How UBC Health's model of collaborative health education continues to evolve:
From IPE enrichment to integration

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Outline

1. Presentation (20 min)

Past IPE approaches	Current model	Success factors	Challenges	Future

1. Small group discussions (20 min)

2. Large group discussion (20 min)

Past IPE approaches: Credit courses

IHHS 200	Understanding the Social Determinants of the Health of Populations
IHHS 300	Working in International Health
IHHS 400	**Health Care Team Development**
IHHS 402	HIV/AIDS Prevention and Care
IHHS 403	**Interdisciplinary Practice with Children and Families**
IHHS 404	First Nations Health: Historical and Contemporary Issues
IHHS 405	Palliative Care
IHHS 406	**Aging from an Interdisciplinary Perspective**
IHHS 407	Disability and Justice
IHHS 408	Aboriginal Health: Community-based Learning Experience
IHHS 409	International Indigenous Experiences of Colonization
IHHS 410	Improving Public Health: **an Interprofessional Approach to Designing and Implementing Effective Interventions**
IHHS 411	Violence Across the Life Span
IHHS 480	**Special Topics in Collaborative Healthcare**

Past IPE approaches: IPE Passport

- Points-based tracking system
- Based on 2010 UBC IPE model of exposure, immersion, mastery
    - Exposure – eg. panel of experts
    - Immersion – eg. Health Mentors Program
    - Mastery – post-licensure
- Customizable by programs
    - Number of exposure & immersion activities
    - Number of required & enrichment activities
- Too much flexibility to enable effective planning/delivery
- External system – additional administrative load

Charles, G., Bainbridge, L., & Gilbert, J. (2010). The University of British Columbia model of interprofessional education. *Journal of Interprofessional Care, 24*(1), 9–18. https://doi.org/10.3109/13561820903294549

Shift to current approach

1. Content-focused interprofessional workshops and asynchronous online modules
    *   Content as anchor for IP learning
2. Provost influence - economies of scale rationale
3. UBC's Strategic Plans

Wood, V., Eccott, L., & Crowell, P. (2022). iEthics: An interprofessional ethics curriculum. *Pharmacy, 10*(1), 12. https://doi.org/10.3390/pharmacy10010012

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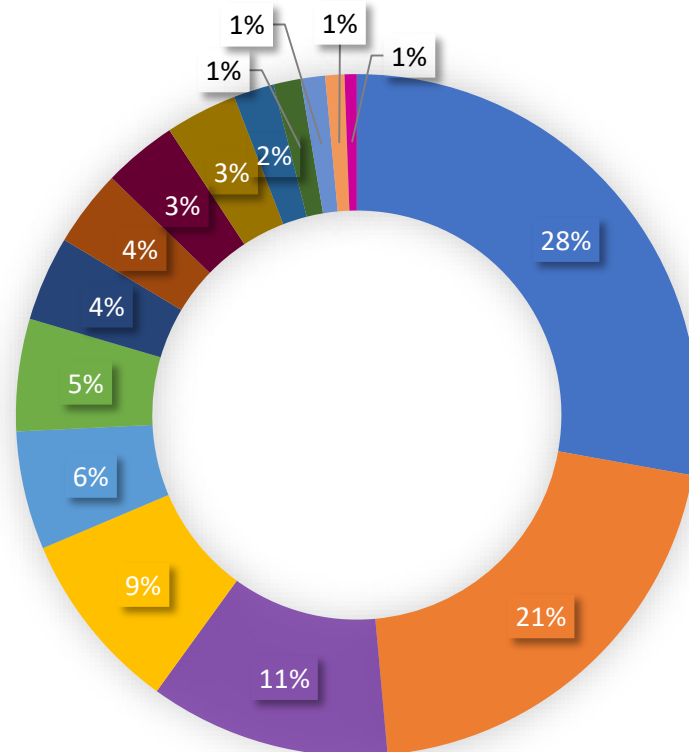
What is the Integrated Curriculum?

- Preparatory asynchronous modules
- Synchronous workshops
    - Minimize didactic portions
    - Maximize IP student interactions
- Topics requested by programs
- Teams of experts developed content
- Co-facilitation model
- Annual facilitator training

UBC **16** health professional programs

2,130 health professional students

119 interprofessional facilitators

35 technology moderators

7 interprofessional activites

zoom **89** interprofessional workshops

Integrated Curriculum program participation

- Medicine
- Pharmacy
- Nursing
- Physical Therapy
- Dentistry
- Occupational Therapy
- Social Work
- Dietetics
- Speech-Language Pathology
- Dental Hygiene
- Midwifery
- Human Kinetics
- Audiology
- Clinical Psychology
- Genetic Counselling

Integrated Curriculum schedule

Integrated Curriculum Activity	Term	Integrated Curriculum Activity	Term
Professionalism	2022W1	Health Informatics	2023W1
iEthics Q1	2022W1	iEthics Q3	2023W1
iEthics Q2	2022W1	iEthics Q4	2023W1
Indigenous Cultural Safety Q1	2022W1	Indigenous Cultural Safety Q3	2023W1
Indigenous Cultural Safety Q2	2022W1	Indigenous Cultural Safety Q4	2023W1
		Collaborative Decision-Making	2023W1

Success factors: Integration into program courses

- Signals to students the importance of IPE

- Programs build curricula and assessment around IC topics

- Quality assurance and quality improvement processes ongoing

- Regular communication with faculty leads and students

- Harmonized approaches to registration, access, & resourcing

- Professional development opportunities for faculty

Grace, S. (2020): Models of interprofessional education for healthcare students: A scoping review, *Journal of Interprofessional Care*, https://doi.org/10.1080/13561820.2020.1767045

