Case Studies in IPE and the Case for Women’s Health Integration

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Objectives

1. Outline example collaborations involving IPE at basic and moderate levels of institutional readiness

2. Identify barriers to IPE and gender-specific women’s health and discuss ways to mediate them

3. Provide action items to foster IPE collaboration in gender-specific women’s health

4. Describe teaching recommendations and educational resources for IPE in gender-specific women’s health
Interprofessional Education—Where are we going?

- Educator and Institution Readiness
- Interprofessional Education
- Interprofessional collaborative practice

Core Competency Domains for Interprofessional Collaborative Practice

Domain 1
• Values/Ethics for Interprofessional Practice

Domain 2
• Roles/Responsibilities

Domain 3
• Interprofessional Communication

Domain 4
• Teams and Teamwork

Revisiting Levels of Readiness– Institutions and Educators
Level of Readiness: **Basic** Awareness Level

- **Assess and Engage**
  - National Leaders
  - Institutional Leadership
  - Curriculum Gatekeepers

- **Identify and Activate**
  - Champions within:
    - Department
    - Faculty
    - Students
    - Community

- **Develop and Integrate**
  - Activities:
    - Grand Rounds
    - Seminars
    - Didactics
    - Community Presentations
    - Faculty Development Activities

- Assessing your institution’s level of readiness
- Basic Level:
  - Start to identify those interested, “Champions”
  - Activities may be very broad, may only hit two disciplines at start

## Case Scenario 1

<table>
<thead>
<tr>
<th>Institution</th>
<th>College of Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Readiness</td>
<td>Basic</td>
</tr>
</tbody>
</table>
| **Description of Activity** | Faculty Development Activities—Evening dinner of networking between practitioners  
• Educational topic on one of the disciplines  
Specific example: Community pharmacists invited to a talk by dental faculty regarding oral health products and the importance of oral health |
| Key players          | Champion faculty within colleges, community practitioners |
| Resources needed     | Space, time, cost |
| Barriers             | Engaging fellow practitioners, connections |
| Ways to overcome barriers | Highlighting benefits |
| Reasons of importance| Improve patient care, continuous professional development, educate on health care roles/responsibilities, possible collaborations |
## Case Scenario 2

<table>
<thead>
<tr>
<th>Institution</th>
<th>Health Professions Campus, Large Undergrad/grad Public University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Readiness</td>
<td>Basic</td>
</tr>
<tr>
<td>Description of Activity</td>
<td>Faculty from other health professions deliver electives</td>
</tr>
</tbody>
</table>
| Key players | • Faculty champion within one or more disciplines  
               • Associate Deans |
| Resources needed | • Faculty course coordinator/lecturer  
                          • Space  
                          • Scheduling/time |
| Barriers | Interest from students, faculty champion, scheduling |
| Ways to overcome barriers | • Recognize and encourage faculty champions  
                                  • Meet with other colleges to plan scheduling times  
                                  • Discuss importance of course with students/highlight benefits |
| Reasons of importance | Roles/responsibilities, improve patient care, some interprofessional communication, increase awareness for collaboration |
Case 2 – Specific Examples

• Dental faculty providing electives to pharmacy students:
  – Oral health products
  – Importance of oral health on other conditions

• Pharmacists providing electives to dental students:
  – Medication use pregnancy and lactation
  – Pain medication use and current laws
  – Drug-drug/disease interactions
Level of Readiness: Moderate Awareness Level

Assessing your institutions level of readiness:
• Moderate level
  • Next level, more discipline integration
  • Includes networks rather than just champions

