ANOTATED BIBLIOGRAPHY OF RELEVANT LITERATURE REGARDING INTERPROFESSIONAL EDUCATION, RESEARCH, AND FACULTY DEVELOPMENT

Compiled by Sally Moyce, August 2014

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General Overviews of Interprofessional Education (IPE)
These articles describe IPE in general, guiding theories, and conceptual models.

IPE/IP Collaboration Descriptions

This is an excellent overview article, giving the historical and political background to IPE based on some seminal articles from the IOM, the Lancet, and a Cochrane review. It then offers an analysis of learning outcomes, activities, and assessment, and the challenges of IP development. It concludes with a discussion of the IP theoretical underpinnings and how those relate to relevant research questions.

This report is a lengthy outline of a framework for IPE and collaborative practice. It offers a review of strategies to help policy-makers implement IPE and collaboration. It describes the educational mechanisms of IPE, from an educator and a curricular standpoint. It also describes the practice mechanisms: institutional support, working culture, and environment. It then discusses ways to join IPE to practice through health-service delivery mechanisms and patient safety mechanisms. The report is easy to read with many figures and pictures as well as charts outlining action steps for the integration of IPE into practice.

This is a very brief, two page summary of the Framework.


This theory-heavy article describes the competencies necessary for students and practitioners seeking to work in IP teams. Provides a nice list and definitions of competencies.

**Theories and Conceptual Models**


This is a good overview of how theories can be applied to IPE in order to understand IPE and to implement it in a way that is useful to the educator.


This article explains the authors’ creation of a conceptual framework for promoting IP collaboration. The article, set in British Columbia, delineates three themes of IP collaboration: interpersonal communication, patient-centered care, and collaborative practice.

**IPE in Action**

Articles in this section give examples of IPE in the practice or academic setting and include models of implementation of IPE and IP collaboration.

**IPE in Education Centers**


This is a good, brief description of what IPE looks like in some US medical schools. It includes common challenges, teaching modalities, and administrative policies.


This article supplies one university health system’s approach to integrating IPE across its campuses. It presents conceptual models for the creation of a program, program goals to enhance student learning and understanding of IPE, and examples of curricular development in IPE. This provides an example of the successful implementation of a cross-campus IPE approach.


This article describes the outcomes of a Masters level two-day course designed to teach IPE to educators. The authors identify some of the common challenges to IPE and the importance of training educators to teach within an IPE framework.
This qualitative study explains some of the motivations of students to join IPE networks and to advocate for IP collaboration in their practice. Students were attracted to the possibility of improving patient care, advancing their own careers, and using IPE to learn about an issue. The authors suggest that this article can help attract students to IPE as learners and leaders.

This article describes the role of the IP mentor, based on interviews with students and mentors in IPE. The competencies described – facilitation of IP learning, supervision of students, and assessment of students – can be used to build mentor capacity in instructors seeking to teach IPE.

**IPE/IP Collaboration Outcomes in Practice Settings**

This article reports on a community-based intervention in interprofessional collaboration at a diabetes clinic. Students benefited from working in an IP team – they reported better understanding of care models and improved ability to work with a team. Patient results were not statistically significant, though patients reported positive impressions of their experiences with IP care.

Authors conducted a cross sectional survey of 312 oncology patients to examine effects of interprofessional collaboration, rated as low vs high intensity. Outcome measures were patient satisfaction, pain management, uncertainty, length of stay, and pain management. Patients cared for by high-intensity interprofessional collaboration teams had significantly higher satisfaction levels, lower uncertainty, and better pain management. There was no significant difference in hospital length of stay. The authors conclude that the intensity of interprofessional collaboration had a positive effect on patient satisfaction, reduces uncertainty, and improves pain management, yet does not influence the length of stay.

The authors report on 10 case studies from around the world for a study by the WHO on collaborative practice (AKA interprofessional practice). The case studies describe collaboration on a global context, the importance of collaboration, and ways to systematize collaboration.

