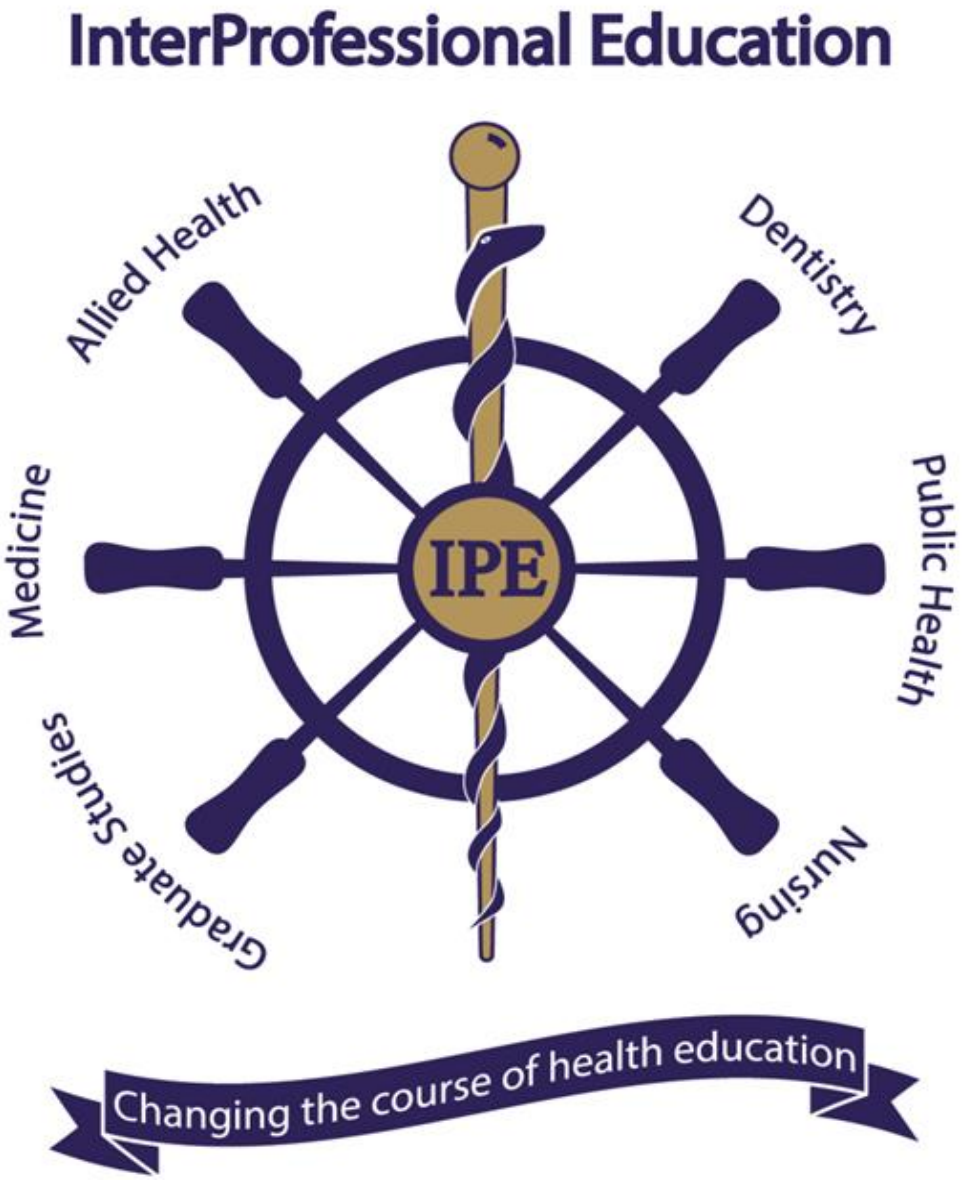
LSUHSC-NO Quality Enhancement Plan

SACS-COC Reaffirmation of Accreditation

March 24 – 26, 2015



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I. Executive Summary

Louisiana State University Health Sciences Center - New Orleans (LSUHSC–NO) is an academic health sciences center offering 20 degree programs across six schools: Allied Health, Dentistry, Graduate Studies, Medicine, Nursing, and Public Health. Its mission is to provide education, research, and public service through direct patient care and community outreach. Our institutional structure provides significant potential for teamwork and collaboration among health professions students and providers, which has been shown to improve health outcomes. However, a broad review of our institutional goals and our ability to meet those goals through interprofessional interactions identified a number of factors hindering interprofessional relationships. This Quality Enhancement Plan (QEP) is focused on interprofessional education (IPE) in response to this acknowledgement as well as national calls to utilize IPE to improve health outcomes.

IPE, defined as "when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes" (World Health Organization, 2010), is currently a limited component of LSUHSC-NO's collective curricula, only reaching a small proportion of students. Despite the small number of IPE opportunities that currently exist, there is significant enthusiasm for IPE among students and faculty. The QEP aims to broaden and enhance IPE across the institution by achieving 3 major goals:

- Developing and supporting a robust infrastructure that includes an empowered centralized office for IPE
- Facilitating faculty participation in IPE
- Increasing meaningful IPE opportunities that promote learner-centeredness and involve students in patient care teams

The QEP strives to keep two key principles in mind: (1) the patient should be at the center of care; and (2) adult learners need to know that what they are learning draws from their former knowledge and experiences and is relevant to their future roles. Accordingly, IPE experiences will focus on the care of the people we serve regardless of the educational setting. Educational activities will build on foundational information in order to allow students to apply their knowledge to solve problems and create team-based plans of care. Student learning outcomes will be based on nationally accepted competency domains to ensure that students truly learn how to practice in interprofessional teams.

Changing institutional culture is a longitudinal process that requires a commitment from the institution's leadership as well as a broad interest and dedication from students, faculty, and other constituents. This QEP was constructed in order to facilitate this critical culture shift and therefore change the course of health education at LSUHSC–NO for many years to come.

II. Process Used to Develop the QEP

The development of the QEP for LSUHSC-NO began with the leadership team for the Southern Association of Colleges and Schools – Commission on Colleges (SACS-COC) reaffirmation of accreditation. This team was convened in spring 2013 and included faculty from all schools and administrators from LSUHSC-NO. Development then expanded broadly to include students and faculty in all schools and major clinical site constituents.

In summer 2013, the Vice Chancellor for Academic Affairs appointed an institutional QEP Committee consisting of faculty and student representatives from the Schools of Allied Health, Dentistry, Graduate Studies, Medicine, Nursing, and Public Health. The members of this committee were identified based on input from deans and other interested faculty. Students were identified by the faculty representatives for each school. See Table 1 for QEP Committee members. Once a topic for the QEP was finalized, representatives from the LSUHSC-NO Library, LSUHSC-NO Office of Medical Education Research and Development (OMERAD), and Xavier University College of Pharmacy were added.

At the first meeting of the QEP Committee, members reviewed the core and comprehensive standards for the QEP requirements, and the significance of developing a high quality QEP for students and the institution was emphasized. Members were oriented to the reaffirmation process timeline, SACS-COC website resources, and the process recommended in the SACS-COC Handbook for QEP development. The committee determined the process for identifying the topic for the QEP, as is outlined below.

From the beginning of the process, the QEP Committee worked to choose a topic that enhanced students' learning in order to better prepare them for practice. The ultimate goal was to help students interact with one another in teams to deliver excellent care to the community. In addition to developing the QEP from the institutional planning process, committee members wanted to strongly consider ways to build on the previous QEP, which focused on technology in health care education and has been highly successful in improving student learning.

Students from the School of Nursing and the School of Allied Health participate in a small group discussion at IPE Day.

Table 1: QEP Committee Members

School	Representatives	Name
Allied Health	Faculty	Tina Gunaldo, PhD, PT
		Jerald James, AuD
	Student	Susan Analla
		Alicia Ortiz
		Sarah Williams
Dentistry	Faculty	Sandra Andrieu, PhD
		Chet Smith, DDS
	Student	Jacob Deniakos
Medicine	Faculty	Mary Coleman, MD, PhD
		Robin English, MD *
		Michael Levitzky, PhD **
	Library	Deborah Sibley, MLS, MEd
	Student	Daniel Puneky
Nursing	Faculty	Deborah Garbee, PhD, APRN, ACNS-BC
		Todd Tartavoulle, DNS, APRN, CNS-BC
	Student	Priscilla Halloran
Public Health	Faculty	Kari Brisolara, ScD
		Donald Mercante, PhD
	Student	Symielle Gaston, MPH
LSUHSC-NO OMERAD	Faculty	Sheila Chauvin, MEd, PhD
		Aryn Karpinski, PhD
Xavier University College of Pharmacy	Faculty	Jessica Johnson, Pharm D

*Chair **Ex-officio/SACS-COC Liaison/Representative from School of Graduate Studies

The first task set forth by this committee was to identify all of the various constituents who would be involved in the development of the QEP. See Table 2 for the list of constituents enlisted to help with ideas for planning. The QEP Committee developed a plan to begin the process of education about the QEP and the solicitation of topics. Student and faculty members of the committee created a "talking points" flyer (Appendix A) and PowerPoint presentation about the SACS-COC reaffirmation and the purpose of the QEP for dissemination to constituents. Committee members scheduled meetings with the various constituents to discuss the QEP and solicit ideas for topics. In addition to awareness of the QEP and topic solicitation, constituents were asked to consider optimal ways to extend QEP education to additional faculty and students. Constituents were also informed that surveys for needs assessments and pre-intervention data would be distributed once a topic was selected.

The committee determined that members would bring ideas about potential QEP topics and the dissemination of information back to the committee. The committee would then use these considerations as well as a review of institutional planning and the prior QEP to recommend a topic to the SACS-COC leadership team and the LSUHSC-NO leadership.

Students discuss their roles in health care in a small group discussion at IPE Day.

Table 2: LSUHSC-NO Constituents Involved in QEP Development

School/Institution	Constituent Groups
School of Allied Health	Faculty Assembly
	Student Government Association
School of Dentistry	Faculty Assembly
	Curriculum Committee
	Student Government Association
School of Graduate Studies	Graduate Advisory Council
School of Medicine	Faculty Assembly
	Curriculum Committee
	Administrative Council
	Student Government Association
School of Nursing	Faculty Assembly
	Student Government Association
School of Public Health	Faculty Assembly
	Curriculum Committee
	Administrative Council
	Student Government Association
LSUHSC-NO	Faculty Senate
	Information Technology Department
	Library
	Office of the Registrar
New Orleans Community Groups	Children's Hospital leadership
	Community Leadership Advisory Board
	Interim LSU Hospital leadership and staff
Xavier University College of Pharmacy	Curriculum Committee

III. Selection of the Topic

Link to Institutional Planning

During the development of the QEP, the QEP Committee referred to the 2009-2019 Strategic Plan for LSUHSC-NO, which includes goals that specifically relate to improving the educational environment and student learning. The vision set forth in the Strategic Plan includes the following components:

- "LSUHSC-NO will be an advanced, comprehensive academic health sciences center with a campus culture of learning and discovery, positioned for constant change and continuous growth."

- "Skilled professionals, specialists in concentrated areas of bioscience and technology, will produce innovative education for students in the health professions, enhance acquisition of knowledge and research grants, and demonstrate excellence in all patient care."

Using terminology from this vision statement, the QEP Committee wanted to choose a topic that would help prepare students to deliver excellent care to the people in our community, while fostering continuous professional growth and utilizing innovative educational methods. Interprofessional collaboration improves patient care, and the health care environment in which our students will ultimately practice will constantly evolve to include multiple health care professionals in care management. Specific references to training our students in interprofessional collaboration are included in these excerpts:

- Goal 1 (Environment)

    - Objective 1.1: Foster professionalism, interprofessional collaboration, ethical sensitivity, and skill among faculty, staff, trainees, and students.
        - Performance Indicator 1.1: Enhanced student skills and attitudes relating to professionalism and interprofessional collaboration.

    - Objective 1.2: Enhance the culture within to promote positive attitudes and interprofessional interactions, professionalism, satisfaction, and consideration of others to further augment institutional excellence.

- Goal 2 (Education)

    - Objective 2.1: Provide faculty members with support programs that enhance their skills in the areas of teaching, advising/mentoring, instructional design, curriculum development, interprofessional education, and assessment of learning.

    - Objective 2.2: Use technology to enhance interprofessional student learning and matriculation experiences.

Broad recognition of the importance of IPE for delivering excellent care was a catalyst for the inclusion of interprofessional learning in the institution's planning process. Therefore, after review of institutional planning, IPE surfaced as a relevant QEP topic that could help the institution meet its goals and objectives. The leadership of LSUHSC-NO continues to promote the development of IPE and collaborative practice since the time of topic selection. The draft of the 2014-2019 Shared Vision Statement for LSU Health, which includes LSUHSC-NO, describes specific strategic planning objectives for the institution, including the development of interprofessional training programs, interprofessional curricula in geriatrics and primary care, and interprofessional clinical practices over the next five years.

Link to Broad-Based Constituent Interest

IPE also emerged as a potential QEP topic from discussions with various constituents across the institution. Other topics that were discussed included ethics, evaluation of the scientific and medical literature, and cultural competency with respect to patient care. These three topics were content areas that were already taught in each of the individual schools in different courses. The committee recognized that IPE could be used to teach these topics across schools. In discussions among committee members and constituent groups, there was significant mention of the extent of interest in the IPE activities already occurring at LSUHSC-NO. The review of specific educational activities and other recent initiatives indicated a substantial desire by faculty and students to engage in IPE and revealed a number of barriers that had prevented full implementation.

Recent initiatives to attempt to expand IPE at the time of QEP development

- *The Committee on Interprofessional Education*: In spring 2012 the Vice Chancellor for Academic Affairs created the Committee on IPE, consisting of faculty from the Schools of Allied Health, Dentistry, Medicine, Nursing, and Public Health. The committee determined immediately that its ultimate goal was that each student at LSUHSC-NO would participate in one IPE activity prior to graduation. A short-term goal was the creation of an IPE elective, *INTR 281*, which is described below with other existing educational activities.

- *Academy Symposia***:** The Academy for the Advancement of Educational Scholarship is a community of educators from all LSUHSC-NO schools that nurtures and recognizes excellence in educational scholarship. Recognizing the Academy as an example of interprofessional education and collaboration, the Academy leadership devoted three semiannual symposia to the topic of IPE (spring 2011, fall 2011, and spring 2012). Activities in these symposia included guest speakers from institutions with strong IPE cultures, brainstorming workshops on potential clinical and classroom IPE activities, and a strategic planning analysis conducted by Academy members from all schools. Members identified a number of barriers to a more robust implementation of IPE and potential solutions. A strong faculty desire to continue to work toward a culture of IPE emerged from these symposia. Appendix B contains the agendas from these symposia.

- *The Interprofessional Student Alliance*: In 2011, a group of students in programs from the Schools of Medicine, Nursing, and Public Health conceptualized the Interprofessional Student Alliance (IPSA) that would serve as an umbrella organization for student-led IPE-focused pursuits at LSUHSC-NO. IPSA's first program was the New Orleans Adolescent Reproductive Health Project (NOARHP), a program to train interprofessional students on cultural competence while providing health education to high school students. An additional program to educate school-aged children on healthy eating habits (SMART CAFÉ) has since been developed. Both of these programs include interprofessional debriefing sessions to allow students to share perspectives on their teaching experiences after each school visit. See Appendix C for an informational flyer on these programs. IPSA leadership has a strong interest in expanding community-based IPE programs to engage more LSUHSC-NO students.

Representative existing IPE activities at the time of QEP development

- Students in programs in the Schools of Allied Health and Dentistry collaborated in a project to provide patient assessments to maximize patient comfort during dental procedures. Their experiences were described in a grand rounds presentation for students and faculty.
- Students in programs in the Schools of Allied Health, Medicine, and Nursing participate in high-fidelity simulations in the Isidore Cohn Learning Center. These simulations, a major accomplishment of the prior QEP, are followed by debriefings using validated instruments. Outcomes have been studied and disseminated by members of the faculty.
- Students in programs in the School of Allied Health participate in case discussions that encourage the development of management plans that require teamwork.
- Students in programs in the Schools of Allied Health and Nursing assemble to learn patient transfer techniques together.
- Students in programs in the Schools of Medicine, Nursing, and Public Health collaborate with students from programs in Xavier University College of Pharmacy and Southern University of New Orleans to care for a group of high-risk patients with diabetes in a clinic (Diabetes Internal Medical Education: DIME). The DIME clinic also includes LSUHSC-NO residents and faculty physicians. Students' responsibilities include following up with patients by phone and tracking quality care indicators and patient satisfaction with care.
- Students from all schools can participate in the IPE elective, *INTR 281*, which has been offered for the past three years. While this elective includes large group lectures, it primarily focuses on small group case discussions in which students are required to develop patient management plans as a team. Facilitator guides foster the sharing of roles, responsibilities, and contributions of each health professional to the provision of holistic care. Shared group presentations further enable students to appreciate the benefit of collective involvement and teamwork.

Barriers to the implementation of IPE

Despite the apparent interest in IPE and various attempts to develop IPE experiences, a number of significant barriers have prevented full implementation of IPE for all students. These barriers were noted and discussed across a wide range of venues, including the Committee on IPE, IPSA's post-teaching debriefings, the Academy's strategic planning analysis, and formal Academy workshop evaluations. The major barriers identified included:

- Differences in the timing and scheduling of the various program curricula make it difficult to identify times for students to participate in IPE activities.
- Many programs have reached their limit with respect to the number of credit hours allowed, so adding new curricular experiences is not feasible.
- Registration for IPE experiences is difficult and likely deters students from enrollment.
- The "siloed" structure of our institution, which has been described extensively in IPE literature, significantly impacts the ability to develop activities that could engage all students in IPE. Despite the fact that each school has at least one active curriculum committee, the committees had never met with each other to discuss interprofessional opportunities.
- The lack of a central office and coordinator for IPE means that any IPE experiences that have been developed were done so in isolation by faculty with an interest in IPE who do not receive financial or time support for their efforts.
- Most faculty members do not have experience with IPE.
- Students and faculty are distributed across numerous academic and clinical locations despite having a centralized campus.

Link to the Previous QEP

The members of the QEP committee also reviewed the QEP that was associated with the reaffirmation in 2005, which was entitled, "The Use of Educational Technology to Enhance Student Learning." The focus of the prior QEP was the expansion of technology, such as simulation, to students in all schools. The intention was to foster interprofessional learning across schools. Interprofessional learning had been accomplished to some degree as evidenced by the development of simulation activities that include students from several programs and schools. However, substantial barriers, including those noted above, prevented participation in IPE by all students. Committee members noted opportunities to build on the achievements of the last QEP by expanding simulation to as many students as possible, enabling them to engage in structured practice providing patient-centered care in teams.

Final Selection

All of the above factors were significant in the decision-making process. Thus, in fall 2013, the QEP Committee recommended IPE as the QEP topic and made a proposal to the leadership of the various schools and the SACS-COC leadership team, all of whom expressed approval. It was broadly agreed that making IPE the focus

of the QEP was in alignment with the institution's strategic plan and mission and could help meet specific institutional goals. The QEP could assist in overcoming some of the most challenging barriers to IPE and facilitate a change in culture at LSUHSC-NO from a "siloed" mindset to a truly interprofessional environment.

Because varied definitions of IPE have been utilized, the QEP Committee chose to accept the World Health Organization's definition from 2010: "Interprofessional Education – when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes." This definition informed all of our planning efforts. In order to enhance learning for as many students as possible, the QEP will focus on students from the Schools of Allied Health, Dentistry, Medicine, Nursing, and Public Health because these schools educate students to care for people and populations. As the QEP proceeds, students from the School of Graduate Studies will be included in activities that are appropriate for their training. Recognizing that convening students in all schools simultaneously in every new IPE initiative will be challenging, the QEP Committee determined that IPE experiences will include students in at least two schools, aiming to include as many different professions as possible where feasible and appropriate.

The next step was to convene several work groups: 1) an Outcomes Work Group to determine student learning outcomes; (2) a Survey Work Group to develop instruments to assess faculty and students' knowledge and attitudes regarding IPE and to identify existing educational experiences that were consistent with IPE; and (3) a Literature Review Work Group to review literature on best practices in IPE.

Students share similarities and differences in their professional perspectives toward health care at IPE Day.

Defining the Goals of the QEP

To define the goals for the QEP, committee members reviewed the goals set by the previously formed Committee on IPE: (1) providing at least one IPE experience for each LSUHSC-NO student, and (2) creating an IPE elective that would be available to students from all schools. To provide an IPE experience for all students, a substantial organizational commitment would be required, faculty development would be a critical factor for success, and the number and types of IPE experiences would need to be significantly expanded. Therefore, the committee determined three overarching goals for the QEP, each of which was further itemized into specific initiatives. These are outlined in Table 3.