## Case Scenario 3

<table>
<thead>
<tr>
<th>Institution</th>
<th>Health Professions Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Readiness</td>
<td>Moderate</td>
</tr>
<tr>
<td>Description of Activity</td>
<td>Class for all interdisciplinary students</td>
</tr>
<tr>
<td>Key players</td>
<td>Dean of Students, Deans and Associates Deans of Participating Colleges/Disciplines</td>
</tr>
<tr>
<td>Resources required</td>
<td>Space for large group of students, faculty to coordinate course</td>
</tr>
</tbody>
</table>
| Barriers          | • Time for scheduling all students at the same time  
|                   | • Handling assignments for >900 students  
|                   | • Integrating students to talk with other disciplines  
|                   | • Creating interest in and value of course |
| Ways to overcome barriers | • Associate Deans communicate regarding class schedules  
|                   | • Creating small interdisciplinary groups  
|                   | • Recruiting faculty to help aid in grading  
|                   | • Working with IT to develop some online assignments  
|                   | • Seek possible grants to help cover faculty time |
| Reasons of importance | Role/responsibilities of each health care professional, Interprofessional communication |
## Case Scenario 4

<table>
<thead>
<tr>
<th>Institution</th>
<th>Health Professions Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Readiness</td>
<td>Moderate</td>
</tr>
<tr>
<td>Description of Activity</td>
<td>Interdisciplinary case groups</td>
</tr>
<tr>
<td>Key players</td>
<td>Deans, Faculty from each college</td>
</tr>
<tr>
<td>Resources required</td>
<td>Time, multiple faculty to develop and lead cases, scheduling, space</td>
</tr>
<tr>
<td>Barriers</td>
<td>Student recruitment, scheduling, limited space for students</td>
</tr>
</tbody>
</table>
| Ways to overcome barriers    | • Create a task force  
                                • Deans appoint interested faculty  
                                • Offer credit or volunteer hours to students for participation  
                                • Recognize faculty roles  
                                • Communication regarding scheduling |
| Reasons of importance        | Improve patient care, increases interprofessional communication, identifies professional roles, teams and teamwork, may introduce values/ethics |
Case 4 - Logistics

• Created an IPE task force
  – Members from each college
  – Provided students with volunteer hours
  – Meets weekly
  – Chair of Task Force created teams of students
  – Created cases for each team based on disciplines involved
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<tr>
<td>Level of Readiness</td>
<td>Moderate</td>
</tr>
<tr>
<td>Description of Activity</td>
<td>Interdisciplinary service learning</td>
</tr>
<tr>
<td>Key players</td>
<td>Deans, faculty from each college, student leaders</td>
</tr>
<tr>
<td>Resources required</td>
<td>Time, faculty to precept students, scheduling, interested students</td>
</tr>
<tr>
<td>Barriers</td>
<td>Faculty recruitment, scheduling, limited space for students</td>
</tr>
<tr>
<td>Ways to overcome barriers</td>
<td>• Create committee of student leaders, or student organization</td>
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<td></td>
<td>• Offer credit or volunteer hours to students for participation</td>
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<td></td>
<td>• Recognize faculty roles</td>
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<td></td>
<td>• Communication regarding scheduling</td>
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<td></td>
<td>• Apply for external funding</td>
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<tr>
<td>Reasons of importance</td>
<td>Improve patient care, increases interprofessional communication, identifies professional roles, teams and teamwork, values/ethics</td>
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Opportunities for Women’s Health Integration

Final Report:


Opportunities for Women’s Health Integration

• Winter 2012 – Panel of 15 health care professionals from five disciplines were part of three panel discussions
  – Medicine
  – Dentistry/Oral Health
  – Pharmacy
  – Nursing
  – Public Health

Opportunities for Women’s Health Integration

Figure IV.1
Conceptual Approach to Interprofessional Women’s Health Content

Key Content Areas
- Role of the Health Professional
- Biological Considerations
- Selected Conditions
- Behavioral Health
- Wellness & Prevention

Social Determinants of Health
Lifespan Approach
Cultural Considerations

Perspectives on Health

## Common Content Areas in Women’s Health Across Health Professions

<table>
<thead>
<tr>
<th>Area</th>
<th>Sample Topics</th>
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<tbody>
<tr>
<td>Role of the Health Professional</td>
<td>• Ethics</td>
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<td></td>
<td>• Interprofessional Education</td>
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<tr>
<td></td>
<td>• Knowledge of Other Health Professions</td>
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<tr>
<td></td>
<td>• Patient-centered Decision-making</td>
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<tr>
<td></td>
<td>• Gender in Provider/Patient communication</td>
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Core Competency Domains for Interprofessional Collaborative Practice

