Interprofessional Education: An Exploration in Physical Therapist Education

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(ACAPT) to consider

ndings, at least 62 (58.5%) of the 106 (50.7%) respondents reported that IPE is a focus of their physical therapist education curriculum. Eighty respondents (75.5%) identi ed up to 3 reasons for the success of their initiatives. Faculty buy-in/champions was the most frequently cited reason followed by institutional support, student support, curriculum, and external factors, respectively. e majority of respondents (n = 56) did not identify a collaborative practice partnership in which their students obtain interprofessional experience.

Discussion and Conclusion. Based on the work of national and international organizations and forums, and the results of this survey, physical therapist education programs developing IPE within their institutions typically elect to rst target IPE within classroom experiences before integrating IPE within clinical

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(IPE) has been a topic of national and international discussion for several decades.[1-8] As de ned by the World Health Organization (WHO), IPE is education in which "students from two or more professions learn about, from, and with each other to enable improved health outcomes."[5] Widely accepted as being integral to the provision of safe, high-quality, and accessible patient-centered care, IPE has gained momentum and support during the past decade and has been adopted and promoted by many health profession organizations.[9-16] In 2009, 6 national organizations representing higher education in dentistry, medicine (allopathic and osteopathic), nursing, pharmacy, and public health formed the Interprofessional Education Collaborative (IPEC) to help advance IPE and promote team-based care. In 2011, the collaborative published Core Competencies for Interprofessional Collaborative Practice (Core Competencies) to help guide development of health professions curricula and prepare students to effectively practice teamwork and team-based health care.[12-13]S ese core competencies are grouped into 4 domains: (1) values/ethics, (2) roles/responsibilities, (3) interprofessional (IP) communication, and (4) teams/teamwork. For a complete listing of the core competencies, please refer to Appendix A.

Although many health care professions, including physical therapy, were not represented directly in the development of these core competencies, the competencies are widely applicable. Many

imilarly,

terprofessional education and collaborative practice). us, IPECP initiatives have included professional development activities, participation at inter-

(80.2%) provided a total of 120 examples of IPE initiatives (Table 1). e most frequently reported example was IP courses ranging from a single course to a sequence of 3-4 courses (n = 31), followed, in descending frequency, by case collaboration (n = 17), university IP days (n = 14), IP lab classes including those with simulation (n = 13), volunteer/service learning (n = 8), and pro bono clinics (n = 7). Seventy-nine respondents (74.5%) cited a total of 74 examples of support for IPE initiatives (Table 2). Funding either through the university budget, extramural, or intramural grants was the most frequently cited example of support (n = 40) followed by inclusion of IPE in the annual review process (n = 25).

IPE S O . Seventy-seven respondents (72.6%) identi ed examples of evidence of the success of IPE at their institu-

were associated with a clinical experience, community-based experience, pro bono/student-run clinic, or outpatient clinic. Clinical experience was the most frequently identi ed site for partnerships (Table 6).

IPEC C C . Eighty-two individuals (77.4%) reported familiarity with the IPEC Core Competencies[12] and the general competency domains, with 75 of the 82 (91.5%) supporting endorsement of these general competencies by the profession in both education and clinical practice.

Follow-Up Survey

e initial survey identi ed 46 key contacts for follow-up. Of these, 30 (65.2%) responded to the follow-up survey.

IP C D C E . Fi een key contacts (50%) responded that IP competencies are not addressed during clinical experiences. ree key contacts (10%) mentioned that they were in the planning or beginning stages of addressing competencies, and 1 respondent indicated the institution was seeking guidance from APTA. Twelve key contacts (40%) reported that IP competencies are being addressed during the clinical experiences at their institutions, and 9 of those gave examples of competencies that students are expected to achieve. Cumulative-

that their state practice

for the initial survey of 209 ACAPT member institutions makes the results di cult to gen-

Appendix C. IPE Organizational Resources

Organization Name	Website
American Interprofessional Health Collaborative (AIHC)	