Table 3: Goals and Initiatives for the QEP

Goal 1: Develop and support a robust infrastructure that includes an empowered centralized office for IPE
Initiative 1.1: Develop and support a centralized office for IPE
Initiative 1.2: Streamline registration to facilitate enrollment of students in IPE courses
Initiative 1.3: Coordinate curriculum committees to facilitate participation in IPE activities
Initiative 1.4: Promote and support the Interprofessional Student Alliance (IPSA)
Goal 2: Facilitate faculty participation in IPE
Initiative 2.1: Identify and support faculty liaisons to serve as IPE leaders for each school
Initiative 2.2: Develop a toolkit of faculty development educational materials in IPE/collaborative practice, teaching and learning principles, and leadership
Initiative 2.3: Incentivize faculty participation in IPE
Goal 3: Increase meaningful IPE opportunities that promote learner-centeredness and involve students in patient care teams
Initiative 3.1: Identify and further develop existing opportunities for IPE
Initiative 3.2: Develop a set of foundational education materials for IPE
Initiative 3.3: Develop new IPE experiences that promote active learning and patient-centeredness
Initiative 3.4: Formalize relationships with clinical sites for additional IPE experiences
Initiative 3.5: Develop a learner-centered portfolio for IPE experiences

Students from the Schools of Medicine and Nursing participate in a high fidelity simulation scenario.

IV. Student Learning Outcomes

The Interprofessional Education Collaborative (IPEC) is an expert panel with representatives from the American Association of Colleges of Nursing, the American Association of Colleges of Osteopathic Medicine, the Association of Schools and Programs of Public Health, the American Association of Colleges of Pharmacy, the American Dental Education Association, and the Association of American Medical Colleges. In 2011, IPEC derived core competencies for IPE that were linked to competencies set forth by the Institute of Medicine in 2003. These core competencies encompass four domains: Values/Ethics for Interprofessional Practice; Roles/Responsibilities; Interprofessional Communication; and Teams and Teamwork. The General Competency Statements defined in IPEC's report are:

- Values/Ethics for Interprofessional Practice (VE): *Work with individuals of other professions to maintain a culture of mutual respect and shared values.*
- Roles/Responsibilities (RR): *Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.*
- Interprofessional Communication (CC): *Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.*
- Teams and Teamwork (TT): *Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.*

These four domains represent the cornerstone of the four student learning outcomes (Table 4). Within each of these domains, IPEC delineates specific competencies. The Outcomes Work Group selected three to four competencies within each domain as focus areas for the QEP. The outcomes support institutional goals and relate specifically to LSUHSC-NO's Educational Program Objectives and Institutional Competencies (Appendix D). Student learning outcomes, the alignment with institutional objectives, and outcome measures for each domain are outlined in Table 4 below. Specific benchmarks that will be acceptable to demonstrate competency for each outcome measure are described in Section XI.

Table 4: Student Learning Outcomes

Outcomes	Specific IPEC Competencies (IPEC, 2011)	Link to Educational Program Objectives	Outcome Measures
1. Students will demonstrate knowledge of the values and ethical principles that guide interprofessional practice.	• VE 1: Place the interests of patients and populations at the center of interprofessional health care delivery. • VE 4: Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions, using respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict. • VE 8: Manage ethical dilemmas specific to interprofessional patient-/population- centered care situations.	#3 Students must be able to identify and apply the principles of ethics and professionalism in patient care and research that are accepted in their fields. #15 Students must maintain integrity and personal responsibility and apply the principles of ethics and professionalism in patient care and research that are accepted in their fields.	• Knowledge as assessed on written examinations • Behaviors as assessed on global faculty and peer evaluations • Attitudes as assessed on written reflections
2. Students will demonstrate understanding of the roles, responsibilities, and contributions of other health care professionals in the context of patient care.	• RR 1: Communicate one's roles and responsibilities clearly to patients, families, and other professionals. • RR 4: Explain the roles and responsibilities of other health care providers and how the team works together to provide care. • RR 8: Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable.	#14 Students must demonstrate an understanding of the health care system as a whole, including types of medical practice, delivery systems, and payment methods; the roles of other health care providers, and utilization of resources.	• Knowledge as assessed on written examinations • Behaviors as assessed on global faculty and peer evaluations • Attitudes as assessed on written reflections, Readiness for Interprofessional Learning Scale (RIPLS), and Team STEPPS Teamwork Attitude Questionnaire (T-TAQ)
3. Students will demonstrate the ability to communicate effectively with other health professions students in classroom and clinical settings.	• CC 3: Express one's knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions. • CC 4: Listen actively and encourage ideas and opinions of other team members. • CC 6: Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict.	#6 Students must demonstrate the ability to manage patients' health by making diagnoses and planning treatment. #9 Students must collaborate and communicate effectively in order to provide care. #13 Students must demonstrate effective communication with patients, colleagues, and team members.	• Behaviors as assessed on global faculty and peer evaluations • Self-assessment and observable behaviors on Teamwork Assessment Scale (TAS) during simulation-based exercises • Attitudes as assessed on written reflections, Readiness for Interprofessional Learning Scale (RIPLS), and Team STEPPS Teamwork Attitude Questionnaire (T-TAQ)
4. Students will demonstrate the ability to work collaboratively and effectively in teams in classroom and clinical settings.	• TT 1: Describe the process of team development and the roles and practices of effective teams. • TT 3: Engage other health professionals – appropriate to the specific care situation – in shared patient-centered problem solving. • TT 8: Reflect on individual and team performance for individual, as well as team, performance improvement. • TT 9: Use process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care.	#6 Students must demonstrate the ability to manage patients' health by making diagnoses and planning treatment. #12 Students must regularly seek useful assessment and feedback from patients and colleagues. #13 Students must demonstrate effective communication with patients, colleagues, and team members.	• Behaviors as assessed on global faculty and peer evaluations • Self-assessment and observable behaviors on Teamwork Assessment Scale (TAS) during simulation-based exercises • Attitudes as assessed on written reflections, Readiness for Interprofessional Learning Scale (RIPLS), and Team STEPPS Teamwork Attitude Questionnaire (T-TAQ)

V. Literature Review and Best Practices

The Literature Review Work Group consisted of faculty and students from the QEP Committee. These members reviewed IPE articles pertaining to the general principles of IPE, classroom settings, clinical settings, simulation, student perspectives, faculty development, and recommendations for the successful implementation of IPE. A representative from the John P. Isché (Main) Library at LSUHSC-NO provided valuable assistance in identifying and organizing articles for this review. The findings from the review are summarized in the next section.

Background of Interprofessional Education

Academic health sciences centers are charged with preparing students to practice in an interprofessional collaborative manner. Many health professions' academic accrediting organizations include program competencies that reflect the core tenets of interprofessional practice, such as collaboration, communication, and teamwork. Despite the growing body of evidence that interprofessional teams can improve health outcomes, IPE experiences in academic settings are limited (Garr, et al., 2008).

For more than 40 years, our society has advocated for health professions students to be educated in teams. A 1972 Institute of Medicine (IOM) report, *Educating for the Health Team*, recommended an interdisciplinary educational approach for health professions students. Even at that time, it was emphasized that the rationale for educating students in teams is to enable each member of the team to learn about the role, knowledge, and skills of other health care professionals.

In 1988, the World Health Organization (WHO) discussed the relevance of multiprofessional education in community-based primary health care. The report, *Learning Together to Work Together for Health*, promoted a coordinated team approach in which cooperation between health personnel and health systems is crucial. The focus of multiprofessional education involved efficiently meeting the needs of the community and using the discipline-specific skills and knowledge of all team members. The theme of the report was that a team has the potential to have a greater impact in health care compared to individual efforts (WHO, 1988).

The 2003 IOM report *Health Professions Education: A Bridge to Quality*, reiterated the importance of educating health professions students and professionals in team-based skills. The report proposed five core competencies for health care professionals to increase the quality of patient care and meet the needs of the 21st century health care system. Two of the five competencies are foundational to IPE and collaboration: providing patient-centered care and working in interdisciplinary teams. Working in interdisciplinary teams requires cooperation, collaboration, communication, and integration (IOM, 2003). These are similar terms echoed from the 1988 WHO report.

There have been numerous research activities regarding IPE from national and international perspectives. Several studies confirm that IPE experiences enhance student attitudes regarding interprofessional collaboration. Educational methodologies include case-studies (e.g. Buhler, et al., 2011; Pullon, et al., 2013), co-curricular activities (e.g., Blue and Zoller, 2012), clinical placement (e.g.,Pinto, et al., 2012), and problem-based learning (e.g., Eccott, et al., 2012).

Barriers and Enablers to IPE

Higher education institutions play a key role in preparing health professions students to practice collaboratively. However, for many years, health professions students have been educated in silos. With organizational change comes resistance, and this resistance is also seen in an integrated pedagogical approach to educating health professions students. Numerous institutional and individual barriers and enablers in higher education, as seen in Table 5, have been reported (Lawlis, et al., 2014).

Table 5: Barriers and Enablers in IPE

Institutional Barriers	Individual Barriers
• Lack of/limited financial resources • Lack of/limited support • Limited faculty development initiatives • Scheduling of IPE within current programs • Health professional degree calendars – different lengths of degree years • Different degree timetables • Rigid/condensed curricula • Extra-curricular versus required courses/units • Differences in assessment requirements	• Faculty attitudes • Lack of rewards for faculty • High workloads (including teaching and administration) • Lack of/limited knowledge about other health professions • Poor understanding of IPE • Lack of perceived value of IPE • Different student learning styles • "Turf" or professional battles • Bias toward own profession • Lack of respect toward other health professions/professionals
Institutional Enablers	**Individual Enablers**
• Funding by institutions • Development of organizational structures • Faculty development programs	• Facilitator skills and enthusiasm • Facilitator/Staff as role models • Champions for IPE • Commitment to IPE • Understanding of IPE and collaborative practice • Shared interprofessional vision • Equal status of team members regardless of position or background

The Educational Environment for IPE

As noted above, literature describes IPE experiences in various educational venues, including simulation laboratories, clinical arenas, and classrooms. Engaging learners in IPE simulation scenarios has been shown to improve attitudes in communication (Brock, et al., 2013), team-based behaviors, and response (Nicksa, et al., 2015; Paige, et al., 2014). Literature on other educational venues shows that engaging students in IPE early in their curricula promotes positive attitudes for interprofessional learning throughout their careers as students

(Ruebling, et al., 2014). Utilization of web-based formats can also be effective (Solomon, et al., 2010). Efforts should be made to integrate didactic IPE knowledge within clinical activities (Shrader and Griggs, 2014). Quality improvement principles should be applied to clinical activities. Students should be given the opportunity to apply interprofessional methods to address health care quality outcomes (Tasaka, et al., 2014). Finally, studies on the student perspective regarding the educational environment show that student attitudes mirror those of faculty, highlighting the importance of cultural shifts and faculty development (Curran, et al., 2007).

Best Practices in IPE

LSUHSC-NO has the opportunity to learn from other institutions that have already implemented IPE initiatives. Recommendations from the Medical University of South Carolina include starting small, expanding over time, and using a continuous improvement quality approach throughout implementation. An integrated and comprehensive plan supported by central administration is crucial (Blue, et al., 2010). Western University, Thomas Jefferson University, and Rosalind Franklin University of Medicine and Science have also implemented successful IPE initiatives. These universities start with improving student knowledge and escalate to improving observable team behaviors. Recommendations from these universities include administrative and financial support, physical space for IPE opportunities, balanced faculty workloads, development of an IPE office, and an IPE academic calendar (Aston, et al., 2012).

Faculty Development

Faculty awareness about IPE has increased over the past several years. However, barriers such as lack of knowledge about and skills in IPE and limited experience teaching in IPE settings prevent faculty from becoming fully engaged in IPE efforts. Faculty development is a critical factor to the success of IPE in any institution. To have successful faculty development, commitment from top leadership must be obtained. Efforts should be driven by interprofessional faculty rather than faculty from a single discipline, objectives must be clear, and the structure must be feasible within the context of the specific institution (Hall and Zierler, 2014). In addition, faculty development must occur at individual and organizational levels and address three main content areas: IPE and patient-centered collaborative practice, teaching and learning, and leadership and organizational change (Steinert, 2005). Finally, activities should emphasize teamwork and utilize diverse settings and formats, both explicitly and implicitly (Hall and Zierler, 2014; Steinert, 2005).

Learning Domains

There are three domains of educational learning: cognitive (knowledge), affective (attitude), and psychomotor (skills) (Bloom, et al., 1956). Anderson and Krathwohl (2001) revised the original taxonomy for the cognitive domain to include active verbs (remember, understand, apply, analyze, evaluate, and create). This taxonomy is useful in providing a common language for educational goals and utilizing the hierarchy of learning to build on foundational knowledge and engage students in problem solving and application.

Application of the Literature to the QEP

The goal of the LSUHSC-NO QEP is to integrate IPE learning experiences throughout the various academic programs. To accomplish this plan, LSUHSC-NO will rely on the literature as a resource for implementation strategies. Understanding the prevalent barriers and enablers of implementing IPE within higher education institutions has led the QEP Committee to emphasize the importance of institutional organization and faculty development. The QEP Committee feels strongly that its schools can integrate evidence-based information on IPE into various settings and measure student learning outcomes. Because of the importance of placing the patient at the center of IPE experiences, development of new experiences will aim to include teams caring for patients whenever possible. Concepts from the literature will guide our faculty development program with respect to IPE. Finally, application of the revised Bloom taxonomy for cognitive learning will be our basis for planning IPE experiences and measuring learning outcomes.

Students from the Schools of Allied Health and Nursing participate in a debriefing session following a high fidelity simulation scenario.

VI. Subsequent Outreach

Institutional Surveys

The QEP Committee charged the Survey Work Group with developing survey instruments that would assess the knowledge and attitudes of our students and faculty with respect to IPE. The work group also desired further insight into the types of IPE experiences that already existed and could be logically expanded to include students from various schools. Further, the committee wanted institution-wide input into a design that would symbolize our QEP and represent IPE at LSUHSC-NO for years to come. Accordingly, the work group decided to send three separate surveys, which were administered in March, May, and June 2014.

Anecdotally, work group members reported wide misconception regarding the definition of IPE among our faculty and students and were interested in further investigation of this observation. Therefore, the first survey included 10 theoretical scenarios, written by committee members, describing health professions students in various activities with one another (Appendix E). Half of the scenarios were deliberately written to describe a true IPE experience, aligning with our accepted definition of IPE (e.g., "Students from pharmacy, social work, and medicine follow a set of patients in a diabetes registry and develop plans of care"). The remaining scenarios were written to fail to meet our definition of IPE (e.g., "Respiratory therapy, physical therapy, and nursing students attend physiology laboratory together"). Survey completers were asked to denote all of the scenarios they felt reflected an IPE experience. They were also asked to describe any IPE experiences in which they had participated at LSUHSC-NO.

Of the 503 respondents, most were able to identify the five true IPE experiences. However, nearly half of respondents also chose the five experiences that were not meant to represent IPE, indicating that clarification of the definition of IPE was needed. Free-text answers describing potential IPE experiences were submitted by 206 respondents and provided several examples for future development opportunities. Many of these comments described experiences that did not meet the definition of IPE (e.g. attending lectures with students from other schools), further suggesting that educational efforts need to focus on the definition of IPE.

The second survey (Appendix F) was a widely used questionnaire examining the attitudes of health professions students and practitioners, the Readiness for Interprofessional Learning Scale (RIPLS). The RIPLS uses a Likert scale to score items related to teamwork, professional identity, and roles and responsibilities. The results from this assessment showed that faculty and students demonstrated readiness to learn about IPE, with a mean score 4.06/5 for faculty and 4.15/5 for students. The QEP assessment plan includes annual administration of this scale to students as described in the *Assessment* section.

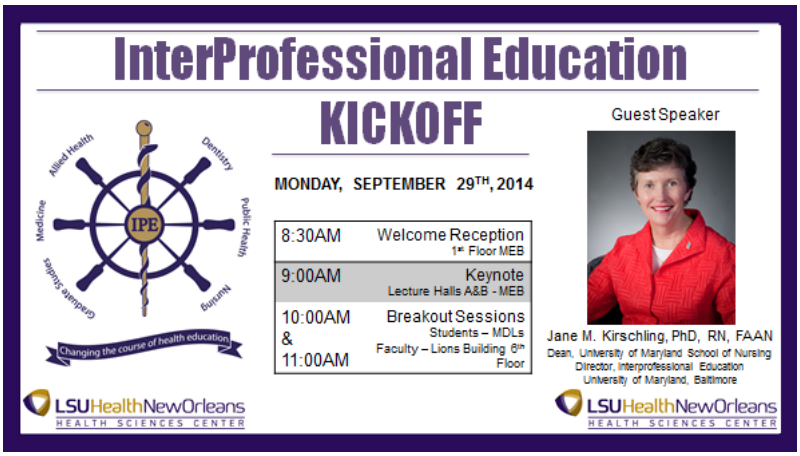
The final survey was a solicitation of graphic designs that could represent IPE at LSUHSC-NO. Gift card prizes were offered to the top three winners. Faculty, student, and administrative staff submitted more than 50 designs. A committee consisting of students and faculty from all schools selected the top four designs that they felt offered true representation of IPE, and these were sent to the SACS-COC steering committee, the QEP Committee, and IPSA for a final vote. The winning design, which was submitted by a student in the

occupational therapy program, was embossed onto various promotional items (e.g., coffee mugs, cups, and t-shirts), and was incorporated into a sign that rotated on electronic sign boards, which are located across the campuses of LSUHSC-NO.

Promotional items embossed with the winning IPE design

IPE Day

To launch our QEP and further reach out to our faculty, students, and clinical staff, the Dean of the School of Nursing invited a visiting speaker, Dr. Jane Kirschling, for the first IPE Day at LSUHSC-NO. The Dean of the School of Nursing and Director of IPE at the University of Maryland, Dr. Kirschling delivered a keynote address to more than 400 attendees on campus with live streaming online.



The advertisement for IPE Day, as displayed on electronic sign boards throughout LSUHSC-NO

Following the keynote address, 800 first- and second-year students from the Schools of Allied Health, Dentistry, Medicine, Nursing, and Public Health convened in two sessions. Students who were in early stages of their programs were selected because of the future potential to engage the same students in additional IPE activities during their training. Exercises aimed to identify similarities in professional values and differences in perspectives that each profession brings to a clinical experience. Exercises were revised from those that were

utilized and deemed effective in the *INTR 281* elective the previous year and were facilitated by faculty and students from various schools.

In addition to student sessions, faculty sessions were conducted to help faculty members experience how interprofessional case discussions can promote the understanding of roles and responsibilities. These case discussions, which were focused on a case utilized in the *INTR 281* elective, were led by faculty from various schools. Approximately 60 faculty members attended these discussions. The day concluded with a facilitated discussion with curriculum committee members and deans from the various schools to continue focused planning for IPE at LSUHSC-NO.

Attendees at the IPE Day keynote address

Overall, IPE Day was deemed a success, and QEP Committee members recommended making it an annual event. Numerous faculty and students commented on the effectiveness of the activities. Representative comments include:

"Participating in the faculty discussions was very helpful. I finally 'get' IPE!" - Faculty participant, School of Allied Health

"After some skepticism prior to IPE Day as a time filling event, I found the program to be very interesting and informative. It was a great time to have other professions' perspectives on various careers. It was a time well spent." – Student, School of Nursing

Faculty members discuss a case at IPE Day.

The exchange of ideas and information between students - who otherwise would have little to no means of communication - had an impact that will positively affect my communication and professionalism with peers and colleagues in all health care professions for the remainder of my career." – Student, School of Medicine

"I wanted to share with you how well I thought IPE Day went. I was in the student session and the interaction and sharing of different roles was encouraging about the future. In one case a student from Allied Health shared with medical students what rehab counselors do on a daily basis. In another case, speech therapy students discussed the realm of their profession. I think it was a great way to expose all of our students to each other to build knowledge and change perceptions. I was glad to be a part of the experience." – Faculty facilitator, School of Nursing

"I knew very little about the career path of a physician assistant before the IPE session. Afterwards, I had learned about the educational program here at LSUHSC and had gained an appreciation for the flexibility of clinical settings in which a PA can practice. Overall, I enjoyed IPE Day, and I would like to have more opportunities to work with students in interdisciplinary teams as I move forward in my education." – Student, School of Medicine

Curriculum Committee Work Group

A significant barrier to IPE is coordination across the various curricula in our schools. Two potential solutions are the allowance of time within curricula to participate in IPE activities (freedom from required responsibilities) and teaching content applicable to all professions in an interprofessional manner. At the time that IPE was selected as the QEP topic, there was little coordination of curricula across schools and modest coordination across programs within schools.

The QEP Committee sees collaboration and cooperation across schools as a component vital to the success of the QEP. Its members sought to obtain input from as many faculty members as possible to ensure broad-based involvement in QEP development. Accordingly, the Chair of the QEP Committee attended curriculum committee meetings in the Schools of Allied Health, Dentistry, Medicine, Nursing, and Public Health in summer 2014. Representatives from each school's curriculum committee were asked to form an ad hoc Curriculum Committee Work Group (CCWG) to identify the following:

- Courses in which content related to the IPEC competencies is taught (Values/Ethics, Roles/Responsibilities, Communication, Teams and Teamwork)
- Content themes not necessarily related to IPEC competencies but common to many schools' curricula (e.g., professionalism, diversity, cultural competency) that might be conducive to interprofessional teaching
- Potential areas of flexibility to free time for IPE within curricula
- Course directors willing to work on the development of IPE activities
- Barriers and potential solutions to implementing IPE across schools

The QEP Committee expected that the discussion would enhance the development of the QEP, including expansion and creation of IPE activities, faculty development, and infrastructure needs. The CCWG would generate ideas that could then be further explored with the keynote speaker and the deans at IPE Day in fall 2014. If the ad hoc collaboration proved to be beneficial, course directors and other interested faculty might then form a more permanent work group to meet regularly and develop new curricular and extracurricular experiences.

