

Putting the Patient at the Center of IPE Learning and Evaluation (44)

Interprofessional Education Experience: Describing educational offerings when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes

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Background:

Healthcare systems have embraced goals related to patient- and family-centered care by increasingly integrating patient and family advisors to provide advice and feedback in areas related to healthcare physical environments, clinical care, staff education, care policies, and family support, among others (Wheeler, 2020; Warren, 2021). However, patient advisors have rarely engaged in interprofessional education (IPE) curricula to provide the patient voice, thus leaving the patient ironically underrepresented. Naumann, et al., (2020) identifies the need for “authentic clinical environments” to help students integrate interprofessional collaboration theory into practice and student voices from previous University of Michigan IPE programs confirm this desire.

The Longitudinal Interprofessional Family-Based Experience (LIFE) program was developed to address the need for introductory experiential IPE opportunities that introduce students to real patient-family learning opportunities centered on inclusion of the patient-family voice. During the LIFE program, interprofessional student teams work together for 11 weeks during which they intentionally plan, prepare, schedule, and implement two team meetings with patient-family units who have chronic illness and have received care at Michigan Medicine.

Actions, Methods or Intervention:

Collaboration with the Michigan Medicine Office of Patient Experience, whose mission includes promotion of a patient-centered culture that empowers patient and family voices, provided an untapped resource to provide students the opportunity to have interactions with real patients and families. Trained volunteer patient-family advisors with chronic illnesses were invited to participate in the LIFE program and eight patient-family units chose to participate. Students from 8 health science schools formed interprofessional teams with a focus on learning IPE core competencies while planning and implementing two live 45-minute virtual sessions with their patient-family advisors. The patient-family advisors were prepared in advance for the topics the student would be exploring with them. The two sessions focused on patient-family lived-experiences of chronic illness and their narratives of experiences with health care systems and access and use of community resources.

In addition to patient-family advisors serving as teachers regarding their lived-experience of chronic illness, they also completed a feedback questionnaire regarding their perceptions of students' demonstration of IPE teamwork skills including communication of their roles and working together as a team. Thus, patient-family advisors' voices were integrated not only to engage in student education, but also to be a part of the outcome evaluation process to gather important patient-family perspectives beyond student self-report.

Results:

Evaluation of student and patient-family advisor feedback indicated mutually beneficial outcomes including student development of core IPE competencies and patient advisors' sense of meaning-making through participation in IPE. Students strongly agreed/agreed that they were able to: identify and describe responses, reactions and interactions that patients/families found beneficial or non-beneficial (89.1%); examine and articulate one's own beliefs, culture, values and biases and how these impact engagement and care of patients/families (89.1%); and identify and articulate understanding of social determinants of health impacting patients and the impact on patient coping (86.9%). A student quote is representative of this data, “I am really grateful for being able to participate in the LIFE program. It gave

me insight into how interprofessional health care works for patients, and just how much integrating fields can help a patient dealing with chronic illnesses.”

Patient-family advisors indicated how meaningful it was to participate in student education. One hundred percent of the patient-family advisor units stated they would recommend other advisors to participate in the LIFE program. This quote exemplifies this meaning-making experience: “Giving our son a chance to see and meet the medical caregivers of the future! Being able to speak with them and tell them about (my son). He loved telling his story to the future medical staff. He is proud of who he is and loves to share.”

LIFE contributed to the development of best practices in increasing the engagement of patient-family advisors in implementing experiential authentic IPE learning including engagement, safety planning, student preparation and feedback and evaluation.

Lessons Learned:

1. Authentic experiential patient-family centered learning can be done in a virtual space.

The virtual space allowed student teams to gain real life practice in self-scheduling and coordinating team meetings with their team and patient-family advisors. Patient-family advisors noted that virtual meetings worked well for them, providing the convenience of not needing to leave their homes to go to a health care setting during the typical “9 to 5 business hours” to engage with student-learners. Rather students “came to them” virtually in the comfort of their own homes.

2. Patient interactions outside of traditional classroom and clinic hours provided a valuable flexibility and increased accessibility to patient-family advisors who may not otherwise have been included.

“I loved the remote format and even in the future when things are back to “normal” I think It would still be beneficial to have these sessions via Zoom/video all. I think more patients will be willing to participate if they were out of town, unable to meet in person, feeling sick/flu like. These events can still happen anywhere virtually.”

3. Use of patient advisors tapped into a previously underutilized resource.

While patient-family advisors have been engaged in uni-professional education settings, they have not been actively engaged in IPE and provide a valuable resource beyond existing standardized patients to provide students with authentic patient-family centered learning experiences.

4. Patient perceptions of the institution’s investment in IPE are positive. Adding patient-family voices to the University’s IPE offerings can embody and express a clear message to staff, faculty, providers, patients and the community at large that IPE matters and is valued in education and in patient care. Some patients reported positive feelings about their health care institution engaging in IPE, noting that they were encouraged that IPE learning experiences were being offered and stating they “were proud” that Michigan Medicine was embracing this approach.

Future Application and Next Steps:

Opportunities exist beyond the hospital and clinical walls for additional patient-family voices to be engaged in IPE learning. LIFE demonstrated innovation regarding underutilized IPE collaboration with existing health system resources. It also encourages further exploration of patient-family engagement with outpatient clinics and primary care as well as outreach to engage community agencies to be partners in increasing accessibility and sustainability of patient-family inclusive IPE. In addition, further exploration of greater patient-family involvement in not only engagement in, but also evaluation of IPE programs and outcomes.

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