Domain 1: • Values/Ethics for Interprofessional Practice

Domain 2: • Roles/Responsibilities

Domain 3: • Interprofessional Communication

Domain 4: • Teams and Teamwork

Barriers for Women’s Health Integration

• HRSA report found barriers to be lack of:
  – Adequate number of faculty in women’s health
  – Funding for women’s health initiatives
  – Core competencies focusing on women’s health
  – Clinical experience with women’s health issues

Using the levels of readiness

• Use the levels of readiness
  – Assess where your institution is at related to:
    • Gender-specific women’s health issues
    • IPE activities

• May combine both IPE and gender-specific women’s health education integration together
# Recommended Action Items

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<tbody>
<tr>
<td>Create common, Content-Related Women’s Health Initiatives Across Health Professions</td>
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<tr>
<td>Create core competencies in Women’s Health</td>
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<tr>
<td>Establish Additional Women’s Health Clerkships and Fellowships</td>
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<tr>
<td>Establish a Service-Learning with a Women’s Health Focus</td>
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<tr>
<td>Provide Interprofessional Simulation Exercises</td>
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<tr>
<td>Outline General and Specialty Women’s Health Curricula Across Disciplines</td>
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<tr>
<td>Secure Additional Funding</td>
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<tr>
<td>Structure Interdepartmental or Interschool Programs in Women’s Health</td>
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</tbody>
</table>
## Teaching Recommendations


<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit Current Gender-Specific Women’s Health Curricula</td>
<td>Devoting time to curriculum mapping and auditing of current curricula across colleges</td>
</tr>
</tbody>
</table>
| Compile Teaching Resources | • Association of Reproductive Health Professionals  
• Sex and Gender Women’s Health Collaborative |
| Employ Constructivist Learning Theory | • Small group, interactive, PBL approaches  
• Elective course over period of time (e.g. quarter/semester) or shorter course (e.g. 2 days)  
• Clarion competition  
• Case example 4 |
| Establish a Progressive Complexity of Learning Tasks | Simple to complex cases |
| Incorporate Additional Clinical Experience | Simulation, service learning, talking to volunteer patients  
Case 5 |
| Integrate Expertise from External Departments | Collaboration across departments, colleges  
Case examples 2,3,4 |
| Provide a Core or Elective Course on Interprofessional Education | Create courses that involves multidisciplinary students  
Case example 3,4 |
Resources

• Interprofessional Education Collaborative (https://ipecollaborative.org/)
• Center for Health Sciences Education, Research and Practice (http://collaborate.uw.edu/)
• American Society of Reproductive Professionals (http://core.arhp.org/)
• Sex and Gender Based Medicine – Texas Tech University (http://www.texastechsgbm.org/)
Pharmacy and Dentistry: Areas for Partnership and Collaboration

• Elective/Core courses
• Women’s health issues
  – Drug-drug/disease interactions
    • Hormonal contraceptives and antibiotics
    • Bisphosphonates and bone health
  – Medications in pregnancy and lactation
  – Pain management
    • Substance abuse
    • Current laws
  – Effect and importance of oral health in conditions affecting women
    • Pregnancy
    • Cardiovascular Health
    • Diabetes
    • Depression/Anxiety
  – Oral health products
Take Away Points

• Ultimate reason for IPE: Improve patient care!
  ➢ Reduce medication errors
  ➢ Improve communication between providers
  ➢ Understand roles
  ➢ Shared knowledge among experts
  ➢ Shared responsibility
  ➢ Ensure optimal treatment for patient

• Gender-specific women’s health crosses all disciplines
  – Serves as an excellent conduit for IPE opportunities
Getting to the Finish Line