Over the course of two meetings, 28 volunteers from all schools were assembled (Table 6). Participants had ample knowledge of their schools' curricula and were in positions to influence curricular change within their schools. The Chair of the QEP Committee facilitated the discussions with pointed questions related to the topics noted above. After much discussion of existing IPE activities and opportunities for expansion, significant interest in pursuing three potential projects for development emerged (IPE Immersion, Introduction to Health Professions, and an IPE elective menu). These projects are detailed in the *Actions to be Implemented* section regarding Goal 3.

Participants in the CCWG were interested and enthusiastic, but in these meetings they repeatedly noted that an institutional culture change is required so that curricular efforts are achievable and IPE initiatives are

successful. To bring about a change in culture, the group identified a few essential matters to be addressed. These included adding infrastructure for institutional support, gaining support from deans and department chairs to allow faculty to participate, and fostering the willingness of curriculum committees and course directors to change aspects of their curricula, such as course hours or protected time for IPE.

The group discussed these issues with Dr. Kirschling and the deans at IPE Day as planned. At this session, the deans assured their support for faculty involvement and agreed to identify interested faculty from their respective schools. The deans also indicated support of their curriculum committees with respect to examining areas of flexibility to allow optimum student participation.

Students become acquainted with one another at IPE Day

Table 6: Curriculum Committee Work Group Members

School	Representative	Email Address
Allied Health	Rachel Chappell, PA	Rchap2@lsuhsc.edu
	Kirk Nelson, PhD, PT	TNelso@lsuhsc.edu
	Erin Dugan, PhD	Emart3@lsuhsc.edu
	John Zamjahn, PhD, RRT	JZamja@lsuhsc.edu
	Jerald James, AuD, CCC-A	Jjame9@lsuhsc.edu
	Patsy Jarreau, MHS	pjarre@lsuhsc.edu
	Sylvia Davis, PhD	Sdavis2@lsuhsc.edu
	Rennie Jacobs, PhD, LOTR, CHT	Rjaco1@lsuhsc.edu
	Phil Wilson, PhD	Pwilso2@lsuhsc.edu
Dentistry	Sandra Andrieu, PhD	sandri@lsuhsc.edu
	Julie Schiavo, MLIS, AHIP	JSchia@lsuhsc.edu
	Chet Smith, DDS	Csmith14@lsuhsc.edu
	Robert Barsley, DDS, JD	rbarsl@lsuhsc.edu
	Larry Bates, DDS, MBA	mbates@lsuhsc.edu
Graduate Studies	Tom Lallier, PhD	tlalli@lsuhsc.edu
	Jason Mussell, PhD	jmusse@lsuhsc.edu
Nursing	Scharalda Jeanfreau, DNS, FNP	sjeanf@lsuhsc.edu
	Laura Bonanno, DNP, CRNA	lbonan@lsuhsc.edu
	Celestine Carter, DNS	Ccarte1@lsuhsc.edu
	Gwendolyn Stewart-Woods, MSN, RN	Gstew1@lsuhsc.edu
	Ellen Beyer**,** MN, APRN PHCNS-BC, MBA	ebeyer@lsuhsc.edu
	Marsha Bennett, DNS, APRN, ACRN, CNE	mbenne@lsuhsc.edu
Medicine	Robin English, MD	rengli@lsuhsc.edu
	Taniya De Silva, MD	tdesil@lsuhsc.edu
	Mihran Naljayan, MD	Mnalj1@lsuhsc.edu
Public Health	Kari Brisolara, ScD	kbriso@lsuhsc.edu
	William Robinson, PhD	wrobin@lsuhsc.edu
	Martha Cuccia, MPH	mcucci@lsuhsc.edu

VII. Actions to be Implemented

The determined goals and initiatives guided development of the QEP. Each initiative was outlined according to a strategic framework which included action items, benchmarks, plans for monitoring, and links to student learning outcomes. Work has already begun for some initiatives because it was deemed necessary to have processes in place early in QEP planning.

The committee recognized that accomplishing Goal 1, establishing a supportive infrastructure, was paramount. This goal includes four initiatives.

Goal 1: Develop and support a robust infrastructure that includes an empowered centralized office for IPE
Initiative 1.1: Develop and support a centralized office for IPE
Initiative 1.2: Streamline registration to facilitate enrollment of students in IPE courses
Initiative 1.3: Coordinate curriculum committees to facilitate participation in IPE activities
Initiative 1.4: Promote and support the Interprofessional Student Alliance (IPSA)

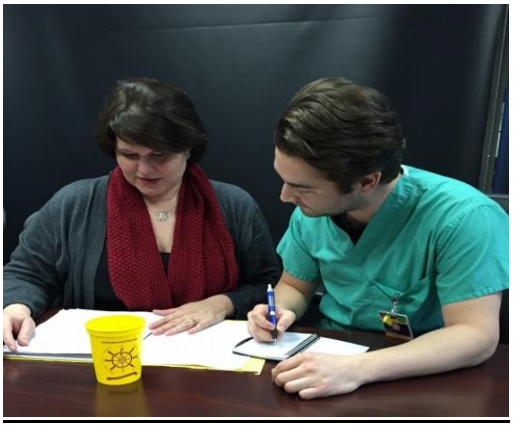
Initiative 1.1: Develop and support a centralized office for IPE

Initial efforts to gain support for a centralized office included meetings with the Chancellor, Vice Chancellor for Academic Affairs, Vice Chancellor for Financial Affairs, and the deans of the schools. Once committed support was obtained, the QEP Committee devoted several meetings to specifying the functions of the office, identifying key personnel needs, and determining outcome measures for its success.

The QEP Committee suggested the name for the office, the Center for Interprofessional Education and Collaborative Practice (CIECP), because changing institutional culture will require both the education of students and collaboration among faculty. The CIECP will have a director, who will oversee all functions of the Center and become the QEP Director. In addition, a coordinator will serve as administrative assistant and provide information technology support. An early action item for the CIECP will be the formation of an IPE Council, which will consist of the CIECP Director, faculty liaisons from each school, and other key faculty representatives from the institution.

The CIECP personnel will be responsible for implementing the QEP as well as monitoring student learning outcomes and achievement of QEP goals and initiatives. They will approve and oversee all IPE activities at LSUHSC-NO, using an application form to ensure that activities meet IPE criteria. See Appendix G for the IPE Experience Draft Application. CIECP personnel will engage in scholarly activities with respect to IPE and interprofessional practice (IPP) and will pursue collaborations with other institutions to advance IPE and IPP at LSUHSC-NO and at a national level. They will also serve as a resource to the individual schools' accreditation committees with respect to IPE. Specific responsibilities of the CIECP Director, CIECP Coordinator, school liaisons, and the IPE Council are outlined in the *Organizational Structure* section.

The success of the CIECP will be monitored through an ongoing process as delineated in the *Timeline* section for Goals 1, 2, and 3. The expected outcomes from the office include a variety of IPE experiences that provide the opportunity for students to demonstrate competency in the student learning outcomes, a website and portfolio for IPE, a faculty development program, and successful accreditation with respect to IPE. These outcomes will be monitored by reviewing multiple indicators, including the number of students who participate in IPE experiences, the number and types of new IPE experiences, and documentation of competency in the student learning outcomes. The anticipated impact on student learning relies on the expectation that the CIECP will facilitate coordinated IPE curriculum development while helping students tailor their education to their own personal growth and learning needs.



Faculty and student members of the QEP Committee plan IPE Day.

Initiative 1.2: Streamline registration to facilitate enrollment of students in IPE courses

One of the barriers to IPE at LSUHSC-NO has been the lack of a centralized registration system for courses that span several schools. To facilitate enrollment in IPE experiences, registration should be as easy as possible. This problem was recognized early in the planning phases of the QEP, and a plan for uncomplicated registration has been proposed by the Office of the Registrar. All interprofessional courses will be listed under a separate section in the school catalogs and will have the prefix *IPEC* (Interprofessional Education and Collaboration) followed by a three-digit number, which will be assigned by the Registrar.

The Office of the Registrar will include an IPE designation in each student's official transcript, which will include both curricular and extracurricular experiences. Online registration will be available to all students through a centralized mechanism. A demonstration of the process for enrollment in *IPEC* courses will be given at student orientations to familiarize students with the offerings.

New IPE courses and extracurricular experiences will be submitted to the IPE Council to ensure that they meet criteria for IPE designation. Once this approval is obtained for courses, the school liaisons and the CIECP Director will submit a new course form to the Registrar, following the same process that currently exists for

the formation of new courses. Further detail on this process is outlined later in this section describing Goal 3. The current course *INTR 281* will be changed to *IPEC 281* for the 2015-2016 academic year.

The anticipated impact on students is that they will easily be able to view a list of potential IPE activities, requirements for credit, and the amount and type of credit to be earned. Students may then select activities based on their availability, interest, and program requirements, making the process very learner-centered. Faculty will easily be able to see who is enrolled in their interprofessional courses and will be able to approve grades expeditiously.

Initiative 1.3: Coordinate curriculum committees to facilitate participation in IPE activities

Early QEP planning included the formation of the ad hoc Curriculum Committee Work Group (CCWG), whose work was described earlier in the *Subsequent Outreach* section. The enthusiasm and support for IPE among members of this group demonstrated feasibility for future coordination of the curriculum committees. Further evolution of this initiative includes the formation of a formal Interprofessional Curriculum Development Committee (ICDC) that will meet regularly to generate ideas for future IPE development and foster interprofessional collaboration among faculty. This committee will include school liaisons, representatives from each school's curriculum committee, and members of the Interprofessional Student Alliance (IPSA). The chair position of this committee will rotate every two years among school liaisons. The chair will report to the IPE Council to update that body on its progress and to utilize them in addressing barriers that might arise during IPE implementation.

The potential impact on students relates to their ability to participate in a variety of IPE courses and activities. One of the expected outcomes is the identification of a specific time that can be designated for IPE activities. The cooperation of curriculum committees and course directors also models interprofessional collaboration for the students, which will ultimately facilitate the change in culture needed for IPE to succeed at LSUHSC-NO.

Initiative 1.4 Promote and support the Interprofessional Student Alliance (IPSA)

IPSA is a student-initiated group that now includes over 100 students from the Schools of Allied Health, Dentistry, Medicine, Nursing, and Public Health. Its governing board includes a president, vice president, secretary, treasurer, and head of project evaluation. Its mission is "to address health disparities in the greater New Orleans area through interprofessional teams of LSUHSC students". Its purpose is "to function as a student-run initiative 'incubator' providing interprofessional leadership development and faculty support to service projects that meet certain criteria". Students may currently be involved in IPSA as project participants, project chairs, or governing board members.

Currently two projects have been developed by IPSA members:

- SMART CAFÉ (Student Mentors Advising Real Time Choices About Food and Eating): LSUHSC-NO student teams visit local public elementary school cafeterias and sit with children during their lunch period to teach them basic nutrition and encourage them to try unfamiliar but nutritious foods.
- NOARHP (New Orleans Adolescent Reproductive Health Project): LSUHSC-NO student teams visit local public high schools to provide age-appropriate, evidence-based, culturally sensitive, and comprehensive reproductive health education.

Both of these projects are governed by interprofessional student boards, each of which has a chairperson or co-chairperson and an informal faculty advisor. These projects require students from different schools to be trained and provide counseling together. Debriefings follow each visit and help students learn the perspectives of other health professions students.

To date, faculty support for IPSA has been informal, but in the future the CIECP Director will serve as a formal faculty advisor to IPSA. IPSA will be strengthened by establishing an official relationship with the CIECP, including the provision of a small amount of dedicated space for its operation. This will facilitate the development and implementation of future projects, including a leadership workshop series that is currently under development. The CIECP also aims to help IPSA increase its membership by incentivizing involvement in its programs and reaching out to curriculum committees to explore ways to provide students with extracurricular credit for their involvement in IPSA projects.

Students discuss their roles in health care in a small group discussion at IPE Day.

Goal 2: Facilitate faculty participation in IPE
Initiative 2.1: Identify and support faculty liaisons to serve as IPE leaders for each school
Initiative 2.2: Develop a toolkit of faculty development educational materials in IPE/collaborative practice, teaching and learning principles, and leadership
Initiative 2.3: Incentivize faculty participation in IPE

Faculty development is essential to the implementation of IPE at LSUHSC-NO and can be broadly defined as a planned program intended to improve faculty's knowledge, skills, and attitudes to prepare them for their roles.

Initiative 2.1 Identify and support faculty liaisons to serve as IPE leaders for each school

While the QEP Committee recognizes the importance of a CIECP Director, its members also understand that the director likely will not possess sufficient knowledge about the various curricula in all schools to optimally plan new IPE activities. Accordingly, we must engage faculty members that have ample understanding of the curricula in each of the schools. The QEP Committee wanted to identify and support one faculty member from each school to serve as a school liaison to the CIECP and have a position on the IPE Council. During the facilitated discussion at IPE Day, our deans expressed their willingness to identify these liaisons. Support for the liaisons' time is included in the budget and fully endorsed by the Chancellor.

The time expected for each liaison is approximately 0.1 to 0.2 full-time equivalent. The responsibilities included with this position are outlined in the *Organizational Structure* section. The school liaisons will share the responsibility for developing the foundational curriculum and new IPE experiences described under Goal 3 with the CIECP Director. The number and success of new experiences over time will therefore be a primary measure of success of the liaisons.

Although the school liaisons will be expected to provide a large component of the QEP over the next several years, it is essential that we identify other faculty members within the institution who can learn about IPE, champion its importance, and grow as future IPE leaders. The deans of our schools support a proposal to identify 1-2 faculty members within each school per year to become educated in IPE and to be actively involved in IPE development. School liaisons will play a role in helping to identify interested faculty.

Initiative 2.2 Develop a toolkit of faculty development educational materials in IPE/collaborative practice, teaching and learning principles, and leadership

The initial target audience for the CIECP's faculty development efforts will be those identified as potential IPE champions and members of the Interprofessional Curriculum Development Committee. The recommendations summarized in the literature will serve as the foundation for our faculty development program and will focus on the following three main content areas (Steinert, 2005).

IPE and patient-centered practice:

In this content domain, materials will focus on the definition of IPE and the evidence of its importance. Models of collaborative practice and team functioning will be presented, and faculty members will be encouraged to attend sessions in teams that have been formed to develop specific curriculum offerings.

Teaching and learning:

In this domain, faculty members will learn about various pedagogical methods and how they might best be utilized to develop IPE experiences. Methods that can be particularly useful in our institutional context include small group teaching, case-based teaching, and simulation. In addition to learning about best ways to teach, faculty participants will also gain an understanding about the principles of curriculum design.

Leadership and Organizational Change:

The materials in this faculty development domain are likely to be developed later in the QEP, but this does not diminish its importance. Content areas will likely focus on management skills, organizational change, and conflict management. This series will be similar to the leadership curriculum being developed by IPSA, except that the target audience will be faculty instead of students.

The CIECP Director is charged with organizing the faculty development program. School liaisons will assist in identifying appropriate materials and faculty with experience within their schools. At this time, the Office of Medical Education Research and Development (OMERAD) at LSUHSC-NO houses excellent resources for teaching and learning, including a series of modules related to simulation that help faculty develop their skills in case selection, coaching and feedback, debriefing, and assessment. In addition, a facilitated case discussion from the *INTR 281* elective that was previously described has been identified as a very appropriate faculty development model for small group teaching. Finally, the CIECP Director will solicit the assistance of the Academy for the Advancement of Educational Scholarship to help with development and implementation of

faculty development materials, as its membership includes many outstanding educators with experience in these domains.

Initiative 2.3 Incentivize faculty participation in IPE

Numerous competing demands on faculty time are a reality in today's academic environment. It is difficult for faculty to devote the time needed to meaningfully engage in new initiatives such as our QEP, so involvement must be incentivized. Faculty members need to feel that their contributions are recognized as important, both individually and institutionally. Accordingly, the QEP Committee felt it was important to include this component in the plan.

School liaisons and other key faculty as identified by their deans will be given the opportunity to participate in workshops on educational scholarship and grant writing so that their course or curriculum development efforts can culminate in scholarly products. The Academy for the Advancement of Educational Scholarship will assist with these workshops.

A seed grant program within the CIECP will provide support for faculty members and students to develop new IPE activities. Funding for this program is included as a line item in the budget. The IPE Council will serve as the grants committee, and there will be specific criteria for funding, such as requiring the involvement of faculty from at least two schools and measuring success according to the QEP's student learning outcomes.

Finally, the academic advancement committees within each school will be asked to add language regarding IPE involvement to their promotions criteria. The Promotions and Tenure Committee in the School of Medicine has already agreed to incorporate this in their criteria for the upcoming year. Explicit indication of the value of IPE engagement emphasizes its importance to the institution and its mission.

Students from programs in nursing, medicine, social work, and pharmacy conduct a group visit with patients who have diabetes in the DIME clinic.

Goal 3: Increase meaningful IPE opportunities that promote learner-centeredness and involve students in patient care teams.
Initiative 3.1: Identify and further develop existing opportunities for IPE at LSUHSC-NO
Initiative 3.2: Develop a set of foundational education materials for IPE
Initiative 3.3: Develop new IPE experiences that promote active learning and patient-centeredness
Initiative 3.4: Formalize relationships with clinical sites for additional IPE experiences
Initiative 3.5: Develop a learner-centered portfolio for IPE experiences

Currently, several meaningful opportunities for students to participate in IPE exist at LSUHSC-NO. However, many of these are elective experiences, therefore, most students do not participate. To provide at least one IPE experience for as many students as possible, we must identify ways to expand on existing activities and significantly increase the number of offerings by adding new courses and extracurricular experiences.

The IPE Council will approve all activities for which students can receive IPE credit. The Council will need to verify that existing and new activities meet criteria via an application process. Appendix G presents a draft of the application form that will be used. This application form ensures that experiences will link to our student learning outcomes and identify the learning level expected of students per the revised Bloom taxonomy framework.

Figures 1 and 2 depict processes for the approval of curricular and extracurricular IPE experiences. The primary difference between the two is that curricular experiences will require additional approval by the appropriate curriculum committees before submission to the Registrar. In both circumstances, experiences will be included as options in the IPE Portfolio after being approved by the IPE Council for IPE designation.

