

Better Patient Outcomes Through Interprofessional Education

A revolutionary approach to preparing future health care practitioners is transforming higher education. Studies have shown that interprofessional education (IPE), which fosters working in multidisciplinary teams in a variety of settings, strengthens core competencies and fosters effective communication. Perhaps most important. IPE results in better outcomes for patients.

Aided by a \$2.1 million grant awarded in 2022 by the U.S. Department of Education, through its Institutional Resilience and **Expanded Postsecondary Opportunity** (IREPO) program. Mercy launched a new initiative to utilize technology that will make IPE available to more students, more professions and more patients. This work has built upon the efforts of Mercy's IPE Committee, co-chaired by Irina Ellison, Ph.D., associate professor of health sciences and associate dean of the School of Health and Natural Sciences; Nannette Hyland, P.T., Ph.D., professor and program director of physical therapy; and Kathleen Kenney-Riley, Ed.D., professor of nursing and a pediatric nurse practitioner. The committee, which has been active since 2015, is charged with designing and implementing Mercy's IPE program, with a long-term goal to grow and sustain the program at Mercy University.

Recently these three educational leaders sat down with Maverick Magazine to talk about their progress.

Let's start by defining interprofessional education and explaining how it benefits students, practitioners and patient care.



Ellison: When educators and learners from two or more health disciplines jointly create and foster a collaborative learning environment to develop the knowledge, skills and attitudes that result

in interprofessional team behaviors and competencies, that's interprofessional education. Through sharing best practices and communicating about each other's

roles and objectives, they learn how to work effectively as a team. The results are greater efficiencies, decreased medical errors and improved patient outcomes. At Mercy, we've introduced IPE concepts for health sciences students at the undergraduate and graduate levels. It's never too early to begin grasping IPE's core competencies, such as teamwork, ethics and other valuable traits.

Why is it important for colleges and universities to develop this educational practice?

Ellison: Working across disciplines and understanding the roles and responsibilities of different providers is more than just a good idea to improve patient outcomes it's a requirement for accreditation in the health professions.



Hyland: We introduced IPE at Mercy in 2015, shortly after the World Health Organization issued the first IPE standards. Since then, we've undergone specialized training to design programs that

incorporate these principles. We started with the School of Health and Natural Science, which then included nursing, and this year we will work with the School of Social and Behavioral Sciences and Mercy's new School of Nursing.



Kenney-Riley: We've developed a variety of interdisciplinary experiences for handson learning, and created practice settings that reflect the world students will navigate

as professionals. Working in teams, the students develop skills in patient assessment, critical thinking, communication and other interventions based on specific patient scenarios.

How is interprofessional education woven throughout the curriculum?

Kenney-Riley: To reach students across all programs and at all levels, we've mapped the curriculum to expose students to IPE at various points in their education. For example, students work with multi-disciplinary teams to practice seamless transitions in health care settings. That's the point at which one shift goes off duty and another comes on. Everyone needs to be clear about roles and responsibilities, whatever their specialty, to avoid mistakes or missed cues.

Aside from the curriculum, what other IPE activities do you employ?

Ellison: We've created learning experiences that mirror the key concepts of IPE, such as the common book read, the poverty simulation exercise, medical missions and simulated medical cases. Each semester we select a nonfiction account of a timely health issue. We invite the School of Health and Natural Sciences community to read the book and we hold a panel discussion made up of members of a multi-disciplinary health care team, including patients and family members, to share their experiences and insights with our students and faculty. There's tremendous value in hearing different perspectives on health issues and in brainstorming ways to improve the experience for everyone.

Kenney-Riley: The poverty simulation is an immersion experience that sensitizes participants to the realities of living below the poverty line. Students in the health sciences learn how to work with other disciplines mental health, social services and more. The activity opens a dialogue about ways to collectively address the problems associated with poverty. Students and faculty in the School of Education and the School of Social and Behavioral Sciences have been invited to participate this year.

Hyland: Last spring, we resumed our humanitarian medical missions. Students and faculty from different disciplines formed teams that traveled to the Dominican Republic to provide free medical care in underserved areas.

How is IPE learning applied to clinical rotations?

Hyland: Currently, our Speech and Language Pathology (SLP), Occupational Therapy (OT) and Physical Therapy (PT) students conduct their clinical rotations in local practices. Mercy University also has an onsite PT and Speech clinic where students serve the Mercy community. We'd like to introduce an interprofessional clinic with an emphasis on collaboration.

Ellison: Simulations offer students the opportunity to practice clinical skills before working on real patients. That can be done virtually or with standardized patients, who are actors trained to display symptoms. Studentpractitioner teams perform various duties such as taking health histories or developing discharge plans. Recently



we've partnered with Marc Palmieri, assistant professor of communication studies, who also advises the student theatre club at Mercy. Student actors portray patients with symptoms of an illness or injury. It becomes a learning laboratory for everyone involved.

What type of community service are the students doing?

Hyland: We're working with Area Health Education Centers (AHEC), a national program of projects that employ IPE approaches to eliminate health care disparities. We've also partnered with the Yonkers Office of Aging on a project to help elderly, low-income residents who want to age in place.

Kenney-Riley: Organizations like the Association of Schools Advancing Health Professions (ASAHP) have helped with the recent launch of our 15-week initiative called Improving the Health of Seniors Through Interprofessional Health Management. Students in the family nurse practitioner (FNP) and physical therapy programs will work with older adults in areas of safety, medications, activities of daily living and so forth.

What does the future hold for Mercy's IPE program?

Ellison: We constantly look for new ways to improve the health of a community, and with each success our work spreads to neighboring communities, too. We're grateful for the various grants that helped us accomplish so much. We hope to continue coordinating our efforts and expanding our reach even further.

Hyland: Students learn better with experiential learning, and working with communities often leads them to practice in those communities. One of the beautiful things about Mercy is our diversity, and our program takes aim at the health disparities that threaten diversity.

Kenney-Riley: We've done good work so far, launching some important community initiatives that involve more students in interprofessional experiences. We're doing all we can to develop the infrastructure and support we need to build out our IPE program so it can really take off.