

Improving Interprofessional Practice & Cultural Competence with Interprofessional Education



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INTRODUCTION

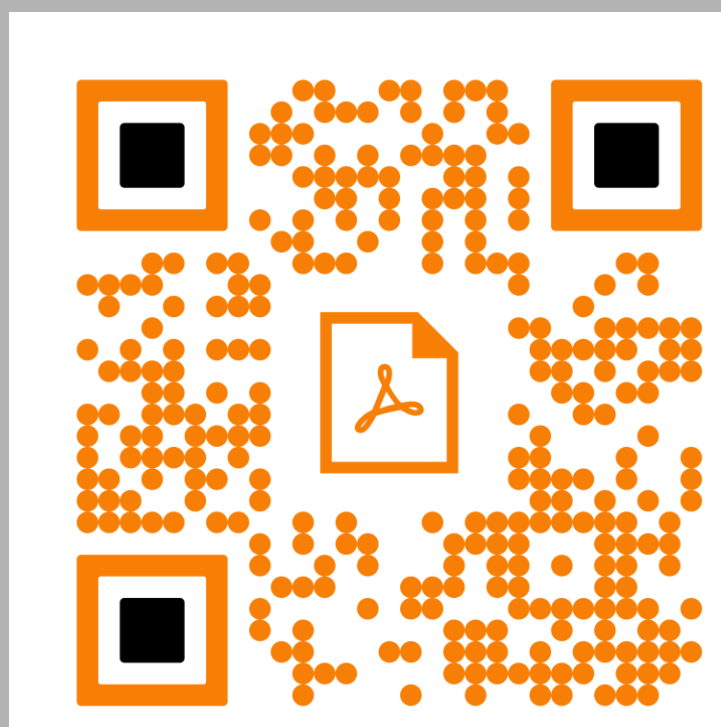
Interprofessional education (IPE) and cultural competence (CC) training have become staples in healthcare education programs with the goal of improving patient care.¹ IPE, where students from two or more professions learn from, about, and with each other to optimize care, resulting in team building, sharing of knowledge, communication, and collaboration. CC involves an individual's ability to recognize, assess, appreciate, and respect unique backgrounds such as race, ethnicity, sexual minorities, gender, identity, religion, and age, to make greater informed decisions in healthcare and minimize inequities. Within educational programs, both constructs can occur simultaneously to optimize learning and patient-centered outcomes.

OBJECTIVES

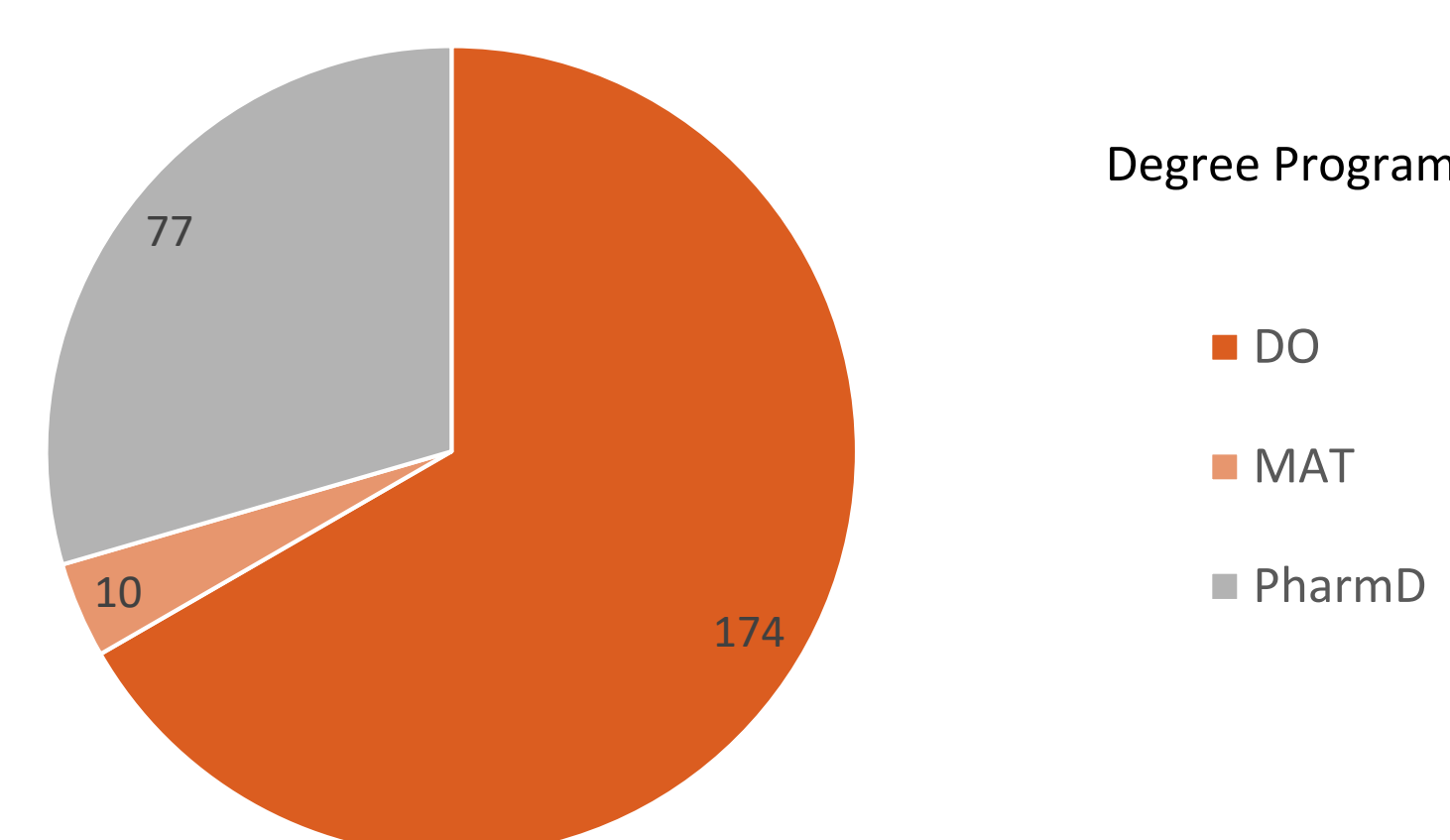
To identify the impact of a Diversity, Equity, and Inclusion IPE single-day event on the perceptions of interprofessional practice and ability to provide culturally competent care in students enrolled in Doctor of Osteopathy (DO), Pharmacy, and Athletic Training (AT) education programs.