Success factors: Protected time slots

- Ensures program commitment
- Overcomes logistical challenges

2022	SUN	MON	TUE	WED	THU	FRI	SAT
October							1
	2	3	4 EQ3	5	6 IPP	7 EQ3	8
	9	10	11 HI	12	13 Res	14 ICSQ4	15
	16	17	18 ICSQ4	19	20 EQ1	21 HI	22
	23	24	25 CDM	26	27 ICSQ1	28 CDM	29
	30	31					
	Year 1 – light blue Year 2 – dark blue						

| 2022	SUN	MON	TUE	WED	THU	FRI	SAT
November			1	2	3	4 EQ1	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18 ICSQ1	19
	20	21	22	23	24	25 Res	26
	27	28	29	30			

Success factors: Program responsibility for IPE

- Gradual shift in responsibility to programs
    - Facilitator recruitment and remuneration
    - Student participation confirmation and assignment feedback
- Shared workload for enhanced sustainability and resilience
- Enhances understanding of IPE and its complexity with multiple players involved

Success factors: Involving distributed learners

- Four programs use a distributed model; more expected in future
- Some locations lack interprofessional mix
- Online workshop delivery enables exposure to other disciplines
- Appreciate ability to cultivate local relationships
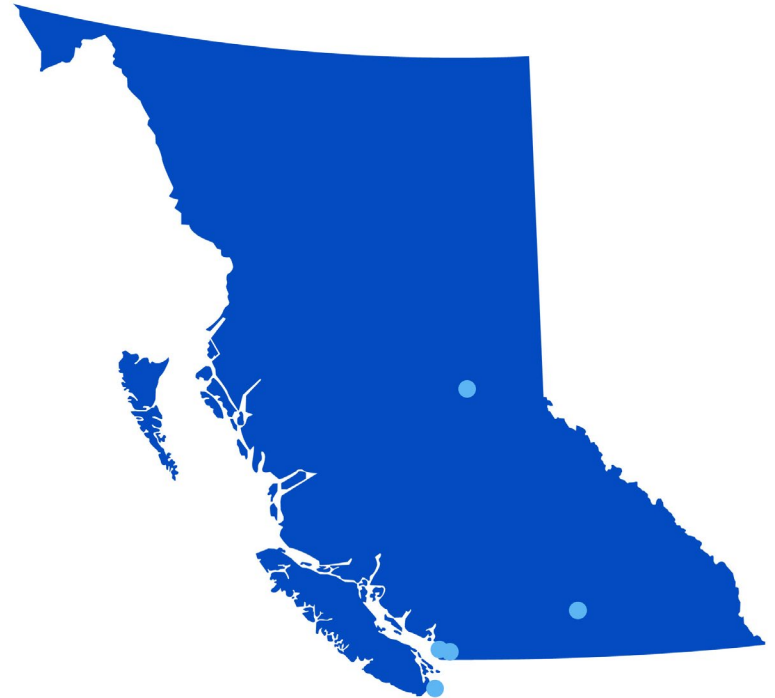
Success factors: Patient educators

- Inclusion of patients as co-facilitators with faculty
- Share their story, engage with discussion, give closing words
- Online workshop supports accessibility
- Students strongly agree that the inclusion of the patient facilitator's perspectives motivated them to place patients at the centre of the health care team

Student quote:

"What I valued most was getting to understand, compare, and contrast other health professional students' perspectives towards patients and healthcare environments."

Challenges for current model

Scalability and sustainability

- Facilitator recruitment

- Classroom space, especially when involving new, large programs

- Increasingly distributed model of HP education

- Hidden curriculum that undermines IPE/C (siloed disciplinary approach to practice education and no exposure to team-based-care role models)

- Turnover in program faculty IPE leads

Curriculum renewal directions

1. Longitudinal student groups and longitudinal projects
2. Increased patient educator involvement
3. Further emphasis on skills and case-based activities; less focus on content
4. Map Integrated Curriculum to CIHC competencies
5. Balance delivery mode options
6. Incorporate IP competency assessment
7. Experiential IPE (education-practice network)

Thibault, G. E. (2020). The future of health professions education: Emerging trends in the U.S. *Faseb Bioadvances*,
https://doi.org/10.1096/fba.2020-00061

Summary

Current strengths:

- Integration model

- Protected time slots

- Program responsibility for IPE

- Inclusion of distributed learners

- Patient educators

Future directions:

- Scalability & sustainability

- Longitudinal activities & groups

- CIHC mapping

- Delivery modes

- IPE assessment

- Experiential IPE (w/in placements)

Breakout room discussions

1. Based on what is working well in your institution, what do you suggest for the Integrated Curriculum?
2. Where do you see your institution's IPE curricula in 5-10 years?
3. What are your burning questions about designing and delivering IPE that you'd like to pose to the other participants?

Large group discussion

Resources

What is UBC Health?

UBC Health Strategic Plan

UBC Health website

References

Brandt, B. F. (2022). Answering the vexing questions about organizing IPE in higher education. *Journal of Interprofessional Education & Practice, 27.* https://doi.org/10.1016/j.xjep.2022.100502

Charles, G., Bainbridge, L., & Gilbert, J. (2010). The University of British Columbia model of interprofessional education. *Journal of Interprofessional Care, 24*(1), 9–18. https://doi.org/10.3109/13561820903294549

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