Figure 1: Process for Approval of a Curricular IPE Experience (Required or Elective)

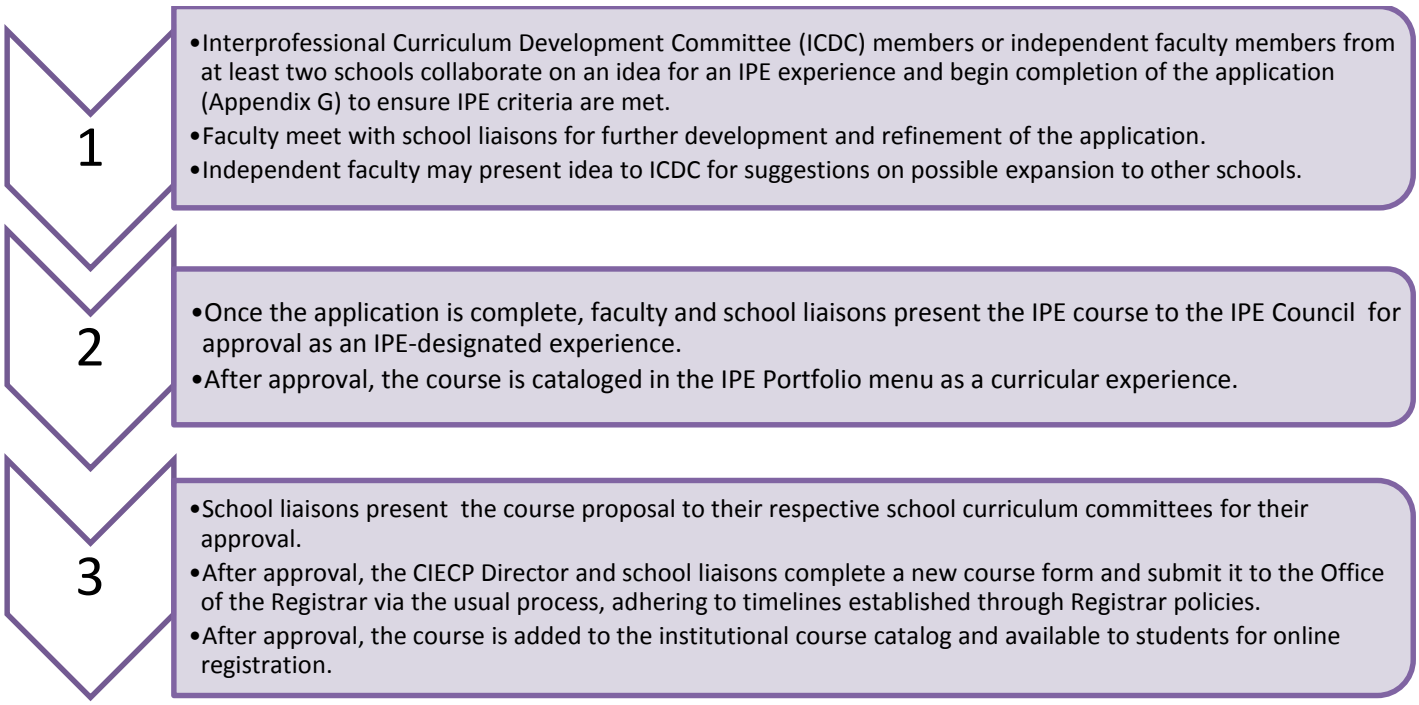
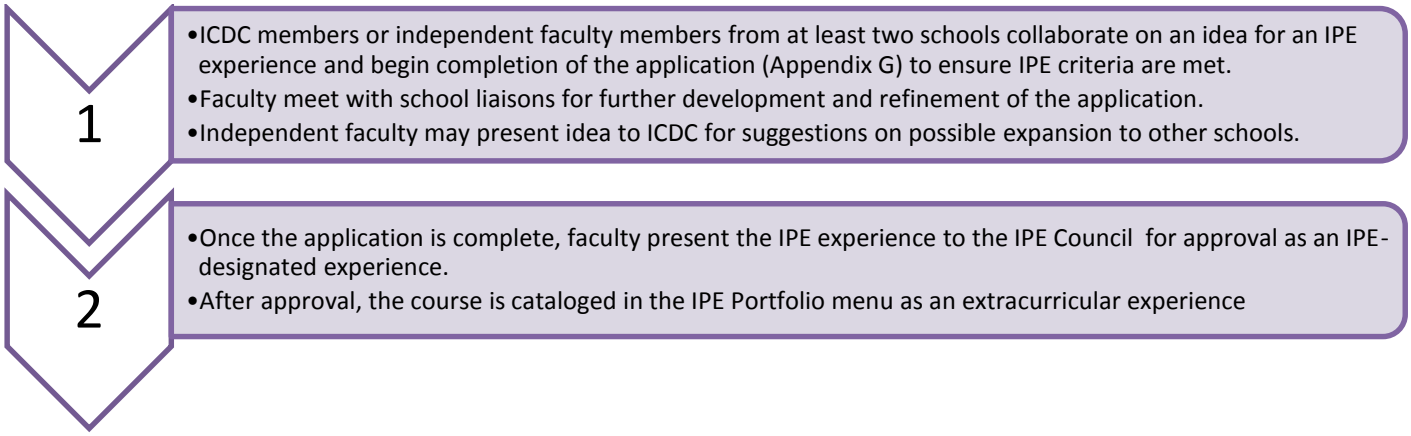


Figure 2: Process for Approval of an Extracurricular IPE Experience



Initiative 3.1 Identify and further develop existing opportunities for IPE at LSUHSC-NO

The first survey sent to constituents in spring 2014 included a free-text response on existing IPE activities. The CIECP Director and school liaisons will review these responses in detail and pursue those that represent true IPE, reaching out to the faculty involved in those experiences to begin discussions about expansion. For example, learners from several schools are already working together in clinical settings, such as inpatient teams. However, the explicit curriculum for those experiences does not include a component wherein students learn about the roles, responsibilities, and contributions of each profession to the plan of care. A facilitator guide similar to the one used in the *INTR 281* elective can be easily employed in daily rounds to

provide this component. In another example, interprofessional simulation experiences currently utilized by the Schools of Medicine and Nursing can be expanded to include students from other schools.

The CIECP Director is responsible for cataloging experiences for use in the IPE Portfolio, described below. School liaisons are responsible for helping current experience directors revise their activities to ensure compatibility with CIECP requirements, using the application form (Appendix G) as a guide.

Initiative 3.2 Develop a set of foundational education materials for IPE

When the CCWG convened in summer 2014, members agreed that a foundational course in IPE was essential. Members were interested in developing three experiences:

Health Professions I (IPEC 101) – This will be a foundational IPE curriculum to be required by all or most schools and administered early in the various programs. This course will combine didactics, independent study, small group discussions, and other modules. Competencies will be assessed and linked to student learning outcomes and will be consistent with levels 1 and 2 of the revised Bloom taxonomy (Remember/Understand). Topics include:

- Ethics
- Cultural competency and health disparities
- Communication and teamwork
- Roles and scope of practice
- Professionalism
- Use of social media for health professions students
- Privacy and HIPAA (Health Information Portability and Accountability Act)
- Study habits and time management

Health Professions II (IPEC 102) – This expansion of *IPEC 101* will be required by all or most programs. This course will combine didactics, independent study, small group discussions, and online modules. Competencies will be assessed and linked to student learning outcomes and will be consistent with levels 1 and 2 of the revised Bloom taxonomy (Remember/Understand). This course will include more advanced topics:

- Evidence-based practice
- Basics of research
- Health policy and administration
- Healthcare financing and resource utilization
- Population health
- Prevention and screening
- Infection control
- Patient safety
- Quality improvement

IPE Immersion – This experience will take place before the students begin their respective programs of study. It will introduce the importance of interprofessional collaboration and education before the students are acclimated to their particular fields of study. It could take place twice a year to accommodate various schedules across programs. It will not include an assessment of competency but will serve as a springboard for further IPE involvement. For purposes of the Registrar and the IPE Portfolio, this experience will count as an extracurricular IPE activity.

It is anticipated that the introductory courses *IPEC 101* and *IPEC 102* will be developed over the next 2-3 years and will be ready for enrollment by fall 2017 and 2018, respectively. Programs will determine requirements for their students once the courses have been fully developed. The IPE Immersion experience may take longer to start because many of our programs begin at different times of the year.

Initiative 3.3 Develop new IPE experiences that promote active learning and patient-centeredness

The CCWG also recommended developing a group of clinical and classroom electives that would be both learner-centered and patient-centered. Clinical electives will involve students in patient-care teams. Classroom electives will primarily use active learning pedagogies, such as case-based discussions. Learners will choose electives based on their area of interest and program requirements. Each elective will focus on a particular area, with many expanding on the basic content that will be covered in *IPEC 101* and *IPEC 102*. Many courses will be expansions of existing IPE activities at LSUHSC-NO. Elective options that were suggested by the CCWG include:

- Chronic conditions
- Geriatrics
- Health policy and administration
- Interprofessional ethics
- Health care disparity and diversity
- Translational research
- Mental health
- Patient safety and quality improvement

Competencies will be assessed and linked to student learning outcomes and will be consistent with levels 3 and 4 of the revised Bloom taxonomy (Apply/Analyze). Once a full set of electives is available, programs will determine the requirements for their students. For the purposes of the Registrar and the IPE Portfolio, these electives will count as curricular IPE activities.

Initiative 3.4 Formalize relationships with clinical sites for additional IPE experiences

Our students see patients and clients at a number of clinical sites around the greater New Orleans area. These sites include the Interim LSU Hospital, Touro Infirmary, Children's Hospital, LSUHSC-NO School of Dentistry clinic, LSU Health Care Network Multispecialty Practice, Ozanam Inn, and Ochsner at Kenner. While the

administrations at these various sites recognize that students from different programs are completing training in their facilities, explicit IPE is currently not emphasized. Many practicing providers do not realize that IPE is becoming a critical component of our curricula, even though they themselves practice interprofessionally every day.

Currently a few explicitly interprofessional collaborations exist at our clinical sites. The inpatient rehabilitation team at Children's Hospital is a perfect example of interprofessional collaboration, employing numerous health professionals such as physical and occupational therapists, speech and language pathologists, child life specialists, dieticians, and social workers. Our students do not formally take part in this experience, although some students in the School of Medicine are able to participate. In another example, the Diabetes Internal Medicine Education (DIME) clinic, described earlier in the *Selection of the Topic* section, brings together students from the LSUHSC-NO Schools of Medicine, Nursing, and Public Health, Xavier University College of Pharmacy, and Southern University School of Social Work to care for patients. This model, based on care management of a population with uncontrolled diabetes, has the potential for expansion to other clinics for people with other chronic conditions.

The CIECP Director will be responsible for reaching out to the administrations of our clinical sites to identify opportunities for additional IPE experiences. The Director will begin with the sites where collaborative teamwork is already emphasized, such as those described above, and then will expand to include other sites.

Initiative 3.5 Develop a learner-centered portfolio for IPE experiences

The CIECP Director and CIECP Coordinator will develop a portfolio to help students document and track their IPE experiences. The requirements for portfolio completion will vary by program, but all students who enter any program in the five schools involved in the QEP will ultimately maintain one. The portfolio platform may be adapted from an existing software package already utilized in the LSUHSC-NO School of Medicine or may be independently created.

The IPE Portfolio will include curricular and extracurricular experiences and will specify which student learning outcomes are assessed. In addition to linking experiences with student learning outcomes, the portfolio will indicate which level of learning is met based on the revised Bloom taxonomy. When students are building their portfolios, they will be able to see a menu of courses and activities from which they can choose to meet their learning needs. An illustrative example of the menu that a student would access to select an IPE experience is depicted here.

Experience Name/ Course Number	**Description**	**Student Learning Outcome Domain(s)**	**Bloom level of learning**	**Curricular or Extracurricular**	**Requirement for Competency**
IPEC 101	Catalog narrative	Values/Ethics, Roles/Responsibilities	1 (Remember) 2 (Understand)	Curricular	Score of 70% or higher on knowledge assessment
IPEC 281	Catalog narrative	Values/Ethics, Roles/Responsibilities, Interprofessional Communication, Teams and Teamwork	3 (Apply) 4 (Analyze) 5 (Create) 6 (Evaluate)	Curricular	Achieve passing grade by small group facilitator
IPSA Project SMART CAFE	Community health education project	Interprofessional Communication, Teams and Teamwork	5 (Create) 6 (Evaluate)	Extracurricular	Achieve passing grade on reflection grading rubric

The portfolio will document the IPE activities in which the student has participated, including assessments and evidence of any projects that the student has completed during the experience. Students will ultimately be required to participate in activities that allow them to demonstrate competency in all student learning outcomes.

The CIECP Director and CIECP Coordinator are responsible for this initiative. Once a sufficient number of IPE activities has been developed and deemed appropriate for inclusion in the portfolio menu, each school's curriculum committee will determine the mandatory achievements for their respective programs. The portfolio database will be queried periodically by the CIECP Director and CIECP Coordinator to examine usage. In addition, the CIECP will have a means with which to track the numbers of students achieving student learning outcomes and defined levels of learning.

VIII. Timeline

Five timelines are presented below. Table 7 provides an overview of the status of grassroots IPE efforts prior to QEP development (in yellow) as well the efforts that have taken place since IPE was selected as the topic of the QEP (in purple). Table 8 represents the general future timeline by year and includes all of the initiatives embedded within the three major goals. Some of these initiatives have already commenced at the time of QEP submission but will have ongoing monitoring for further development. Tables 9, 10, and 11 provide specific action steps, timing for monitoring of benchmarks, and links to student learning outcomes for the three major goals and associated initiatives.

Table 7: Timeline for Early QEP Development

	2011			2012			2013			2014			2015
	SPR	SUM	FAL	SPR	SUM	FAL	SPR	SUM	FAL	SPR	SUM	FAL	SPR
IPE Grassroots Efforts													
Academy IPE Symposia													
IPSA NOARHP													
IPSA SMART CAFE													
Committee on IPE appointed													
INTR 281 offered													
QEP Efforts													
LSUHSC-NO QEP Committee appointed													
Constituent Outreach													
Topic selected (QEP=IPE)													
Curriculum Committee Work Group													
Survey Work Group													
Outcomes Work Group													
Literature Review Workgroup													
QEP Lead Evaluator Selection													
QEP Icon launched on website													
IPE Design Contest													
IPE Design Selected													
IPE Day													

Table 8: General Timeline for QEP Implementation

Academic Year 2014-2015		
Goal 1	Initiative 1.1	Establish and obtain physical space for CIECP
		Hire CIECP Director and CIECP Coordinator
	Initiative 1.2	Establish IPE registration process
	Initiative 1.3	Establish ad hoc Curriculum Committee Work Group to generate ideas for IPE development
Goal 2	Initiative 2.1	Initiate process of identifying school liaisons
Goal 3	Initiative 3.1	Review existing IPE experiences at LSUHSC-NO from constituent survey
Academic Year 2015-2016		
Goal 1	Initiative 1.1	Form IPE Council and begin regular meetings
		Develop IPE website
		Develop IPE experience evaluation form to be completed by students in all IPE experiences
	Initiative 1.2	Make online registration for *IPEC* courses available to students
	Initiative 1.3	Form Interprofessional Curriculum Development Committee (ICDC) and begin meetings
	Initiative 1.4	Develop and implement one new IPSA project
Goal 2	Initiative 2.1	Identify school liaisons
	Initiative 2.2	Add existing faculty development resources and workshops to toolkit
		Offer workshops on IPE foundations and teaching/learning
		Send survey to faculty regarding faculty development needs
	Initiative 2.3	Develop IPE seed grant program and application
Goal 3	Initiative 3.1	Catalog existing IPE experiences with Office of the Registrar and add to course catalog
		Develop facilitator guide for use with existing IPE clinical experiences
	Initiative 3.2	Begin development of *IPEC 101*, *IPEC 102,* and IPE Immersion experience
	Initiative 3.3	Begin development of *IPEC* classroom and clinical electives
	Initiative 3.4	Meet with clinical administrators to identify existing clinical IPE opportunities
	Initiative 3.5	Develop IPE Portfolio

Table 8: General Timeline for QEP Implementation (Continued)

Academic Year 2016-2017		
Goal 1	Initiative 1.1	Begin process of monitoring of QEP success and student learning outcomes
	Initiative 1.2	Include IPE experiences in official student transcripts
	Initiative 1.3	Continue regular meetings of the ICDC for ongoing IPE development ideas
		Establish common time for IPE experiences to maximize student participation
	Initiative 1.4	Develop and implement one new IPSA project
		Award official credit for participation in IPSA projects in all schools
Goal 2	Initiative 2.1	Identify 1-2 new faculty to be actively involved in IPE from each school
	Initiative 2.2	Continue to build toolkit with additional faculty development resources and workshops
		Continue to regularly offer IPE workshops to faculty
	Initiative 2.3	Offer workshops on educational scholarship and grant writing to faculty
		Award first IPE seed grant(s)
Goal 3	Initiative 3.1	Expand IPE simulation experience to include students from one additional school
		Expand IPE simulation experience to students in one additional School of Medicine clerkship
Goal 3	Initiative 3.2	Approve syllabus for *IPEC 101*
	Initiative 3.3	Approve syllabus for one new *IPEC* classroom and clinical elective
	Initiative 3.4	Formally involve students in existing IPE experiences at clinical sites
	Initiative 3.5	Require IPE Portfolio use by students in at least two schools
Academic Year 2017-2018		
Goal 1	Initiative 1.1	Continue monitoring of QEP success and student learning outcomes
	Initiative 1.2	Review student transcripts for IPE designation
	Initiative 1.3	Continue regular meetings of the ICDC for ongoing IPE development ideas
	Initiative 1.4	Develop and implement one new IPSA project
Goal 2	Initiative 2.1	Identify 1-2 new faculty to be actively involved in IPE from each school
	Initiative 2.2	Continue to build toolkit with additional faculty development resources and workshops
		Continue to regularly offer IPE workshops to faculty
	Initiative 2.3	Continue to offer workshops on educational scholarship and grant writing to faculty
		Award second IPE seed grant(s)
		Add IPE involvement in criteria for academic advancement in all schools
Goal 3	Initiative 3.1	Continue expansion of IPE simulation experience to students across all schools
	Initiative 3.2	Require students in at least two schools to enroll in *IPEC 101*
		Approve syllabus for *IPEC 102*
		Continue development of IPE Immersion experience
	Initiative 3.3	Offer one new *IPEC* classroom and clinical elective to students in at least two schools
	Initiative 3.4	Establish formal agreement with two new clinical sites for IPE activities
	Initiative 3.5	Require IPE Portfolio use by students in at least one additional school
		Query IPE Portfolio and review data regarding usage

Table 8: General Timeline for QEP Implementation (Continued)

Academic Year 2018-2019		
Goal 1	Initiative 1.1	Continue monitoring of QEP success and student learning outcomes
		Begin preparation of QEP five year report
	Initiative 1.2	Review student transcripts for IPE designation
	Initiative 1.3	Continue regular meetings of the ICDC for ongoing IPE development ideas
	Initiative 1.4	Develop and implement one new IPSA project
Goal 2	Initiative 2.1	Identify 1-2 new faculty to be actively involved in IPE from each school
	Initiative 2.2	Continue to build toolkit with additional faculty development resources and workshops
		Continue to regularly offer IPE workshops to faculty
	Initiative 2.3	Continue to offer workshops on educational scholarship and grant writing to faculty
		Award third IPE seed grant(s)
Goal 3	Initiative 3.1	Continue expansion of IPE simulation experience to students across all schools
	Initiative 3.2	Require students in one additional school to enroll in *IPEC 101*
		Require students in at least two schools to enroll in *IPEC 102*
		Approve program for IPE Immersion experience
	Initiative 3.3	Offer one new *IPEC* classroom and clinical elective to students in at least two schools
		Expand opportunities to offer existing *IPEC* electives to students in additional schools
	Initiative 3.4	Continue to meet with clinical administrators to identify sites for IPE activities
	Initiative 3.5	Require IPE Portfolio use by students in at least one additional school
		Query IPE Portfolio and review data regarding usage
Academic Year 2019-2020		
Goal 1	Initiative 1.1	Continue monitoring of QEP success and student learning outcomes
		Submit QEP five year report
	Initiative 1.2	Review student transcripts for IPE designation
	Initiative 1.3	Continue regular meetings of the ICDC for ongoing IPE development ideas
	Initiative 1.4	Develop and implement one new IPSA project
Goal 2	Initiative 2.1	Identify 1-2 new faculty to be actively involved in IPE from each school
	Initiative 2.2	Continue to build toolkit with additional faculty development resources and workshops
		Continue to regularly offer IPE workshops to faculty
	Initiative 2.3	Continue to offer workshops on educational scholarship and grant writing to faculty
		Award fourth IPE seed grant(s)
Goal 3	Initiative 3.1	Continue expansion of IPE simulation experience to students across all schools
	Initiative 3.2	Require students in one additional school to enroll in *IPEC 101*
		Require students in one additional school to enroll in *IPEC 102*
		Require students in at least two schools to participate in IPE Immersion
	Initiative 3.3	Offer one new *IPEC* classroom and clinical elective to students in at least two schools
		Expand opportunities to offer existing *IPEC* electives to students in additional schools
	Initiative 3.4	Continue to meet with clinical administrators to identify sites for IPE activities
	Initiative 3.5	Require IPE Portfolio use by students in all schools
		Query IPE Portfolio and review data regarding usage

Table 9: Timeline Goal 1

Goal 1: Develop and support a robust infrastructure that includes an empowered centralized office for IPE						
	Initiative 1.1: Develop and support a centralized office for IPE					
		Action step	**Responsible party**	**Benchmark**	**Monitoring for five year report**	**Link to student learning outcomes**
	1.1.1	Establish CIECP	Chancellor	Space identified and occupied spring 2015	Continued financial support for CIECP	The CIECP is responsible for monitoring and reporting student learning outcomes.
	1.1.2	Hire / identify CIECP personnel	Vice Chancellor for Academic Affairs	CIECP Director and Coordinator hired spring 2015	Continued financial support for CIECP personnel	The CIECP personnel are responsible for monitoring and reporting student learning outcomes.
	1.1.3	Form IPE Council	CIECP Director	Council formed and meeting regularly by fall 2015	Council membership roster and meeting minutes	The IPE Council ensures that student learning outcomes are adequately assessed in all approved IPE experiences.
	1.1.4	Develop IPE website	CIECP Coordinator	Website available by summer 2016	Website usage and resources	The website includes learning outcome domains and links to IPE opportunities to demonstrate competency.
	1.1.5	Assist individual schools and programs with IPE-related documentation for accreditation	CIECP Director, IPE Council	Varies by school and program between 2016 and 2020	Compliance with IPE-related professional accreditation standards	Documentation of student learning outcomes in IPE competencies such as communication and teamwork are required as part of individual school and program accreditation standards.
	1.1.6	Develop IPE course and experience evaluation form	CIECP Director, IPE Council	Evaluation form utilized in all IPE experiences by fall 2016	Compilation of IPE evaluations completed by students	The evaluation form will include a question related to appropriateness of assessment to evaluate student learning outcomes.

