities Teamed with a Service Dog. *International Journal of Nursing & Health Care Science 01*(09): 2021-48.
- [10] Oliver, M. (2013). "The social model of disability: thirty years on". *Disability & Society. 28* (7): 1024–1026. <u>doi:10.1080/09687599.2013.818773</u>. <u>S2CID 145557887</u>.