

**University of Illinois at Chicago
Schools of Medicine, Pharmacy, and Nursing**

**Final Progress Report: Association for Prevention Teaching and Research
September 26, 2008**

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1. Title/Focus for IPE prevention initiative

Interprofessional Reflective Practice to Address Health Needs of Vulnerable Patients -
Course for Medicine, Pharmacy, and Nursing students.

2. Goals

Provide advanced medical, pharmacy, and nursing students at the University of Illinois at Chicago (UIC) with an interprofessional learning experience that will ensure that they acquire the core attitudes and competencies related to:

- Providing care for at-risk vulnerable populations, e.g., the elderly, those with HIV/AIDS, homeless persons, or victims of domestic violence; and,
- Functioning as effective members of interprofessional teams that recognize and appreciate the unique role and contributions of each profession.

3. Progress to date

Curriculum development and implementation

Our interprofessional team successfully implemented the planned interprofessional learning experience as an M3-P4 combined activity during the Spring semester, 2008. Twelve students participated; six third-year students from UIC's College of Medicine and 6 fourth-year students from UIC's College of Pharmacy;

In conjunction with this course, we developed a Resource Book, which included a course syllabus and key readings related to health disparities, underserved populations, and HIV/AIDS, which was the focus area for the community agency with which we partnered for the course;

Curricular refinement

Our next steps include:

- a. re-submitting a proposal to offer the course in the College of Medicine as an elective for fourth-year medical students who will participate;
- b. adding community agencies that serve geriatric populations with which we will partner for our students' experiential learning;
- c. working out a way to involve Nursing students, should the curricular schedules coordinate with that of Medicine and Pharmacy;

- d. expanding this offering to involve UIC's Schools of Social Work and Public Health faculty and students, should the curricular schedules coordinate with that of Medicine and Pharmacy;
- e. exploring opportunities for our continued interprofessional scholarship and dissemination of our work at professional conferences and in academic publications.

Dissemination of work

a. Publications:

Our team submitted a developmental paper related to our project for peer review to Academic Exchange Quarterly, which is currently under review. We also have obtained IRB approval to disseminate findings from program evaluation of the pilot.

b. Presentations:

Three presentations related to our work were submitted to different professional societies. Two of them were accepted (citations below). The Pharmacy team members submitted an abstract for a presentation at a national Pharmacy conference, which unfortunately was not accepted.

Hasnain, M., Koronkowski, M., Matthews, A., Kondratowicz, D.M., Goliak, K.L., Lee, E.E., Menon, U. (February 2008) Development and Implementation of an Interdisciplinary Service Learning Experience for Health Professional Students. Teaching Prevention 2008, Annual Meeting of the Association for Prevention Teaching and Research, Austin, TX.

Hasnain, M., Koronkowski, M., Kondratowicz, D.M., Goliak, K.L. (January 2009) A Pilot Interdisciplinary Service Learning Experience for Health Professions Students. 35th Annual Predoctoral Education Conference, Savannah, GA.

Overall, our project proceeded as planned. However, we encountered several significant and unanticipated challenges (see "Challenges" below), which have somewhat undermined our team's ability to offer the course as we had initially planned and anticipated. We met to discuss these challenges at various points throughout the APTR grant award period and agreed to proceed with a slightly modified plan and timeline (see "Response to Challenges" below).

4. Important decisions made (or contemplated)

We made a number of decisions related to the logistics of the course, which involved collective decision making regarding the detailed curricular content, including goals and learning objectives, the community-based immersion partnerships, and collaborative activities in which students would be engaged, as well as the time-frame for the planned activities.

Based on the previous curricular experiences of each of our disciplines in experiential learning, and the feedback – both verbal and written evaluations – received by course participants, we are confident that our slightly modified curricular plan offered students a

valuable and worthwhile educational experience, as well as benefited the clients/patients and community agency with whom and which they worked.

5. Lessons learned or new perspectives acquired so far

We learned to appreciate the logistical difficulties in coordinating the activities of our students in various academic disciplines with the participating community agency and their clients/patients.

We also learned the importance of coordinating our schedules and efforts as faculty to function as an effective interprofessional academic team.

Overall, our experiences with respect to this grant award reinforced for our team the values of collaboration, teamwork, integrity, respect for differing viewpoints and expertise, and professionalism. Our experiences also reinforced the potential value that interprofessional work holds for our students, as well as the benefits it promises for future clients and patients with whom they will work in their clinical practices.