Table 9: Timeline Goal 1 (Continued)

	Initiative 1.2: Streamline registration to facilitate enrollment of students in IPE courses					
		Action step	**Responsible party**	**Benchmark**	**Monitoring for impact report**	**Link to student learning outcomes**
	1.2.1	Establish new process with registrar	Registrar, QEP Committee Chair	Process for registering for IPEC courses established fall 2014 Online registration for IPEC courses available by fall 2015	Reports on registration statistics, including courses and student enrollment Student response to question regarding registration on IPE course evaluation form	The process allows tracking of student participation in IPE courses and experiences, all of which must include assessment of student learning outcomes.
	1.2.2	Amend transcripts to include curricular and extracurricular IPE experiences	Registrar	IPE experiences included in official student transcripts by fall 2016	Review of students' IPE transcript designations	The process allows tracking of student participation in IPE courses and experiences, all of which must include assessment of student learning outcomes.
	1.2.3	Add list of curricular and extracurricular IPE experiences to course catalog	Registrar, CIECP Director	IPE experiences added to course catalog by spring 2016	Review of course catalog	The process allows tracking of student participation in IPE courses and experience, all of which must include assessment of student learning outcomes.

Table 9: Timeline Goal 1 (Continued)

	Initiative 1.3: Coordinate curriculum committees to facilitate participation in IPE activities					
		Action step	**Responsible party**	**Benchmark**	**Monitoring for impact report**	**Link to student learning outcomes**
	1.3.1	Convene representatives from curriculum committees for work group (CCWG)	QEP Committee Chair	Ad hoc work group convened summer 2014	Number of experiences developed from ideas generated by CCWG	Assessments for all new experiences will be linked to one or more student learning outcomes.
	1.3.2	Formally establish Interprofessional Curriculum Development Committee (ICDC)	Vice Chancellor for Academic Affairs CIECP Director	Committee established by fall 2015 and meeting quarterly	ICDC Committee roster and meeting minutes	Assessments for all new experiences will be linked to one or more student learning outcomes.
	1.3.3	Identify common time that can be designated for IPE didactic experiences	ICDC	Common time identified for IPE didactics by fall 2017	Number of schools allowing freedom for students during allotted time	Designated time for IPE didactics allows students more opportunities to participate and demonstrate competency in learning outcomes.
	1.4: Promote and support IPSA					
		Action step	**Responsible party**	**Benchmark**	**Monitoring for impact report**	**Link to student learning outcomes**
	1.4.1	Facilitate development of new IPSA projects	CIECP Director	One new IPSA project each year beginning 2015-2016	Number of ongoing IPSA projects	IPSA projects will link to student learning outcomes by using the application form for new IPE experiences.
	1.4.2	Clarify credit granted for participation in IPSA projects with curriculum committees	CIECP Director, school liaisons	Credit granted for IPSA project participation in all schools by fall 2016	Number of schools granting credit for participation in IPSA projects	IPSA projects will link to student learning outcomes by using the application form for new IPE experiences.
	1.4.3	Increase membership in IPSA	CIECP Director, IPSA leaders	Membership doubled by 2018-2019	Number of IPSA members	Participation in IPSA projects increases opportunities to demonstrate student learning outcomes.

Table 10: Timeline Goal 2

Goal 2: Facilitate faculty participation in IPE						
	Initiative 2.1: Identify and support faculty to serve as leaders for each school					
		Action step	**Responsible party**	**Benchmark**	**Monitoring for impact report**	**Link to student learning outcomes**
	2.1.1	Identify and support school faculty liaisons	Chancellor, Deans	School liaisons identified and supported by fall 2015	Continued financial support of school liaisons Attendance by school liaisons at IPE conferences	Liaisons will facilitate development and approval of IPE activities that assess student learning outcomes.
	2.1.2	Identify future faculty for ongoing IPE development	Deans, school liaisons	1-2 faculty from each school actively involved in IPE development each year beginning 2016-2017	Number of faculty actively involved in IPE from each school Attendance by selected faculty at IPE conferences	Increasing the number of faculty with IPE expertise will facilitate assessment of student learning outcomes.

Table 10: Timeline Goal 2 (Continued)

	Initiative 2.2: Develop a toolkit of faculty development educational materials in IPE/collaborative practice, teaching and learning principles, and leadership					
		Action step	**Responsible party**	**Benchmark**	**Monitoring for impact report**	**Link to student learning outcomes**
	2.2.1	Identify existing resources on faculty development in IPE	CIECP Director, school liaisons	Set of resources from national databases added to toolkit by fall 2015	Number of resources included in toolkit	Resources will include those intended to improve faculty's skill in assessing student learning outcomes.
	2.2.2	Identify existing workshops on faculty development in IPE	CIECP Director, school liaisons	Pertinent existing workshops identified by fall 2015	Number of workshops offered and attendance records	Workshops will include those intended to improve faculty's skill in assessing student learning outcomes.
	2.2.3	Develop new resources and workshops to fill gaps identified in toolkit	CIECP Director, school liaisons	Faculty surveyed regarding learning needs fall 2015 Resources and workshops added to toolkit beginning spring 2016	Number of new resources and workshops developed Review of workshop evaluations by faculty	Resources and workshops that are developed will include activities intended to improve faculty's skill in assessing student learning outcomes.

Table 10: Timeline Goal 2 (Continued)

	Initiative 2.3: Incentivize faculty participation in IPE					
		Action step	**Responsible party**	**Benchmark**	**Result for impact report**	**Link to student learning outcomes**
	2.3.1	Teach key faculty skills in educational scholarship and grant writing	CIECP Director (to enlist help from the Academy)	Workshops added to toolkit by fall 2016 School liaisons participate in one workshop per year	Workshop attendance records Number of scholarly projects in IPE	Workshops on grant writing will include gaining skills in assessment of student learning outcomes.
	2.3.2	Develop a seed grant program	CIECP Director, IPE Council	Grants offered each year beginning 2016-2017	Number of grants funded Number of scholarly projects in IPE	Funding will only be awarded for grants that measure one or more of our student learning outcomes.
	2.3.3	Include scholarly IPE involvement in advancement criteria in all schools	Deans, Vice Chancellor for Academic Affairs, Promotions and Tenure Committees	IPE included in criteria for areas of education, service, and research in the promotions and tenure policies of all schools by 2017	Number of academic advancement policies including IPE across LSUHSC-NO	Scholarly pursuits in IPE will include assessment of student learning outcomes as a criterion for quality educational scholarship.

Table 11: Timeline Goal 3

Goal 3: Increase meaningful IPE opportunities that promote learner-centeredness and involve students in patient care teams						
	Initiative 3.1 Identify and further develop existing opportunities for IPE at LSUHSC-NO					
		Action step	**Responsible party**	**Benchmark**	**Monitoring for impact report**	**Link to student learning outcomes**
	3.1.1	Review survey responses regarding current IPE activities	CIECP Director, school liaisons	Responses reviewed in summer 2015	Number of IPE experiences expanded from initial survey	Existing assessments for IPE activities will be linked to outcomes measures via the IPE application process.
	3.1.2	Catalog activities that meet IPE criteria	CIECP Director, school liaisons	Existing IPE experiences cataloged appropriately at Registrar level by fall 2015	Number of IPE experiences expanded from initial survey	Existing assessments for IPE activities will be linked to outcome measures via the IPE application process.
	3.1.3	Revise existing simulation activities to include IPE	CIECP Director, simulation liaison to IPE Council, school liaisons	One additional School of Medicine clerkship simulation to include students from School of Nursing each year by fall 2016 One additional school will participate in simulation each year beginning fall 2016	Number of students and schools participating in IPE simulations	Simulation assessments will include student learning outcomes in the domains of Interprofessional Communication and Teams and Teamwork.
	3.1.4	Develop facilitator guide for IPE clinical experiences	CIECP Director, school liaisons	Guide developed for use by faculty in patient-centered experiences by fall 2016	Number of experiences using facilitator guide to meet IPE criteria	Facilitator questions will specifically guide students to consider aspects of student learning outcomes, especially with respect to the domain of Roles/Responsibilities.

Table 11: Timeline Goal 3 (Continued)

	Initiative 3.2: Develop a set of foundational education materials for IPE					
		Action step	**Responsible party**	**Benchmark**	**Monitoring for impact report**	**Link to student learning outcomes**
	3.2.1	Develop *IPEC 101*	CIECP Director, school liaisons, ICDC	Course syllabus ready for approval by spring 2017 Course required by at least two programs fall 2017 Course required by at least one additional program each year beginning fall 2018	Number of students and programs completing course each year Review of evaluations by students	The knowledge assessment will be linked to the student learning outcome domains Values/Ethics and Roles/Responsibilities.
	3.2.2	Develop *IPEC 102*	CIECP Director, school liaisons, ICDC	Course syllabus ready for approval by spring 2018 Course offered in at least two programs fall 2018 Course required by at least one additional program each year beginning fall 2019	Number of students and programs completing course each year Review of evaluations by students	The knowledge assessment will be linked to the student learning outcome domains Values/Ethics and Roles/Responsibilities.
	3.2.3	Develop IPE Immersion experience	CIECP Director, school liaisons, ICDC	Experience ready for approval by spring 2019 Experience offered to at least two programs fall 2019	Number of students and programs participating each year Review of evaluation by students	There is no explicit link to student learning outcomes as there will be no assessment for this experience. However, the principles introduced in this experience will encompass the domains of all four student learning outcomes.

Table 11: Timeline Goal 3 (Continued)

	Initiative 3.3: Develop new IPE experiences that promote active learning and patient-centeredness					
		Action step	**Responsible party**	**Benchmark**	**Result for impact report**	**Link to student learning outcomes**
	3.3.1	Develop IPEC electives for the classroom setting	School liaisons, ICDC	At least one new IPE course offered to students in at least two schools each year beginning 2017	Number of IPE elective experiences offered each year Number of students completing electives each year Review of evaluations by students	Student assessments will be linked to all domains of learning outcomes.
	3.3.2	Develop IPEC electives for the clinical setting	School liaisons, ICDC	At least one new IPE clinical experience offered to students in at least two schools per year beginning 2017	Number of clinical IPE experiences offered each year Number of students completing electives each year Review of evaluations by students	Student assessments will be linked to all domains of learning outcomes.

Table 11: Timeline Goal 3 (Continued)

	Initiative 3.4: Formalize relationships with clinical sites for additional IPE experiences					
		Action step	**Responsible party**	**Benchmark**	**Result for impact report**	**Link to student learning outcomes**
	3.4.1	Meet with administrators at current clinical sites to discuss IPE opportunities	CIECP Director	Students formally included in existing IPE experiences beginning fall 2016	Number of clinical sites with explicit mention of IPE in formal agreements	Assessment of students in IPE experiences will link to appropriate domains of student learning outcomes.
	3.4.2	Identify additional clinical sites at which IPE can be developed	CIECP Director	At least two new clinical sites utilized for IPE by 2017 At least two additional clinical sites utilized for IPE by 2019	Number of clinical sites and experiences for IPE Number of formal agreements signed for IPE	Assessment of students in IPE experiences will link to appropriate domains of student learning outcomes.
	Initiative 3.5: Develop a learner-centered portfolio for IPE experiences					
		Action step	**Responsible party**	**Benchmark**	**Result for impact report**	**Link to student learning outcomes**
	3.5.1	Create portfolio for IPE within New Innovations or other platform	CIECP Director, CIECP Coordinator	Online portfolio developed by summer 2016 Portfolio use required for students in at least two schools by summer 2016 Portfolio use required of students from one additional school each year beginning 2017	Portfolio usage reports	All IPE curricular and extracurricular activities that are included in the portfolio will have assessments linked to one or more student learning outcomes.

IX. Organizational Structure

From an organizational standpoint, the Center for Interprofessional Education and Collaborative Practice (CIECP) is within the purview of the Office of the Vice Chancellor for Academic Affairs. It is physically positioned in the Schools of Allied Health and Nursing Building. The personnel who comprise the CIECP staff are the CIECP Director, faculty liaisons from each school, and a CIECP Coordinator who also provides technical support.

The CIECP Director will be a faculty member with several years of experience in IPE and collaborative practice. The director will oversee all of the functions of the office as outlined above. Additional expectations will include development of a mission and strategic plan for the CIECP and management of the CIECP budget. The CIECP Director will provide an annual report to the Vice Chancellor for Academic Affairs regarding the progress of the QEP.

The school liaisons will be faculty members with experience in IPE and/or collaborative practice. The Deans of the Schools of Allied Health, Dentistry, Medicine, Nursing, and Public Health will each receive reimbursement from the institution to provide an annual stipend of $20,000 to support each of these liaisons. This reimbursement does not constitute a raise in salary for the liaisons, but it is intended to provide flexibility with respect to their other academic and clinical responsibilities. School liaisons are expected to work with the CIECP Director to promote the mission and goals of the CIECP. They will participate as members of the IPE Council and chair the ICDC in a rotating fashion. Finally, the liaisons will work with the CIECP Director on faculty development initiatives and represent the CIECP and LSUHSC-NO at national and international IPE meetings.

The CIECP Coordinator will be an administrative assistant who will assist the CIECP Director and school liaisons as educational experiences are developed, implemented, and tracked via the IPE Portfolio. The CIECP Coordinator will also develop and maintain the IPE website and work with the Office of the Registrar to record students' involvement in IPE activities.

The CIECP Director, CIECP Coordinator, and school liaisons will be identified in 2015. Once these key personnel are identified, the IPE Council will be formed to include the CIECP Director, school liaisons, and representatives from various constituents, such as the LSUHSC-NO Libraries, the Academy for the Advancement of Educational Scholarship, Faculty Senate, Louisiana Children's Medical Center, LSU Health, the Interprofessional Student Alliance (IPSA), and Xavier University. Ex-officio participants will include a few QEP Committee faculty members for the first five years. The IPE Council will approve new and existing educational experiences as meeting criteria for true IPE and will serve as a grants committee for the CIECP. The IPE Council will also serve as a resource and guide for the ICDC as new experiences are developed.

X. Resources

LSUHSC-NO has committed to financially supporting the QEP in a number of ways, including supporting the Center for Interprofessional Education and Collaborative Practice (CIECP). The approved budget reflects support from LSUHSC-NO administration to allocate funding for the QEP for the next five years. It is expected that the CIECP will support some degree of their budget through external funding after 2019.

Over the next five years, the annual funding for the QEP will increase from $95,000 to $352,500. As demonstrated in the budget and explanation of resources, the amount of funding will increase over the first two to three years to support the development of IPE faculty and activities.

The specifics of the QEP budget were developed over the past year. In May 2014, the QEP Committee reviewed various resources to determine potential costs for this initiative. The list of IPE enablers and barriers noted in the *Literature Review and Best Practices* section assisted in the development of a budget. In June 2014, the QEP Committee proposed a preliminary budget to the Vice Chancellor for Financial Affairs, and the Chancellor approved the final budget December 2014 (Table 12).

Table 12: Budget for IPE

	2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
CIECP Director*	$60,000	$80,000	$120,000	$120,000	$160,000	$160,000
CIECP Coordinator	$22,000	$44,000	$44,000	$44,000	$44,000	$44,000
5 School Liaisons	$0	$100,000	$100,000	$100,000	$100,000	$100,000
Faculty Development	$5,000	$25,000	$20,000	$20,000	$20,000	$20,000
Assessment and Evaluation	$3,000	$13,500	$13,500	$13,500	$13,500	$13,500
Other Costs (supplies, printing, etc.)	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000
Seed grants	$0	$0	$10,000	$10,000	$10,000	$10,000
Total	$97,000	$267,500	$312,500	$312,500	$352,500	$352,500

*Percent effort increases over time

Physical Resources

Central administration at LSUHSC-NO identified physical space, furniture, and equipment for the CIECP Director, CIECP Coordinator, the Interprofessional Student Alliance (IPSA), and school liaisons in December 2014. The space is located on the 6th floor of the Schools of Allied Health and Nursing Building, with adequate conference room space in close proximity for meetings.

Personnel Resources

The CIECP Director will be supported at .50 FTE for the first two fiscal years beginning in 2015. In the following two fiscal years, the director will be supported at .75 FTE. In year five, support for the position will increase to 1.0 FTE. The CIECP Coordinator will be supported at 1.0 FTE beginning spring 2015. The budget line items for these positions reflect mid-range levels as determined by the Vice Chancellor for Financial Affairs, commensurate with the expected level of education and experience.

The rationale of the QEP Committee to recommend an initial .50 FTE for the CIECP Director is to allow for adequate funding of school liaisons to assist with the development and implementation of IPE activities within and across schools. The Schools of Allied Health, Dentistry, Medicine, Nursing, and Public Health will receive $20,000 per year to support the school liaisons' efforts and provide flexibility with respect to other responsibilities.

Faculty Development

As noted in the literature review, support for faculty development is an enabler to IPE success. The funds allocated to this area will be used to invite IPE experts and consultants to LSUHSC-NO for presentations and workshops and for faculty to travel to selected IPE conferences. For example, the Interprofessional Education Collaborative (IPEC) hosts an annual meeting for faculty teams. CIECP personnel and school liaisons will participate in at least one of these meetings over the five year reporting period. The allocation for this line item includes increased support for the first year of QEP implementation to enable early concentrated faculty development efforts.

Assessment and Evaluation

A wide variety of assessment tools will be needed to demonstrate QEP success. The QEP Committee has suggested the use of paper-based assessment tools and the IPE Portfolio to allow continuous monitoring and improvement. This line item in the budget will provide funding for the IPE Portfolio and ongoing statistical analysis provided by the Epidemiology Center in the School of Public Health.

Seed Grants

Beginning fall 2016, seed grants will be available for faculty to develop and pilot IPE experiences. The CIECP and IPE Council will develop grant requirements based on institutional and community needs. This process will include a grant application that requires authors to adhere to the IPE criteria and link to student learning outcomes.

XI. Assessment

The assessment of the QEP will include evaluation of student learning outcomes as well as outcomes related to the three major goals and associated initiatives. The CIECP is responsible for monitoring both student learning outcomes and QEP goal outcomes.

Assessment of Student Learning Outcomes

Student learning outcomes for the QEP have been derived from the four domains of IPEC competencies: Values/Ethics for Interprofessional Practice, Roles/Responsibilities, Interprofessional Communication, and Teams and Teamwork. These outcomes are also related to the Educational Program Objectives and Institutional Competencies for LSUHSC-NO (Appendix D), which span all schools involved in the QEP. Table 4 in the *Student Learning Outcomes* section delineates the relationship to these objectives. Students will ultimately have opportunities to demonstrate competency in all of the domains. As new IPE experiences are developed over time, the requirements for student participation and subsequent assessment of learning outcomes will increase.

A variety of assessment tools will enable the evaluation of student learning outcomes. Externally-derived instruments include the Readiness for Interprofessional Learning Scale (RIPLS) and the Team STEPPS Teamwork Attitudes Questionnaire (T-TAQ). Instruments created at LSUHSC-NO include the Teamwork Assessment Scale (TAS), a global faculty and peer evaluation form, and a guided written reflection exercise. IPE faculty may also develop new evaluation instruments as deemed appropriate for curricular content as new experiences are created. As part of the review process for new experiences, the IPE Council will attest that evaluation instruments in all IPE experiences are suitable to assess outcomes. More detail regarding the anticipated use of these assessment tools is described in the narrative that follows. The relationship of specific measures to learning outcomes, opportunities for demonstration, requirements for the documentation of competency, and plans for remediation are outlined in Table 13. Completed assessments after course experiences will be uploaded to the students' online portfolios, providing the CIECP with a mechanism for tracking outcomes.

Assessment of Competency in the Domains of Values/Ethics and Roles/Responsibilities

Student learning outcomes in the first two domains, Values/Ethics and Roles/Responsibilities, will be assessed using several instruments. Written knowledge assessments for the learning outcomes in these domains will be created and graded by the faculty who develop the foundational courses, *IPEC 101* and *IPEC 102*. In line with most LSUHSC-NO course standards, students must receive a passing score of 70% on the knowledge assessment (AMCAS, 2015). Students who do not achieve this passing score will be given the opportunity to repeat the examination after independent study.

The Values/Ethics and Roles/Responsibilities domains are also components of a faculty and peer evaluation form that has been developed for use in the *IPEC 281* elective (Appendix I). This evaluation form incorporates

specific wording from the IPEC competencies, precisely aligning it with the student learning outcomes. Students will be expected to receive a "Yes" score on a minimum of 2 observable items within each individual domain in order to pass the courses that use this instrument. Students who do not achieve a pass on this instrument will fail the course and will be required to repeat it if they want to receive credit. Faculty who identify deficiencies in one or more domains throughout the course will be expected to provide formative feedback to students who are at risk for not achieving a passing score.

A guided written reflection exercise that requires students to indicate specifically what they have learned about the domains of Values/Ethics and Roles/Responsibilities will be used in case-based courses (i.e. *IPEC* classroom and clinical electives) (Appendix H1). A grading rubric for the evaluation of the reflection exercise is included in Appendix H2. This rubric will require faculty to note whether students discuss the values, ethics, roles, and responsibilities of their own profession and those of students in other professions. Students who do not meet passing criteria for their reflection exercise will be required to rewrite and resubmit it to the course director to receive credit for the course.