This Cochrane review included data from 15 studies of the effectiveness of IPE. It found mixed reviews: most studies reported positive outcomes of IPE; but four studies reported positive and neutral outcomes, and four reported no impact on practice or patient care.
Experiences of Those Working in IP Teams


This is a qualitative analysis of 25 interviews with junior doctors and nurses in New Zealand to explore their experiences working for the first time in a multidisciplinary health care team. Interviewees expressed the need for open communication, mutual respect, and the importance of agreeing upon goals. They also identified barriers to interprofessional collaboration as the organizational structure or working environment and differing professional perspectives. Participants noted the need for good leadership to establish an interprofessional team. The authors propose strategies to increase interprofessional collaboration, including educating through simulation about teamwork processes, developing interdisciplinary interventions to promote collaboration, redesigning information-sharing processes, and focus on interprofessional communication skills training.

Application of IPE to Practice


This article provides a qualitative analysis of how IPE is translated into the practice setting for nurse midwives. Students, educators, and professionals reported that buy-in for IPE in the workplace influences their ability to apply IPE competencies to practice. It offers interesting insight into common barriers to incorporating IPE principles into practice as well as some methods used and suggestions for better IP collaboration once students who have been educated in IP teamwork are in practice. The authors conclude that the benefits of IPE may be lost if the working environment does not prioritize collaboration.

Tools to Assess IPE

These articles describe assessment tools used in IPE to evaluate student learning and the effectiveness of IPE.


This article provides a description of the development of a tool used to assess IP facilitators. The tool helps outline some of the key competencies required for those seeking to train others in IPE.


The authors used two instruments – Interdisciplinary Education Perception Scale and Readiness for Interprofessional Learning Scale – to assess attitudes of students in medicine, nursing, occupational therapy, and physical therapy (n=474) toward interprofessional education. Students in medicine and physical therapy rated members of their own profession higher in terms of competence as compared to nurses and occupational therapists.

Authors developed and validated a tool to evaluate student experiences of an IP program in rural emergency care simulations. Students reported appreciation for professional roles, improved teamwork, and importance of working together to improve clinical practice.

**IP Research**

Most research of IPE analyzes the experiences and the perceptions of those (mostly students) involved in IP collaboration. However, the references below highlight ways that IP teams can engage in research on other topics, such as practice issues.


This is a systematic review of 83 studies of IPE from 2005-2010 undertaken to examine the diversity of approaches to IPE and to identify areas for future research. Key findings included 1) lack of an explicit theoretical framework to apply IPE theories to practice; 2) inconsistencies in descriptions of study settings, populations, and outcomes which weakens the body of research; 3) the interventions lack long-term development and are mostly one-time activities; and 4) faculty development is not strongly represented in this body of literature.


This rather specific article describes the application of two theories to the research of preventing medical errors in practice. It explains how the theories of Activity Theory and Knotworking can be applied to research into how and why errors occur and how and why gaps in teamwork occur.


These authors present their pearls and pitfalls from a collaborative approach to a research project which sought to integrate quantitative and qualitative methodology. They present key recommendations useful to anyone engaging in IP research.

**IP Faculty Development**

Articles in this section focus on developing interprofessional collaboration as part of faculty development, highlighting various methods for teaching faculty and involving them in IP collaborative practice.


This article describes methods for faculty development including a conceptual framework, planning guide, curriculum suggestions, and teaching strategies. The authors emphasize 1) improving faculty attitudes about collaborative practice, 2) building capacity for team self-
evaluation, and 3) improving faculty leadership. Teaching strategies include experiential learning, giving feedback, and employing diverse educational methods.


After a review of the literature and analysis of focus group data, this author describes in some depth seven key strategies for faculty development in IPE. These include 1) create change at the individual and organizational level, 2) employ stakeholders, 3) focus on patient-centered practice, leadership, and organizational change, 4) use a variety of settings for teaching, 5) model the principles of collaboration, 6) use various educational models, and 7) use dissemination strategies to implement faculty development programs.