6.a. Challenges faced

Our interprofessional faculty team encountered several significant challenges during the course of developing and implementing the project, which our team systematically addressed and worked to resolve.

Medicine faculty encountered an unanticipated delay in committee review of paperwork to initiate a new M4 elective course. Required paperwork was submitted early, in October 2007, for review at the monthly meeting of the COM Curriculum Committee. Due to unforeseen circumstances, the Curriculum Committee did not meet as planned in either November or December 2007. The M4 elective proposal was reviewed by the Committee in late January 2008, just days before we initially anticipated offering the course; hence, we were unable to offer the course during the time-frame we had initially planned.

Nursing faculty encountered difficulty in recruiting Masters-level Nursing students to register for a new semester-course, of which the planned interprofessional experience would have been a six-week component. As is sometimes the case with new courses, interest among students was minimal; hence, no Masters Nursing students opted to participate in the semester course, or in the interprofessional six-week component.

Based upon our long-term goal, as reinforced in feedback to our team during the APTR Institute in September 2007, we had invited UIC's School of Social Work to join our interprofessional team and to involve their students to participate in the course this Spring. Unfortunately, due to scheduling constraints in coordinating academic calendars, this was not possible.

We also encountered some difficulty in working with the community agency with which we partnered for the course. Although we had previously visited the agency and discussed the course goals, objectives, logistics, and expectations of the course with an agency representative, the agency was not able to provide us with an optimal number of clients with whom our teams of interprofessional teams of students could interact when they were on site.

This necessitated that we re-structure the curricular plan on site to enable several student teams to interview and assess the same underserved client. The agency also actively sought to expand our involvement with it to commit our respective disciplines to future clinical obligations, which was simply beyond the goals and objectives of our interprofessional work and, therefore, not pursued.

6. b. Response to Challenges and Resulting Modified Plan

As warranted, our faculty team met periodically to discuss both the status of our work and the challenges Medicine and Nursing faculty encountered, as well as to consider our options for proceeding with our plans to offer the IRP course.

As a result of our deliberations, we decided to offer the course during a six-week block of time beginning in late March 2008. This later start date allowed more time to arrange to offer the course during a six-week clerkship rotation in the Family Medicine curriculum.

This later start date also allowed Nursing faculty additional time to actively recruit Nursing students to participate in the course. Masters-level students were approached for participation, as well as upper-level Bachelor of Science Nursing students. Unfortunately, due to the established curriculum and full schedule of Nursing students, no students were able to participate.

Despite constraints, the participation of UIC's School of Social Work, Public Health, and others remains a goal of our team, and will be pursued this year.

7. Evaluation plans/instruments being used

For the course held, we modified formative and summative evaluation tools that we currently use for M2 students in the M2 service-learning program.

8. Other items of interest to share

From the initiation of the APTR project, we have found that team members from each of the disciplines involved have worked well and effectively together to conceive, plan for, advance, implement, and evaluate our current APTR project, as well as plan for our continued interprofessional work.

Our UIC team regards the APTR project as the impetus for our ongoing collaborative foundation to educate our health professions students. Beyond this initial collaborative effort, our team has discussed plans to expand our efforts to involve faculty and students in other disciplines at UIC. We think that this planned expanded work will strengthen our individual efforts, provide an enriched educational experience for our health professions students, as well as benefit the diverse Chicago community that our students will serve.

9. Resources of potential interest to others

Whitehead C. The doctor dilemma in interprofessional education and care: how and why will physicians collaborate? *Med Educ.* 2007 Oct;41(10):1010-6.

http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=17908118&ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum

Medical Management of Vulnerable and Underserved Patients: Principles, Practice, and Populations. 2007. Eds. King, Talmadge, E and Margaret B. Wheeler. New York, NY: McGraw-Hill. Medical Publishing Division.

The King and Wheeler text is particularly useful in providing students with an overview of health disparities and issues related to providing care for specific underserved populations. We also used this book in connection with our service learning program for M2 students.

We are very grateful to the Association for Prevention Teaching and Research for providing the interprofessional team at the University of Illinois at Chicago this opportunity. This experience has expanded our respective areas of expertise to expose health professions students at UIC to interprofessional collaboration in the care and management of clients/patients. Most importantly, it has allowed us to build an important foundation for continued efforts in interprofessional education and scholarship.

Respectfully submitted,

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