Finally, the domain of Roles/Responsibilities can be evaluated from an attitudes perspective using the RIPLS, which is described in more detail below.

In summary, if students pass these assessments and receive credit for their participation in the courses that utilize them, the QEP Committee considers them competent in the learning outcomes associated with the domains of Values/Ethics and Roles/Responsibilities.

Assessment of Competency in the Domains of Interprofessional Communication and Teams and Teamwork

Student learning outcomes in the domains of Interprofessional Communication and Teams and Teamwork will also be assessed in different ways. The global evaluation form and reflection grading rubric described above both contain items related to these two domains and will be used to evaluate students in courses that utilize these tools (i.e. *IPEC* classroom and clinical electives). Faculty members will use the global evaluation form to assess students on their ability to communicate and work in teams and will utilize the reflection grading rubric to note whether students have recognized and discussed principles and examples of communication and teamwork that contributed to their experience. Remediation for students who do not meet passing criteria for these assessments will be the same as described above.

Faculty will also evaluate students in these two domains during IPE simulation experiences using the TAS (Appendix J). The TAS is a 13-item instrument examining common elements of effective communication, professional climate, and accountability for oneself and the team as a whole. It will be administered as observed assessments and self-assessments for the individual student as well as the team as a whole after simulation experiences. Student competency in communication and teamwork in the simulation laboratory will be determined by the faculty member who directs the simulation experience, leads the debriefing exercise, and completes the observation component for each student at the end of the session.

The QEP Committee, in consultation with institutional statistics support, applied the CDF (Cumulative Distribution Function) method to establish provisional cut scores across the categories of the TAS Likert scale based on quartiles, allowing the observer to identify the quartile in which an individual student's performance lies and to establish a median score. This process is described in more detail in Appendix L. For the first two years of the QEP, the CIECP Director, in conjunction with simulation course faculty and school liaisons, will monitor the performance of students using this method to establish a baseline median that will then be used as a minimum required score for demonstrating competency.

Beginning fall 2017, at which time at least three schools will have students engaged in interprofessional simulation exercises, students who participate must achieve the median score described above to demonstrate competency in the domains of Interprofessional Communication and Teams and Teamwork. If a student does not achieve a passing score on the TAS, the student will be required to remediate in another simulation experience and pass the TAS to include the experience in their portfolio and receive credit for participation.

In summary, if students pass these assessments and receive credit for their participation in the courses that utilize them, the QEP Committee considers them competent in the learning outcomes associated with the domains of Interprofessional Communication and Teams and Teamwork.

Central Monitoring of Competency Assessment

The faculty and course directors who teach *IPEC* courses and IPE simulation exercises will provide information on student performance using the knowledge assessment, global evaluation form, reflection exercises, and the TAS to the CIECP Director and IPE Council annually. If more than 20% of students who participate in any IPE course or simulation exercise are required to remediate during the previous year, the CIECP Director will ask faculty to work with school liaisons to evaluate the relevant experiences for potential areas of improvement in teaching and assessment. Student perspectives, as collected on the relevant experience evaluation form, will also be analyzed to gain broad insight into potential areas for improvement.

Assessment of Student Attitudes

Attitudinal change is a necessity for behavioral change. Therefore, assessment of student learning outcomes in the domains of Roles/Responsibilities, Interprofessional Communication, and Teams and Teamwork will also include an evaluation of attitudes. We use the term "attitudinal competency" in this context to indicate positive attitudes toward interprofessional learning, acknowledging that a positive attitude itself does not signify competency in interprofessional collaboration.

Attitudes toward interprofessional learning will be assessed using the RIPLS (Appendix F) and the T-TAQ (Appendix K). The RIPLS instrument assesses the readiness of students to participate in interprofessional learning and contains the following subscales: 1) roles and responsibilities; 2) positive and negative professional identity; and 3) teamwork and collaboration. The T-TAQ was designed to examine students'

attitudes toward teamwork as it relates to patient care and safety and contains the following subscales: 1) team structure; 2) leadership; 3) situation monitoring; 4) mutual support; and 5) communication. Students will complete both of these instruments upon matriculation into their respective programs (prior to any IPE experience) and annually throughout the course of their education. Each student will receive a personal identification number that will allow for longitudinal evaluation of their responses within these subscales.

Previous measurement literature (Paulhus, 1991) has shown that for attitudinal measurements (e.g. RIPLS, T-TAQ), respondents have a tendency to agree with more positively worded categories on the Likert scale. Because published data on these instruments are negatively skewed, the QEP Committee recommended measuring quartiles and percentiles as is common practice when data are skewed. Thus, the assessments of student performance and the determination of a desired median score on the RIPLS and T-TAQ are similar to those described above for the TAS, the details of which are found in Appendix L.

In lieu of using outcomes in the literature on these instruments to determine a minimum score as a benchmark for determining attitudinal competency, the CIECP Director and IPE Council will examine results of the RIPLS and T-TAQ from fall 2015 at matriculation and yearly for the first two years of the QEP to determine our students' median score, which will then be used as a baseline to determine competency in future years, as described above with the TAS. Based on this median score from our site-specific data, we will then establish more accurate targets for success.

Ultimate attainment of competency is expected by the end of training for students who have participated in required IPE activities. Competency may also be demonstrated through elective activities; however, the QEP Committee considers these activities as supplementary to the core required activities. The timeline outlined in Table 8 describes development efforts for the first two years of the QEP, with no schools requiring an IPE experience until the 2017-2018 academic year, at which time two schools will require *IPEC 101*. As stated earlier, the CIECP Director and IPE Council will determine a benchmark median score annually from the first year of the QEP. However, monitoring with respect to the following action plan will begin with the students who have IPE requirements and matriculate in fall 2017 and will continue in subsequent years.

Understanding that numerous contextual factors affect attitudinal change, the QEP Committee anticipates that some students from all programs will be unable to demonstrate attitudinal competency despite involvement in IPE activities. Therefore, the committee has set the following benchmarks for students with IPE requirements. Students performing at or above the determined median on the RIPLS and T-TAQ will be considered to have demonstrated positive attitudes toward interprofessional learning and therefore have shown attitudinal competency. If these desired measurable targets are met, the QEP Committee will consider the QEP a success with respect to fostering an institutional environment that supports IPE.

- By fall 2018, 80% of students who have had at least one required IPE experience will perform at or above the determined median score on the RIPLS and/or T-TAQ.

- By fall 2019, 85% of students who have had at least one required IPE experience will perform at or above the determined median score on the RIPLS and/or T-TAQ.
- By fall 2020, 90% of students who have had at least one required IPE experience will perform at or above the determined median score on the RIPLS and/or T-TAQ.

Monitoring for attainment of these benchmarks will begin in fall 2018. If 80% of students who have had at least one required IPE experience do not perform at or above the determined median score on the RIPLS and/or T-TAQ at this time, the CIECP Director will begin an in-depth review of the data and demographics information to examine subscale scores and identify themes. In addition to this review, the CIECP Director will engage the IPE Council, ICDC, IPSA, and other stakeholders to develop an action plan and query portfolio data to examine the IPE experiences completed by the students, ensure that positive attitudes toward IPE are emphasized in these experiences, and modify the IPE courses as deemed necessary. Similar monitoring will be ongoing starting in 2019 and 2020 to evaluate the success of any modifications made.

The QEP Committee anticipates a positive change in the overall RIPLS and T-TAQ scores when students are exposed to a single curricular or extracurricular IPE experience and increasing positive changes in the scores when students participate in numerous experiences. In their annual review of scores, the CIECP Director and IPE Council will identify the percentage of students who show a positive change in attitudes and the percentage of students who are able to demonstrate competency based on the determined median. This process will allow longitudinal analysis of changes in the attitudes of individual students and cross-sectional analysis comparing students based on the number and types of IPE activities they experience over the course of their educational program. These data will inform decisions regarding future requirements for participation in IPE. The annual review will also trigger action plans for modification of IPE activities.

Table 13: Student Learning Outcomes and Assessment of Competency

Outcome 1: Students will demonstrate knowledge of the values and ethical principles that guide interprofessional practice.
IPEC Competencies (IPEC, 2011)
VE 1: Place the interests of patients and populations at the center of interprofessional health care delivery. VE 4: Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions, using respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict. VE 8: Manage ethical dilemmas specific to interprofessional patient-/population- centered care situations.
Outcome Measures and Matched Content Domains
Knowledge assessments in *IPEC 101, IPEC 102* (VE 1, VE 8) Faculty and/or peer evaluations in *IPEC* classroom and clinical electives (VE 1, VE 4, VE 8) Performance on guided written reflections in *IPEC* classroom and clinical electives (VE 1, VE 4, VE 8)
Assessment of Student Learning Outcomes and Remediation Requirements
Score of 70% or higher on knowledge assessments in *IPEC 101, IPEC 102* • Remediation = Repeat examination and achieve passing score "Yes" on ≥2 items in this domain on faculty and/or peer evaluations in *IPEC* classroom and clinical electives • Remediation = Repeat course and achieve passing score Score of Pass on guided written reflections in *IPEC* classroom and clinical electives • Remediation = Repeat reflection and achieve passing score
Outcome 2: Students will demonstrate understanding of the roles, responsibilities, and contributions of other health care professionals in the context of patient care.
IPEC Competencies (IPEC, 2011)
RR 1: Communicate one's roles and responsibilities clearly to patients, families, and other professionals. RR 4: Explain the roles and responsibilities of other health care providers and how the team works together to provide care. RR 8: Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable.
Outcome Measures and Matched Content Domains
Knowledge assessments in *IPEC 101, IPEC 102* (RR 4) Performance on guided written reflections in *IPEC* classroom and clinical electives (RR 1, RR 4, RR 8) Faculty and/or peer evaluations in *IPEC* classroom and clinical electives (RR 1, RR 4, RR 8) Longitudinal analysis of responses on annual RIPLS subscales 2, 3, 4 and T-TAQ subscales 1, 2 (attitudinal – not specifically linked to individual RR competencies)
Attainment of Competencies and Remediation Requirement
Score of 70% or higher on knowledge assessments in *IPEC 101, IPEC 102* • Remediation = Repeat examination and achieve passing score "Yes" on ≥2 items in this domain on faculty and/or peer evaluations in *IPEC* classroom and clinical electives • Remediation = Repeat course and achieve passing score Score of Pass on guided written reflections in *IPEC* classroom and clinical electives • Remediation = Repeat reflection and achieve passing score Performance at or above the determined median on RIPLS subscales 2, 3, and 4 by end of training for students with *IPEC* requirement • No individual remediation. Data gathered as trigger point for action plan for QEP evaluation. Performance at or above the determined median on T-TAQ subscales 1 and 2 by end of training for students with *IPEC* requirement • No individual remediation. Data gathered as trigger point for action plan for QEP evaluation.

Table 13: Student Learning Outcomes and Assessment of Competency (continued)

Outcome 3: Students will demonstrate the ability to communicate effectively with other health professions students in classroom and clinical settings.
IPEC Competencies (IPEC, 2011)
CC 3: Express one's knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions. CC 4: Listen actively and encourage ideas and opinions of other team members. CC 6: Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict.
Outcome Measures and Matched Content Domains
Faculty and/or peer evaluations in *IPEC* classroom and clinical electives (CC 3, CC 4, CC 6) Performance on guided written reflections in *IPEC* classroom and clinical electives (CC 3, CC 6) Performance on TAS in simulation activities (CC 3, CC 4, CC 6) Longitudinal analysis of responses on annual RIPLS subscale 1 and T-TAQ subscale 5 (attitudinal – not specifically linked to individual CC competencies)
Attainment of Competencies and Requirements for Remediation
"Yes" on ≥2 items in this domain on faculty and/or peer evaluations in *IPEC* classroom and clinical electives • Remediation = Repeat course and achieve passing score Score of Pass on guided written reflections in *IPEC* classroom and clinical electives • Remediation = Repeat reflection and achieve passing score Score at or above determined median on TAS per faculty observation in IPE simulation activities • Remediation = Repeat simulation exercise and achieve passing score Performance at or above determined median on RIPLS subscale 1 by end of training for students with *IPEC* requirement • No individual remediation. Data gathered as trigger point for action plan for QEP evaluation. Performance at or above determined median on T-TAQ subscale 5 by end of training for students with *IPEC* requirement • No individual remediation. Data gathered as trigger point for action plan for QEP evaluation.
Outcome 4: Students will demonstrate the ability to work collaboratively and effectively in teams in classroom and clinical settings.
IPEC Competencies (IPEC, 2011)
TT 1: Describe the process of team development and the roles and practices of effective teams. TT 3: Engage other health professionals – appropriate to the specific care situation – in shared patient-centered problem solving. TT 8: Reflect on individual and team performance for individual, as well as team, performance improvement. TT 9: Use process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care.
Outcome Measures and Matched Content Domains
Faculty and/or peer evaluations in *IPEC* classroom and clinical electives (TT 3, TT 9) Performance on guided written reflections in *IPEC* classroom and clinical electives (TT 1, TT 8) Performance on TAS in simulation activities (TT 3, TT 8) Longitudinal analysis of responses on annual RIPLS subscale 1 and T-TAQ subscales 3, 4 (attitudinal – not specifically linked to individual TT competencies)
Attainment of Competencies and Requirements for Remediation
"Yes" on ≥2 items in this domain on faculty and/or peer evaluations in *IPEC 281, IPEC* classroom and clinical electives • Remediation = Repeat course and achieve passing score Score of Pass on guided written reflections in *IPEC 281, IPEC* classroom and clinical electives • Remediation = Repeat reflection and achieve passing score Score at or above determined median on TAS per faculty observation in IPE simulation activities • Remediation = Repeat simulation exercise and achieve passing score Performance at or above determined median on RIPLS subscale 1 by end of training for students with *IPEC* requirement • No individual remediation. Data gathered as trigger point for action plan for QEP evaluation. Performance at or above determined median on T-TAQ subscales 3 and 4 by end of training for students with *IPEC* requirement • No individual remediation. Data gathered as trigger point for action plan for QEP evaluation.

Assessment of QEP Goals and Initiatives

Benchmarks regarding the process of the QEP goals and initiatives are delineated in Tables 9, 10, and 11 in the *Timeline* section. The CIECP and IPE Council will evaluate the attainment of each of the benchmarks annually and will provide feedback to responsible parties. If benchmarks for any of these goals and initiatives are not met by the expected deadlines, the CIECP Director will engage in meetings with the appropriate responsible parties and stakeholders, the IPE Council, and applicable institutional departments (e.g. Human Resource Management, Information Technology, school accreditation officials, IPSA, clinical partners, etc.) to determine barriers and develop action plans to overcome them. The Vice Chancellor for Academic Affairs will be involved in this process as necessary. Further details are included in the final paragraphs of each of the next 3 sections related to the QEP goals.

Goal 1

With respect to Initiative 1.1, several benchmarks will be assessed. The IPE Council will be formed and will be holding regular meetings by fall 2015. The website will be available for use by summer 2016. An evaluation form that allows students to provide feedback to the CIECP and IPE course and experience directors will be developed and used in all IPE experiences by fall 2016.

Online registration for IPE experiences will be available for students by fall 2015. The process of registration, as outlined in Initiative 1.2, will be monitored via questions on the course evaluation form that requests feedback on the registration process, which will be provided to the Office of the Registrar annually. Beginning in fall 2016, the IPE Council will review reports on IPE from the Office of the Registrar each year. This information will be compiled by year in the five-year report to provide an overview of the number of students who have IPE designations on their transcripts.

The primary outcome of Initiative 1.3 relates to the formation of the Interprofessional Curriculum Development Committee (ICDC). This committee will be formed by fall 2015, and minutes from its meetings will be reviewed by the IPE Council annually. An expected outcome from this initiative is the provision of a determined time for IPE activities, during which all students are free from other course responsibilities. Fall 2017 has been suggested as a benchmark for this provision.

The success of Initiative 1.4 will be assessed by leaders of IPSA and the CIECP Director. The number and success of new IPSA projects will be evaluated each year. IPSA leaders aim to add at least one new IPSA project to its inventory per year beginning in the academic year 2015-2016. School liaisons will meet with curriculum committees to request extracurricular credit for student participation in IPSA projects by fall 2016. IPSA membership will be incentivized and will increase significantly over the next five years, doubling by 2019.

Many of the benchmarks of Initiative 1.1 have already been met, including the development of the CIECP, hiring of a CIECP Director and recruitment for a CIECP Coordinator, and the formation of the IPE Council.

Action plans that will be initiated if the other benchmarks for Goal 1 are not met by the expected timelines will involve Information Technology, the Registrar, the Vice Chancellor for Academic Affairs, and IPSA leaders.

Goal 2

Initiative 2.1 includes the identification of school liaisons by fall 2015. The deans will be expected to identify additional faculty each year to gradually increase the community of IPE champions over the next five years. This initiative is partially related to Initiative 1.3 in that the participants in the ICDC will constitute the consortium of faculty most likely to become more involved in IPE development. The CIECP Director will monitor participation in IPE faculty development activities and will report this to the Vice Chancellor for Academic Affairs on an annual basis.

The IPE Council will review the number of faculty development workshops and materials that are offered to the faculty annually, as detailed in Initiative 2.2. A set of existing resources and workshops will be added to the toolkit by fall 2015. The effectiveness of workshops will be assessed using a mixed-methods analysis of post-participation evaluation surveys. The Office of Medical Education Research and Development (OMERAD) at LSUHSC-NO will be enlisted to help with survey development and analysis. A survey of faculty to assess their learning needs will be administered in fall 2015. Beginning in spring 2016, new faculty development materials will be developed to fill gaps in the toolkit with respect to this needs assessment and the three domains of content (interprofessional collaboration, teaching and learning, and leadership).

Initiative 2.3, incentivizing faculty development by offering grant writing education and a seed grant program, will be assessed by examining the number of scholarship and grant writing workshops offered and the attendance therein, as well as a review of the number of seed grants awarded each year. The seed grant program will award its first allocation in the academic year 2016-2017. A review of scholarly projects and external funding attained by CIECP personnel and other faculty will be included in the five-year report for the QEP. It is also anticipated that the Promotions and Tenure criteria for the Schools of Allied Health, Dentistry, Medicine, Nursing, and Public Health will include specific wording that indicates the value of IPE involvement by 2017.

The initial component of Initiative 2.1 has already been met, with school liaisons already identified and meeting to begin work on other initiatives. Action plans that will be developed if the other benchmarks associated with Goal 2 are not met by the expected timelines will include a meeting of the Vice Chancellor for Academic Affairs with the IPE Council, the CIECP Director, and the deans to identify barriers to faculty development and incentivization.

Goal 3

The first component of Initiative 3.1, reviewing and cataloging existing opportunities for IPE at LSUHSC-NO, will be completed by fall 2015. Further expansion, such as adding students from other schools to existing simulation activities, is expected to require more time because additional faculty with expertise in simulation

debriefing will be needed. By the five-year report, all School of Medicine clerkship simulation activities will include students from the School of Nursing and potentially other schools as well. This initiative will be monitored by the CIECP Director. A facilitator guide that faculty can use in the clinical setting for IPE experiences will be developed and available for use by fall 2016.

The foundational courses, *IPEC 101* and *IPEC 102,* that comprise the core of Initiative 3.2 will be developed over the next 2-3 years and will be offered to students in most LSUHSC-NO programs by 2017 and 2018, respectively. The IPE Immersion experience will be developed in 2018 and offered in at least two programs by fall 2019. School liaisons, working with the ICDC, hold the primary responsibility for this initiative. Student feedback on end-of-course surveys will be obtained and will shape any necessary revisions of these introductory courses in the future.

An annual review of new IPE electives will comprise the evaluation for Initiative 3.3. A benchmark that has been set by the QEP Committee regarding electives is that one new IPE classroom and clinical elective will be added to the LSUHSC-NO catalog each year. As with the foundational courses, student feedback will be sought after each course and will be utilized by course directors to inform future course changes. In addition to IPE course creation, reports on the number of new extracurricular experiences (e.g. IPSA projects, other community service projects) will be generated annually beginning in 2017.

The number of clinical sites that are formally involved in IPE at LSUHSC-NO will be reviewed annually to assess the success of Initiative 3.4. Formal agreements between LSUHSC-NO and additional clinical sites will be finalized during the five-year plan.

The final initiative, Initiative 3.5, which provides for a learner-centered IPE Portfolio, will begin in summer 2015. Development will require at least one year, with the benchmark being the availability of the IPE Portfolio to students in summer 2016. Each year thereafter, the IPE Council will review the portfolio system as a whole and will solicit student feedback regarding facility of use. In the five- year report, the CIECP Director will have the ability to report on the number and types of IPE activities and demonstrations of competency in student learning outcomes for every student who has participated in IPE at LSUHSC-NO.

The work of the initiatives associated with Goal 3 will be undertaken beginning fall 2015 by the CIECP Director, IPE Council, and ICDC. Because the components of this major goal involve curriculum development, action plans that will be initiated if benchmarks associated with the initiatives are not met will be broadly-based, involving individual school curriculum committees, deans, and the Vice Chancellor for Academic Affairs to evaluate the opportunities for flexibility and the overall environment supporting IPE.

Assessment Summary

In summary, the CIECP Director, school liaisons, and the IPE Council will review results of all student learning outcome assessments and benchmarks for the achievement of QEP goals and initiatives annually. Failure to meet any of the established benchmarks will trigger an action plan that will involve analysis by all relevant

stakeholders. These data will be provided to the central administration of LSUHSC-NO to aid in the evaluation of institutional strategic planning objectives. This review will also provide feedback to IPE course and experience directors for modification of activities and assessment instruments, thus creating a continuous mechanism for improvement.

Faculty from Schools of Nursing and Allied Health facilitate a student discussion regarding roles and responsibilities at IPE Day.

XII. QEP Summary

The mission of Louisiana State University Health Sciences Center - New Orleans (LSUHSC-NO) is to provide education, research, and public service through direct patient care and community outreach. Its educational programs prepare students for careers as health care professionals and scientists. This QEP is directly related to the institutional mission by educating students in interprofessional teams in order to enhance the care of patients and the community. It was developed with input from a broad representation of constituents and will be implemented by faculty, students, and administrators from across the institution.

The student learning outcomes of the QEP are aligned with the Educational Program Objectives and Institutional Competencies for all schools, thereby directly relating to institutional needs. The methods to assess the achievement of the QEP include continuous feedback and direct measures of the goals and initiatives. The institutional capacity to support the QEP is strong, as evidenced by establishment of a centralized infrastructure and a financial commitment to support personnel requirements. This detailed longitudinal plan provides a framework for incremental engagement of faculty and students across schools for five years, thereby laying the foundation for continuing growth in interprofessional collaboration.

The QEP for LSUHSC-NO will change the course of health education for its students by fostering a learning environment and institutional culture that supports IPE and interprofessional collaboration. By establishing the necessary infrastructure, facilitating faculty involvement, and expanding opportunities for IPE early in their professional education, the QEP will enable students to develop the knowledge, attitudes, and behaviors necessary for interprofessional collaborative practice, ultimately improving the health of the community.

XIII. References:

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Appendix A: QEP Talking Points Flyer

Southern Association of Colleges and Schools Commission on Colleges (SACS-COC) Quality Enhancement Plan (QEP)

Orientation to the QEP and reaffirmation process

What is SACSCOC?

- The regional body for the accreditation of degree-granting higher education institutions in the 11 southern states.
- LSUHSC –NO campus SACSCOC Accreditation Reaffirmation on-site visit - March 24-26, 2015

Why is SACSCOC accreditation necessary for LSUHSC?

- Necessary for accreditation for all professional accrediting bodies (=all HSC school programs except Graduate Studies) and for students to obtain Federal student loans.

What is a QEP?

- A component requirement of the reaffirmation accreditation process
- A campus-wide course of action related to enhancing education related to student learning
- A longitudinal plan tied to the institution's mission

- LSUHSC-NO has formed a QEP Steering Committee to prepare for the 2015 site visit- members include faculty and students from each school.

QEP Topic Selection

- The topic should relate to our institutional mission and strategic plan.
- The scope should be broad.

- What ideas come to mind?

A component of the QEP is to develop an implementation plan. How can you assist?

- Take the time to complete surveys
- Consider being a committee liaison

Appendix B: Academy Symposia Agendas

2011 Spring Symposium

Thursday, March 24

8:30 a.m. – 4:30 p.m.

All LSUHSC faculty are invited.

Isidore Cohn, Jr. Learning Center (6th floor) and the Center for Advanced Practice (5th floor)
LSU-Lions Building

PROGRAM

Time	Activity	Location
8:00 – 8:30 a.m.	**Registration** *Continental Breakfast Buffet*	Reception Area Learning Center
8:30 – 10:00 a.m.	Concurrent Workshops:	
	Difficult Conversations *Sylvia Davis PhD (Allied Health Professions* *Maria Weimer, MD, Bill Swartz PhD,* *Bonnie Desselle MD, and Robin English MD (Medicine)* **Description:** Inevitably, every faculty member faces situations requiring difficult conversations with learners and/or colleagues. In this session, participants will explore the range of situations and ways in which such conversation are challenging. Participants will also learn about specific strategies and tips derived from the professional literature and practical experience that can help them prepare for and conduct such conversations effectively	Lecture Room Learning Center
	Developing Your Educator Portfolio *Sheila W. Chauvin PhD, MFd (Academy, OMERAD)* Oftentimes, the hardest part of an Educator Portfolio is getting started. Deciding what to include and how to effectively present evidence can be challenging. This session will provide an overview and hands-on activities for developing and refining one's' Educator Portfolio, whether for application for membership in the Academy or in preparation of one's academic review packet. The Academy portfolio template will be used in the workshop, but the key points and practical strategies will be applicable to whatever portfolio format one chooses to use. **NOTE**: The Academy portfolio template was adopted by the School of Medicine in Spring 2010 as its Educator Portfolic in the academic promotion/tenure review packet.	Classroom Center for Advanced Practice
10:00 – 10:15 a.m.	**BREAK**	Reception Area Learning Center

Program continues on the next page.

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10:15 – 11:45 a.m.	Idea Exchange Session **Inter-professional Education at LSUHSC** *Robin English MD (Medicine), Kirk Nelson PhD, MPT(Allied Health Professions), Debbie Garbee PhD (Nursing), and Sandra Andrieu (Dentistry)* **Description:** All LSUHSC faculty members are encouraged to attend this workshop, as we will be exchanging ideas that affect all schools. Participants will review key definitions and concepts pertaining to inter-professional education, learn about current IPE initiatives at LSU and explore opportunities and ways in which IPE can be pursue at LSU in the future.	Lecture Room Learning Center
11:45 a.m. – 12:15 p.m.	**LUNCH BUFFET**	Reception Area Learning Center
12:15 – 1:15 p.m.	Plenary Session **Measuring Educational Scholarship:** **Results, Issues, and Insights from a National Working Group** **M. Brownell Anderson, M. Ed.** Senior Director, Education Affairs Association of American Medical Colleges **Description:** The administration and faculties of LSUHSC – NO have begun a critical dialogue about the importance of defining and valuing the scholarship of teaching. The work of a national group to define and measure the scholarship of education will be explored in this presentation and participants will have the opportunity to contribute to the dynamic national conversation. Topics to be considered include: • What does educational scholarship mean? • How does one demonstrate educational scholarship? • What levels of specificity and rigor are necessary to measure education scholarship? • What have we learned from the emerging work of the national task force?	Lecture Room Learning Center

Registration appreciated to help with planning food and beverage and materials.
To register and for more information, please email omerad@lsuhsc.edu or call 504-568-2140.

Afternoon Program for Academy members only continues on the next page.

Last Update 3/1/2011

2011 Fall Symposium and Educational Scholarship Day

Thursday, October 13

Isidore Cohn, Jr. Learning Center
6th floor, LSU-Lions Building

AMA Credit Designation Statement
The LSU School of Medicine-New Orleans designates this live activity for a maximum of 4.25 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Accreditation Statement
The LSU School of Medicine-New Orleans is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Time	Program Agenda
8:00 – 8:30 a.m.	**Final Poster and Demonstration Set-Up**
8:30 – 9:00 a.m.	**Registration and Continental Breakfast**
9:00 a.m.–11:15 a.m.	**Educational Scholarship Day** **Oral Abstract and Poster Presentations, Demonstrations** *Oral Abstracts begin at 9:00 a.m. Posters and demonstrations follow immediately.* (1.0 credit)
11:15-11:30 a.m.	**Annual Academy Recognition Program**
11:30 a.m.– 12:15 p.m.	**Lunch Buffet and Networking**
12:15 – 1:30 p.m.	Plenary: ***Creating a Culture of Professionalism across the Continuum of Health Professions Education*** (1.25 credits) ***Cathy J. Lazarus, MD*** Associate Chief of Staff for Education, Southeast Louisiana Veteran's Heath Care System, New Orleans and former Senior Associate Dean for Medical Education and Student Affairs, Chicago Medical School, Rosalind Franklin University of Medicine and Science, Chicago, Illinois and ***Nancy Parsley, DPM*** Dean, Dr. William M. Scholl College of Podiatric Medicine, Rosalind Franklin University of Medicine and Science, Chicago, Illinois
1:45 – 3:45 p.m.	Workshop: ***Creating Professionalism Culture across Health Professions Education at LSUHSC*** (2.0 credits) *Facilitated by: Cathy J. Lazarus, MD and Nancy Parsley, DPM*
3:50 – 4:30 p.m.	**Academy Business Meeting – *Members only***

Advanced registration appreciated to plan effectively for materials, lunch and break refreshments.
To register, please email omerad@lsuhsc.edu by Thursday, October 6, 2010.
CME certificates will be awarded to physicians. All other participants will receive certificates of participation.
Questions or more information? Please call 504-568-2140 or email omerad@lsuhsc.edu.
Please share this announcement with your colleagues and invite them to join us on October 13.

2012 Spring Symposium – Interprofessional Education

Thursday, April 12

8:30 a.m. – 9:00 a.m. (Academy members only)

9:15 a.m. – 3:30 p.m. (All LSUHSC faculty are invited)

Center for Advanced Practice (5th floor) and Isidore Cohn Learning Center (6th floor) LSU-Lions Building

PROGRAM

Time	Activity	Location
8:00 – 9:15	**Registration** *Continental Breakfast Buffet*	Large Lecture Room 6th floor
8:30 – 9:00	**Business Meeting (Academy members only)**	Large Lecture Room 6th floor
9:15-11:30	**Introduction to Interprofessional Education** **Barriers and Solutions in Interprofessional Education** *Robin English (Medicine)* **Description:** A presentation on the definition of Interprofessional education (IPE), followed by an introduction to the Interprofessional Education Collaborative (IPEC) will begin the session. Current IPE curricular activities that are taking place at LSUHSC will be reviewed. Barriers to developing IPE curricula will be generated, followed by facilitated small group discussions to devise strategies to overcome these barriers at LSUHSC.	Large Lecture Room 6th floor
11:30-1:00	**Networking Lunch / Poster Session**	Learning Center 6th floor
1:00-1:10	**Introduction to Targeted Small Group Sessions** **Inter-professional Education at LSUHSC** *Robin English (Medicine), Kirk Nelson (Allied Health)* **Description:** A brief description of the afternoon's activities will be presented. Participants will be introduced to a worksheet to be used in the small group discussions.	Large Lecture Room 6th floor
1:10-3:00	**SMALL GROUP SESSIONS** Each of the 4 small groups will target a specific topic or setting in which IPE curricula may be developed. **Bedside Teaching**: patient-centered activities, including hospital rounds, outpatient clinics, and other setting. **Preclinical Teaching:** introduction to IPE, quality and safety, team building, communication, and others. **Ethics:** classroom or clinical activities involving ethical considerations essential for providers from various healthcare professions **Simulation:** use of high-fidelity simulation scenarios with team from various healthcare professions.	Various rooms on the 6th floor
3:00-3:30	**Debrief and Wrap-Up** **Evaluation of Symposium**	Large Lecture Room 6th floor

Activity Credit for Physicians and Nurses

The Louisiana State University School of Medicine, New Orleans is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Louisiana State University School of Medicine, New Orleans designates this live activity for a maximum of 4.75 *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Participants will earn 4.5 contact hours of continuing nursing education upon attending the entire program and completing the evaluation.

LSUHSC School of Nursing is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Registration appreciated to help with planning food and beverage and materials.
To register and for more information, please email omerad@lsuhsc.edu or call 504-568-2140.

Last Update 3/1/2011

Appendix C: IPSA Informational Flyer

InterProfessional
IPSA
Student Alliance

The **mission** of IPSA is to address health disparities in the greater New Orleans area through interprofessional teams of LSUHSC students.

The **purpose** of IPSA is to function as a student-run initiative "incubator" providing interprofessional leadership development and faculty support to service projects that meet certain criteria.

The current IPSA projects are listed below. Interested in hearing about upcoming IPSA meetings and news? Send an email to **IPSA.LSUHSC@gmail.com** to be added to our interest list!

SMART CAFÉ

Mission: SMART CAFÉ is an interprofessional group of LSUHSC-NO students who visit local elementary school cafeterias to teach basic nutrition and encourage children to try unfamiliar but nutritious foods.
Goal: to reduce adult risk factors for cardiovascular disease and diabetes by increasing healthy food consumption and decreasing junk food consumption among children.

Interested in getting involved?
Training Meetings (attend one): 8/19 or 8/21 *during lunch*
School Visits: Tuesday and Thursday, every other week

Contact: Trevor Boudreaux (tboud8) or Brie Dyess (bdyes1)
School Credit Medical students receive 1 hr PDE-C for prep meetings and 2 hrs CSE for school visits
Nursing students receive 0.5 points credit from SNA for each event

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New Orleans Adolescent Reproductive Health Project | NOARHP

Mission: Interprofessional team of LSUHSC students will work toward ensuring that all Orleans parish public high school students will have access to age-appropriate, evidence-based, culturally sensitive and comprehensive reproductive health education, leading to safer, more responsible reproductive health decisions.

Volunteer commitment: The course consists of ten 30-minute lessons taught over 6 weeks. Must be able to commit to at least 5 lessons. Dates will be confirmed by end of August.

Contact: noarhp.lsuhsc@gmail.com
School Credit Medical students receive PDE and 1 CSE hour per lesson taught
Nursing students receive 0.5 points credit from SNA for each lesson taught

Appendix D: LSUHSC Educational Program Objectives and Institutional Competencies

Knowledge of Basic Principles

1. Students must **understand and apply the scientific principles** basic to their fields, including core areas such as cellular and molecular biology, anatomy, physiology, biochemistry, microbiology, pharmacology, genetics, statistics and epidemiology.
2. Students must **demonstrate knowledge of the basic disease processes** in the clinical areas relevant to their degree programs.
3. Students must be able to **identify and apply the principles of ethics and professionalism** in patient care and research that are accepted in their fields.
4. Students must **participate regularly in learning activities** that maintain and advance their competence and performance.

Patient Care (All Schools except Graduate Studies and Public Health)

5. Students must **demonstrate the ability to gather accurate information** from patients via history taking and physical examination.
6. Students must **demonstrate the ability to manage patients' health** by making diagnoses and planning treatment.
7. Students must **demonstrate knowledge of prevention of health problems and health maintenance**.
8. Students must **possess the knowledge necessary to provide effective patient care with respect to patient diversity and cultural beliefs**, including consideration of their age, ethnicity, gender, and cultural and health beliefs, and understand the importance and means of overcoming literacy, linguistic, or other cultural barriers to effective communication.
9. Students must **collaborate and communicate effectively** in order to provide care.

Continuous Learning and Improvement

10. Students must **demonstrate the ability to review current sources of information**.
11. Students must know how to **appraise evidence by using critical thinking skills and statistical methods**.
12. Students must regularly **seek useful assessment and feedback from patients and colleagues**.

Interpersonal Relationships and Communication

13. Students must demonstrate **effective communication** with patients, colleagues, and team members.

Systems Based Practice

14. Students must **demonstrate an understanding of the healthcare system** as a whole, including types of medical practice, delivery systems, and payment methods; the roles of other health care providers, and utilization of resources.

Professional Behavior

15. Students must **maintain integrity and personal responsibility** and apply the principles of ethics and professionalism in patient care and research that are accepted in their fields.

Appendix E: Constituent Survey 1

Please mark all of the following scenarios that you feel reflect an IPE experience	
	Students from pharmacy, social work, and medicine follow a set of patients in a diabetes registry and develop plans of care.
	Public health and occupational therapy students meet to perform patient assessments to develop a fall prevention program in a nursing home.
	Nursing and respiratory therapy students educate a patient on maintenance and care of his tracheostomy prior to discharge from the hospital.
	Nursing and physician assistant students develop a management protocol for a set of patients with high hemoglobin A1C levels.
	Public health and medical students develop a plan for follow up after an outbreak of Cryptosporidiosis.
	Respiratory therapy, physical therapy, and nursing students attend physiology laboratory together.
	Clinical laboratory science students attend an ethics lecture series that is taught by an occupational therapist.
	Medical technology students give a presentation to medical students on common laboratory techniques.
	Students from respiratory therapy and physician assistant programs attend lectures on obstructive sleep apnea.
	Dental, occupational therapy, and medical students represent LSUHSC-NO as volunteer participants in Special Olympics Louisiana.
Describe any IPE experiences (past or present) in which you have participated at LSUHSC-NO.	
What is your primary school?	

Appendix F: Readiness for Interprofessional Learning Scale (RIPLS)

Readiness for Interprofessional Learning Scale (RIPLS)

The purpose of this questionnaire is to examine the attitude of health and social care students and professionals toward interprofessional learning, or their readiness to engage interactively with other students in shared learning. The RIPLS can be used to measure student attitudes toward multiprofessional education in the undergraduate context

1. The Teamwork and Collaboration Subscale: Evaluates attitude regarding the effect of cooperative learning with students from other professions around clinical and communication issues, as well as issues of trust, respect, and professional limitations. A high score implies that students agree with item content regarding the importance of these qualities.

2. The Positive and Negative Professional Identity Subscale: The Positive component relates to items regarding shared learning experiences with other health professions students in improving communication, problem-solving, and team skills. A high score implies that the student values these shared learning experiences with students from other health professions. The Negative component relates to the value of working with other health care students. A high score in this subscale implies that students do not value cooperative learning with other health care professions students.

3. The Roles and Responsibilities Subscale: Relates to items asking about students' own roles and those of other health care providers and addresses the medical hierarchy and where students see themselves compared to other professions. A high score implies an unclear or distorted perception of one's own role and that of others.

Readiness for Interprofessional Learning Scale (RIPLS) - Subscales

Teamwork and Collaboration

1. Learning with other students will help me become a more effective member of a health care team.
2. Patients would ultimately benefit if health care students worked together to solve patient problems.
3. Shared learning with other health care students will increase my ability to understand clinical problems.
4. Learning with health care students before qualification would improve relationships after qualification.
5. Communication skills should be learned with other health care students.
6. Shared learning will help me to think positively about other professionals.
7. For small group learning to work, students need to trust and respect each other.
8. Team-working skills are essential for all health care students to learn.
9. Shared learning will help me to understand my own limitations.

Negative and Positive Professional Identity

10. I don't want to waste my time learning with other health care students.
11. It is not necessary for undergraduate health care students to learn together.
12. Clinical problem-solving skills can only be learned with students from my own department.
13. Shared learning with other health care students will help me to communicate better with patients and other professionals.
14. I would welcome the opportunity to work on small-group projects with other health care students.
15. Shared learning will help to clarify the nature of patient problems.
16. Shared learning before qualification will help me become a better team worker.

Roles and Responsibilities

17. The function of nurses and therapists is mainly to provide support for doctors.
18. I'm not sure what my professional role will be.
19. I have to acquire much more knowledge and skills than other health care students.

Readiness for Interprofessional Learning Scale (RIPLS)

Directions: Please indicate the degree to which you agree or disagree with the statement by selecting the response that best expresses your feeling. Each item is measured on a 5-point Likert scale: (1) Strongly Disagree, (2) Disagree, (3) Neutral, (4) Agree, and (5) Strongly Agree.

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Learning with other students will help me become a more effective member of a health care team.	1	2	3	4	5
2. Patients would ultimately benefit if health care students worked together to solve patient problems.	1	2	3	4	5
3. Shared learning with other health care students will increase my ability to understand clinical problems.	1	2	3	4	5
4. Learning with health care students before qualification would improve relationships after qualification.	1	2	3	4	5
5. Communication skills should be learned with other health care students.	1	2	3	4	5
6. Shared learning will help me to think positively about other professionals.	1	2	3	4	5
7. For small group learning to work, students need to trust and respect each other.	1	2	3	4	5
8. Team-working skills are essential for all health care students to learn.	1	2	3	4	5
9. Shared learning will help me to understand my own limitations.	1	2	3	4	5
10. I don't want to waste my time learning with other health care students.	1	2	3	4	5
11. It is not necessary for undergraduate health care students to learn together.	1	2	3	4	5
12. Clinical problem-solving skills can only be learned with students from my own department.	1	2	3	4	5
13. Shared learning with other health care students will help me to communicate better with patients and other professionals.	1	2	3	4	5
14. I would welcome the opportunity to work on small-group projects with other health care students.	1	2	3	4	5
15. Shared learning will help to clarify the nature of patient problems.	1	2	3	4	5
16. Shared learning before qualification will help me become a better team worker.	1	2	3	4	5
17. The function of nurses and therapists is mainly to provide support for doctors.	1	2	3	4	5
18. I'm not sure what my professional role will be.	1	2	3	4	5
19. I have to acquire much more knowledge and skills than other health care students.	1	2	3	4	5

Appendix G: IPE Experience Draft Application

Proposed IPE Experience (Name of Course/experience):				
Who are the course directors? Other teaching faculty?				
Specifically, which level of students and which programs will be included?				
How specifically does this experience meet IPE criteria?				
Which student learning outcome(s) will this experience assess?	Students will demonstrate knowledge of the values and ethical principles that guide interprofessional practice.	Students will demonstrate understanding of the roles, responsibilities, and contributions of other healthcare professionals in the context of patient care.	Students will demonstrate the ability to communicate effectively with other health professions students in classroom and clinical settings.	Students will demonstrate the ability to work collaboratively and effectively in teams in classroom and clinical settings.
Besides the IPE student learning outcomes, what are the additional learning objectives for the experience?				
What level of learning (Bloom's Taxonomy) will be the focus of the experience?	Level 1 – Remember/Understand	Level 2 – Apply/Analyze	Level 3 – Create/Evaluate	
What teaching modalities will be used?	Lecture	Small group discussions	Case-based discussions	Clinical care of patients/clients
What are the venues for demonstration of student competencies?	Written knowledge assessment	Guided written reflection	Participation in discussions	Direct observation of skills
What assessment tools will be used?	Internally derived quantitative measure (specify)	Validated quantitative measure (specify)	Global narrative evaluation	Other (specify)

Appendix H1: Guided Written Reflection Exercise for Interprofessional Education

Student_____ Date _____

Course _____Faculty Evaluator _____

Instructions for students: Please take time to think about your IPE experience and complete a written reflection. Reflections should be 1-2 pages in length and can be in any format. Your faculty will evaluate you based on your responses to the questions below. All questions may not be pertinent, but you should be able to comment on your experience within each of the domains to some extent. Feel free to cover other topics in addition if you think they were important to your overall experience.

Values/Ethics for Interprofessional Practice

How did the values of students in other health professions compare to those in your profession? Were there specific similarities or differences?

Were there any ethical dilemmas that arose during your discussions with other health professions students? What were the ethical issues? How was the dilemma solved? How did the solution involve interprofessional collaboration?

Roles/Responsibilities

What health professions were represented by other students in this experience?

What was their role and contribution to the health care team? How were their responsibilities and contributions similar to or different than your own?

What did you specifically contribute to discussions in order to help students in other health professions understand the perspective of your own profession?

Interprofessional Communication

Did you feel that the students in your team communicated well with one another?

Were there any conflicts that arose between students of different health professions? If so, how were those conflicts managed? Did you feel they were managed effectively or ineffectively?

Teams/Teamwork

Please consider the performance of your team of students as whole. Did the team work well together?

Were there specific principles or behaviors associated with effective teamwork that were demonstrated by students on the team?

How specifically did your team of students work together to provide care?

Were there areas of potential improvement that could be made in the future? If so, were these addressed?

Appendix H2: Grading Rubric for Guided Written Reflection Exercise

Student_____ Date _____

Course _____ Faculty Evaluator _____

EVALUATOR INSTRUCTIONS: The reflection exercise is divided into 4 categories below which are aligned with IPEC Competencies and QEP student learning outcomes. Consider the reflection piece as a whole as you seek evidence of these competencies. In the Yes/No columns, check whether or not you feel the student demonstrated competency in the respect domains as part of his/her reflection . In addition, please circle the appropriate grade for this student's reflection. A Passing score can be assigned if the student receives a "yes" response in at least 2 of the domains. Pass Fail

This student demonstrated knowledge of the values and ethical principles that guide interprofessional practice. This may include, but is not limited to:	YES	NO
• Comparing similarities and differences between the values and/or ethics that guide his/her profession with another profession. • Describing an ethical dilemma between healthcare professionals in which a solution involved interprofessional collaboration. • Proposing a solution to an ethical dilemma between healthcare professionals that involved interprofessional collaboration.		
This student demonstrated understanding of the roles, responsibilities, and contributions of other healthcare professionals in the context of patient care. This domain includes:	YES	NO
• Describing other healthcare professionals' roles in the care of a patient. • Comparing similarities and differences in the responsibilities and contributions that various healthcare professionals have in the care of a patient. • Indicating that he/she was able to communicate his/her own role to other healthcare professions students.		
This student demonstrated the ability to communicate effectively with other healthcare professions students in classroom and clinical settings. This domain includes:	YES	NO
• Referencing specific techniques that were used to improve interprofessional communication. • Describing a conflict between healthcare professionals for which a solution involved communication. • Proposing a solution to a conflict between healthcare professionals that involved effective interprofessional communication.		
This student demonstrated the ability to work collaboratively and effectively in teams in classroom and clinical settings. This domain includes:	YES	NO
• Providing an assessment of the performance of his/her team as a whole. • Citing specific effective teamwork behaviors that were demonstrated by members of his/her team. • Reflecting on individual and team performance for individual as well as team performance improvement. • Using process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care.		

Narrative Comments:

_____

_____

Faculty Signature: _____

Appendix I: Global Evaluation Form for Interprofessional Education

Student_____ Date _____

Course _____ Faculty Evaluator _____

EVALUATOR INSTRUCTIONS: Observation-based items are divided into 4 categories below and are aligned with IPEC Competencies. Consider all of the available opportunities during the discussions for students to provide evidence of these expectations. In the Yes/No columns, check whether or not you feel you observed this competency in this student throughout the course. In addition, please circle the appropriate grade for this student's performance: Pass Fail

This student demonstrated knowledge of the values and ethical principles that guide interprofessional practice. This domain includes:	YES	NO
Centering care on the interests of patients and populations		
Respecting cultures and values of other health professions		
Using respectful language when crucial conversations or conflicts arise		
Managing ethical dilemmas specific to an interprofessional care situation		
This student demonstrated understanding of the roles, responsibilities, and contributions of other health care professionals in the context of patient care. This domain includes:		
Communicating one's own and others' roles and responsibilities clearly to patients, families, and other professionals		
Explaining how the team works together to provide care		
Using the full scope of knowledge and abilities of available health care professionals to provide safe, efficient, effective, and equitable care		
This student demonstrated the ability to communicate effectively with other health professions students in classroom and clinical settings. This domain includes:		
Expressing one's knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions		
Listening actively and encouraging ideas and opinions of other team members		
Using respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict		
This student demonstrated the ability to work collaboratively and effectively in teams in classroom and clinical settings. This domain includes:		
Describing the process of team development and the roles and practices of effective teams		
Engaging other health professionals, appropriate to the specific care situation, in shared patient-centered problem solving		
Reflecting on individual and team performance for individual as well as team performance improvement		
Using process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care		

Narrative Comments:

_____

_____

Faculty Signature: _____

Appendix J: Teamwork Assessment Scale (TAS)

Teamwork Assessment Scale (TAS)

The purpose of this questionnaire is to assess common elements of effective teamwork. The TAS can be used to measure health care professionals' and students' performance while working as a team.

The scale has been adapted to be used as a 13-item self-assessment, assessment of the team as a whole, and as an observer assessment. The 13 items spanned the following attributes: (1) effective communication, (2) professional climate, and (3) accountability for one's self and for the team as a whole. A high total score implies better self-assessed performance, perception of team performance, and observer-rated individual team member performance.

Teamwork Assessment Scale (TAS) – Student (Self-Rated) Form

Directions: The purpose of this survey is to examine teamwork performance. Rate your performance based on all opportunities available during the case to perform the behavior in the item. Mark N only when the item is not applicable.

Response Scale: Definitely No (1).....(2).....(3).....(4).....(5).....(6) Definitely Yes

Answer the items below with the following prompt: To what extent did you demonstrate each of the following items?

Item	Student (Self-Rated) Performance						
1. Demonstrated priority for patient care and safety	1	2	3	4	5	6	N
2. Established rapport easily with team members	1	2	3	4	5	6	N
3. Demonstrated courtesy and respect toward team members, even during demanding and stressful situations	1	2	3	4	5	6	N
4. Performed tasks efficiently and without delay	1	2	3	4	5	6	N
5. Responded effectively to team member requests (e.g., prompt, helpful)	1	2	3	4	5	6	N
6. Was responsible for own actions (e.g., admitted mistakes, did not blame others)	1	2	3	4	5	6	N
7. Recognized self-limits (e.g., asked for help or delegated tasks appropriately)	1	2	3	4	5	6	N
8. Discussed patient issues with team members effectively	1	2	3	4	5	6	N
9. Considered others' contributions and views regarding the team and patient care	1	2	3	4	5	6	N
10. Answered questions effectively and provided explanations when needed	1	2	3	4	5	6	N
11. Responded effectively to accommodate team needs, feelings, and preferences	1	2	3	4	5	6	N
12. Used information and feedback from team members effectively	1	2	3	4	5	6	N
13. Assumed team member roles and/or extra responsibilities (e.g., in response to an unexpected need or when another team member was unable to perform)	1	2	3	4	5	6	N

Teamwork Assessment Scale (TAS) – Student (Team Rating) Form

Directions: The purpose of this survey is to examine teamwork performance. Rate your team's performance (i.e., as a whole) based on all opportunities available during the case to perform the behavior in the item. Mark N only when the item is not applicable.

Response Scale: Definitely No (1).....(2).....(3).....(4).....(5).....(6) Definitely Yes

Answer the items below with the following prompt: To what extent did your team (i.e., as a whole) demonstrate each of the following items?

Item	Team (Collective) Performance						
1. Demonstrated priority for patient care and safety	1	2	3	4	5	6	N
2. Established rapport easily with each other	1	2	3	4	5	6	N
3. Demonstrated courtesy and respect toward each other, even during demanding and stressful situations	1	2	3	4	5	6	N
4. Performed tasks efficiently and without delay	1	2	3	4	5	6	N
5. Responded effectively to each other's requests (e.g., prompt, helpful)	1	2	3	4	5	6	N
6. Was responsible for own actions (e.g., admitted mistakes, did not blame others)	1	2	3	4	5	6	N
7. Recognized each other's limits (e.g., asked for help or delegated tasks appropriately)	1	2	3	4	5	6	N
8. Discussed patient issues with each other effectively	1	2	3	4	5	6	N
9. Considered each other's contributions and views regarding the team and patient care	1	2	3	4	5	6	N
10. Answered each other's questions effectively and provided explanations when needed	1	2	3	4	5	6	N
11. Responded effectively to accommodate each other's needs, feelings, and preferences	1	2	3	4	5	6	N
12. Used information and feedback from each other effectively	1	2	3	4	5	6	N
13. Assumed each other's roles and/or extra responsibilities (e.g., in response to an unexpected need or when another team member was unable to perform)	1	2	3	4	5	6	N

Teamwork Assessment Scale (TAS) – Observer Form

Directions: The purpose of this survey is to examine teamwork performance specifically. Rate each team member's performance based on all opportunities available during the case to perform the behavior in the item. Mark N only when the item is not applicable.

Response Scale: Definitely No (1).....(2).....(3).....(4).....(5).....(6) Definitely Yes

Team Member Name: _____
Team Member Role: _____
Rater Name: _____

Answer the items below with the following prompt: To what extent did the team member demonstrate each of the following items?

Item	Observer Rating of Team Member Performance						
1. Demonstrated priority for patient care and safety	1	2	3	4	5	6	N
2. Established rapport easily with team members	1	2	3	4	5	6	N
3. Demonstrated courtesy and respect toward team members, even during demanding and stressful situations	1	2	3	4	5	6	N
4. Performed tasks efficiently and without delay	1	2	3	4	5	6	N
5. Responded effectively to team member requests (e.g., prompt, helpful)	1	2	3	4	5	6	N
6. Was responsible for own actions (e.g., admitted mistakes, did not blame others)	1	2	3	4	5	6	N
7. Recognized self-limits (e.g., asked for help or delegated tasks appropriately)	1	2	3	4	5	6	N
8. Discussed patient issues with team members effectively	1	2	3	4	5	6	N
9. Considered others' contributions and views regarding the team and patient care	1	2	3	4	5	6	N
10. Answered questions effectively and provided explanations when needed	1	2	3	4	5	6	N
11. Responded effectively to accommodate team needs, feelings, and preferences	1	2	3	4	5	6	N
12. Used information and feedback from team members effectively	1	2	3	4	5	6	N
13. Assumed team member roles and/or extra responsibilities (e.g., in response to an unexpected need or when another team member was unable to perform)	1	2	3	4	5	6	N

Appendix K: Team STEPPS Teamwork Attitudes Questionnaire (T-TAQ)

Team STEPPS Teamwork Attitudes Questionnaire (T-TAQ)

The purpose of this questionnaire is to examine attitudes toward teamwork in health care and specific components of teamwork as it relates to patient care and safety. The T-TAQ can be used to measure health care professionals' attitudes toward teamwork in practice.

1. The Team Structure Subscale: Relates to attitudes about team structure and the arrangement of a team's composition. Structure supported by the members of a team can contribute to positive attitudes toward teamwork. Ambiguity can lead to disagreements about roles and responsibilities. A high score implies stronger agreement for a supportive team structure for more effective teamwork.

2. The Leadership Subscale: Examines attitudes about the perception of the team leader role and his or her ability to direct/coordinate team members, assess team performance, allocate tasks, motivate subordinates, plan/organize and maintain a positive team environment. Higher scores imply stronger agreement in the importance of the team leader role for more effective teamwork.

3. The Situation Monitoring Subscale: Relates to attitudes toward tracking team members' performance to ensure that the work is running as expected and that proper procedures are followed. Relates to attitudes about monitoring team members' and personal physical and emotional statuses. Higher scores imply stronger agreement in the importance of monitoring individual and team behaviors for more effective teamwork.

4. The Mutual Support Subscale: Assesses attitudes about the perception of asking for or giving assistance to team members and an understanding of their work/workload. Higher scores mean a more favorable attitude toward supporting your team and asking for support for more effective teamwork.

5. The Communication Subscale: Evaluates attitudes about effective communication (e.g., asking questions, sharing information) and the impact on patients. Higher scores indicate stronger agreement in the importance of good communication for more effective teamwork.

Team STEPPS Teamwork Attitudes Questionnaire (T-TAQ) - SubScales

Team Structure

1. It is important to ask patients and their families for feedback regarding patient care.
2. Patients are a critical component of the care team.
3. This facility's administration influences the success of direct care teams.
4. A team's mission is of greater value than the goals of individual team members.
5. Effective team members can anticipate the needs of other team members.
6. High-performing teams in health care share common characteristics with high-performing teams in other industries.

Leadership

7. It is important for leaders to share information with team members.
8. Leaders should create informal opportunities for team members to share information.
9. Effective leaders view honest mistakes as meaningful learning opportunities.
10. It is a leader's responsibility to model appropriate team behavior.
11. It is important for leaders to take time to discuss with their team members plans for each patient.
12. Team leaders should ensure that team members help each other out when necessary.

Situation Monitoring

13. Individuals can be taught how to scan the environment for important situational cues.
14. Monitoring patients provides an important contribution to effective team performance.
15. Even individuals who are not part of the direct care team should be encouraged to scan for and report changes in patient status.
16. It is important to monitor the emotional and physical status of other team members.
17. It is appropriate for one team member to offer assistance to another who may be too tired or stressed to perform a task.
18. Team members who monitor their emotional and physical status on the job are more effective.

Mutual Support

19. To be effective, team members should understand the work of their fellow team members.
20. Asking for assistance from a team member is a sign that an individual does not know how to do his/her job effectively.
21. Providing assistance to team members is a sign that an individual does not have enough work to do.
22. Offering to help a fellow team member with his/her individual work tasks is an effective tool for improving team performance.
23. It is appropriate to continue to assert a patient safety concern until you are certain that it has been heard.
24. Personal conflicts between team members do not affect patient safety.

Communication

25. Teams that do not communicate effectively significantly increase their risk of committing errors.
26. Poor communication is the most common cause of reported errors.
27. Adverse events may be reduced by maintaining an information exchange with patients and their families.
28. I prefer to work with team members who ask questions about information I provide.
29. It is important to have a standardized method for sharing information when handing off patients.
30. It is nearly impossible to train individuals how to be better communicators.

Team STEPPS Teamwork Attitudes Questionnaire (T-TAQ)

Directions: The purpose of this survey is to measure your impressions of various components of teamwork as it relates to patient care and safety. Each item is measured on a 5-point Likert scale: (1) Strongly Disagree, (2) Disagree, (3) Neutral, (4) Agree, and (5) Strongly Agree.

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. It is important to ask patients and their families for feedback regarding patient care.	1	2	3	4	5
2. Patients are a critical component of the care team.	1	2	3	4	5
3. This facility's administration influences the success of direct care teams.	1	2	3	4	5
4. A team's mission is of greater value than the goals of individual team members.	1	2	3	4	5
5. Effective team members can anticipate the needs of other team members.	1	2	3	4	5
6. High-performing teams in health care share common characteristics with high-performing teams in other industries.	1	2	3	4	5
7. It is important for leaders to share information with team members.	1	2	3	4	5
8. Leaders should create informal opportunities for team members to share information.	1	2	3	4	5
9. Effective leaders view honest mistakes as meaningful learning opportunities.	1	2	3	4	5
10. It is a leader's responsibility to model appropriate team behavior.	1	2	3	4	5
11. It is important for leaders to take time to discuss with their team members plans for each patient.	1	2	3	4	5
12. Team leaders should ensure that team members help each other out when necessary.	1	2	3	4	5
13. Individuals can be taught how to scan the environment for important situational cues.	1	2	3	4	5
14. Monitoring patients provides an important contribution to effective team performance.	1	2	3	4	5
15. Even individuals who are not part of the direct care team should be encouraged to scan for and report changes in patient status.	1	2	3	4	5
16. It is important to monitor the emotional and physical status of other team members.	1	2	3	4	5
17. It is appropriate for one team member to offer assistance to another who may be too tired or stressed to perform a task.	1	2	3	4	5
18. Team members who monitor their emotional and physical status on the job are more effective.	1	2	3	4	5
19. To be effective, team members should understand the work of their fellow team members.	1	2	3	4	5
20. Asking for assistance from a team member is a sign that an individual does not know how to do his/her job effectively.	1	2	3	4	5
21. Providing assistance to team members is a sign that an individual does not have enough work to do.	1	2	3	4	5
22. Offering to help a fellow team member with his/her individual work tasks is an effective tool for improving team performance.	1	2	3	4	5
23. It is appropriate to continue to assert a patient safety concern until you are certain that it has been heard.	1	2	3	4	5
24. Personal conflicts between team members do not affect patient safety.	1	2	3	4	5
25. Teams that do not communicate effectively significantly increase their risk of committing errors.	1	2	3	4	5
26. Poor communication is the most common cause of reported errors.	1	2	3	4	5
27. Adverse events may be reduced by maintaining an information exchange with patients and their families.	1	2	3	4	5
28. I prefer to work with team members who ask questions about information I provide.	1	2	3	4	5
29. It is important to have a standardized method for sharing information when handing off patients.	1	2	3	4	5
30. It is nearly impossible to train individuals how to be better communicators.	1	2	3	4	5

Appendix L: Statistical Analysis of TAS, RIPLS, and T-TAQ

The CDF (Cumulative Distribution Function) method (Johnson, et al., 1996, Hyndman, et al., 1996, Joarder, et al., 2001) is a method utilized to establish provisional cut scores across the categories of a Likert scale based on quartiles. This allows the observer to assign a raw score for a student's performance and to identify the quartile in which a student's performance exists.

Using this method, the established raw scores and associated percentiles for the TAS (highest possible score 78) are:

- Score 20 or below: 25% percentile
- Score 21-39: 50% percentile
- Score 40-59: 75% percentile
- Score 60 or higher: >75% percentile

Using this method, the established raw scores and associated percentiles for the RIPLS are:

RIPLS Overall (out of possible 95):

- Score 24 or below: 25% percentile
- Score 25-48: 50% percentile
- Score 49-72: 75% percentile
- Score 73 or higher: >75% percentile

RIPLS Subscale 1: Teamwork and Collaboration (out of possible 45):

- Score 12 or below: 25% percentile
- Score 13-23: 50% percentile
- Score 24-34: 75% percentile
- Score 35 or higher: >75% percentile

RIPLS Subscale 2: Negative Professional Identity (out of possible 15):

- Score 4 or below: 25% percentile
- Score 5-8: 50% percentile
- Score 9-12: 75% percentile
- Score 13 or higher: >75% percentile

RIPLS Subscale 3: Positive Professional Identity (out of possible 20):

- Score 5 or below: 25% percentile
- Score 6-10: 50% percentile
- Score 11-15: 75% percentile
- Score 15 or higher: >75% percentile

RIPLS Subscale 4: Roles and Responsibilities (out of possible 15):

- Score 4 or below: 25% percentile
- Score 5-8: 50% percentile
- Score 9-12: 75% percentile
- Score 13 or higher: >75% percentile

Using this method, the established raw scores and associated percentiles for the T-TAQ are:

T-TAQ Overall (out of possible 150):

- Score 38 or below: 25% percentile
- Score 39-75: 50% percentile
- Score 76-113: 75% percentile
- Score 114 or higher: >75% percentile

T-TAQ Subscales (each out of possible 30):

- Score 8 or below: 25% percentile
- Score 9-15: 50% percentile
- Score 16-23: 75% percentile
- Score 24 or higher: >75% percentile

As stated in Section XI, the scores above represent percentiles based on the highest score possible. The CIECP Director and IPE Council will use our own data on these instruments for the first two years in order to establish percentiles and a median based on our own student performance, which will subsequently be used as our target score.