METHODS

An experimental design used pre- and post-test measures of IPE and CC knowledge with a one-day conference as the intervention. Participants included students (205 pre and 200 post) enrolled in DO, pharmacy, and AT programs at two Midwestern Universities. Participants completed the Interprofessional Collaborative Competences Attainments Survey (ICCAS)² and three modified components of the Tool for Assessing Cultural Competence Training (mTACCT) before and after the event that included baseline information about the different professions, three CC presentations, and two case studies with small group discussions. Due to uneven sample sizes in the pre- and post-test, and violations of normality and homogeneity of variance Kruskal Wallis tests were used to assess differences in the intervention.



Participants

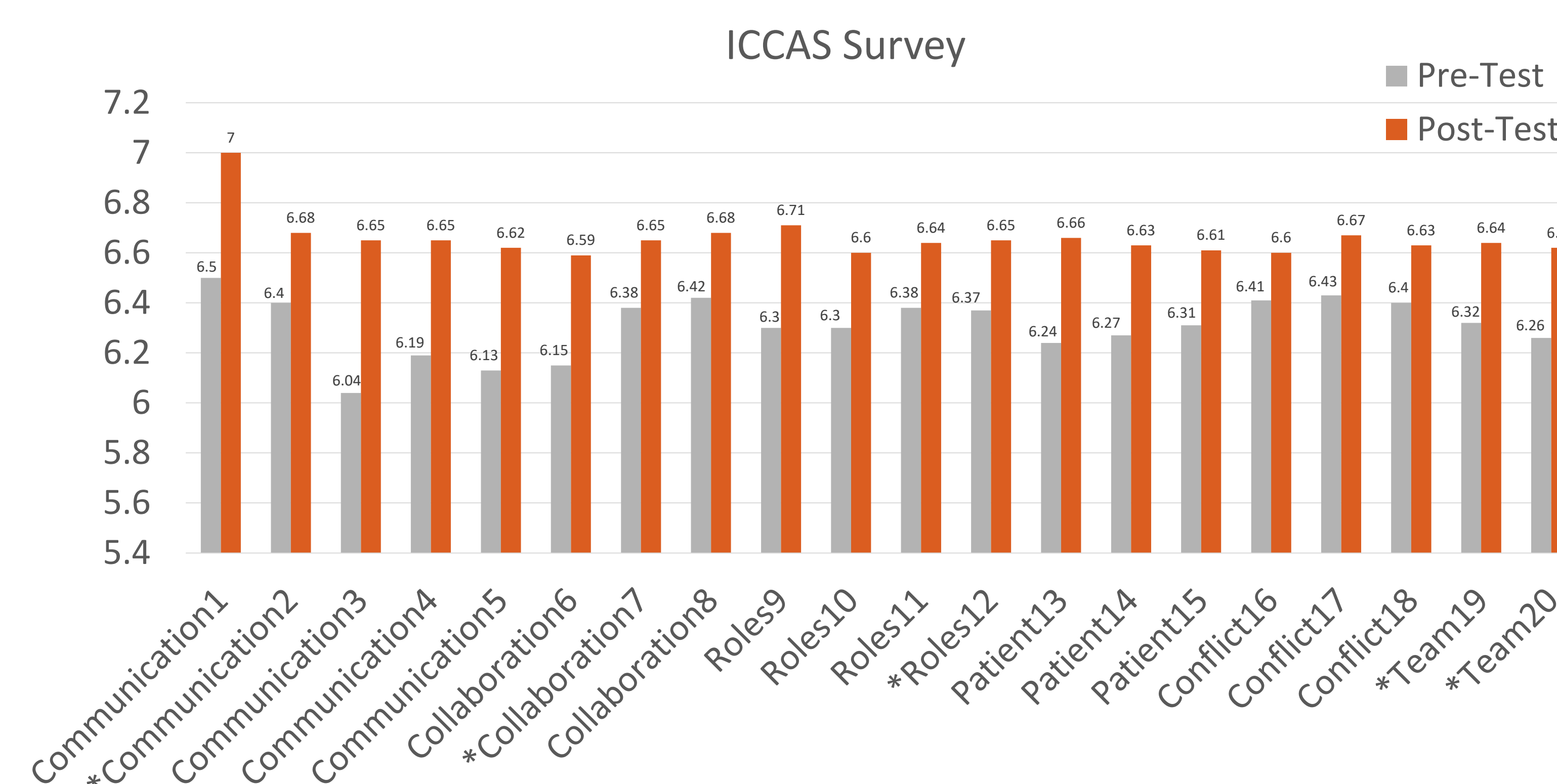


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RESULTS



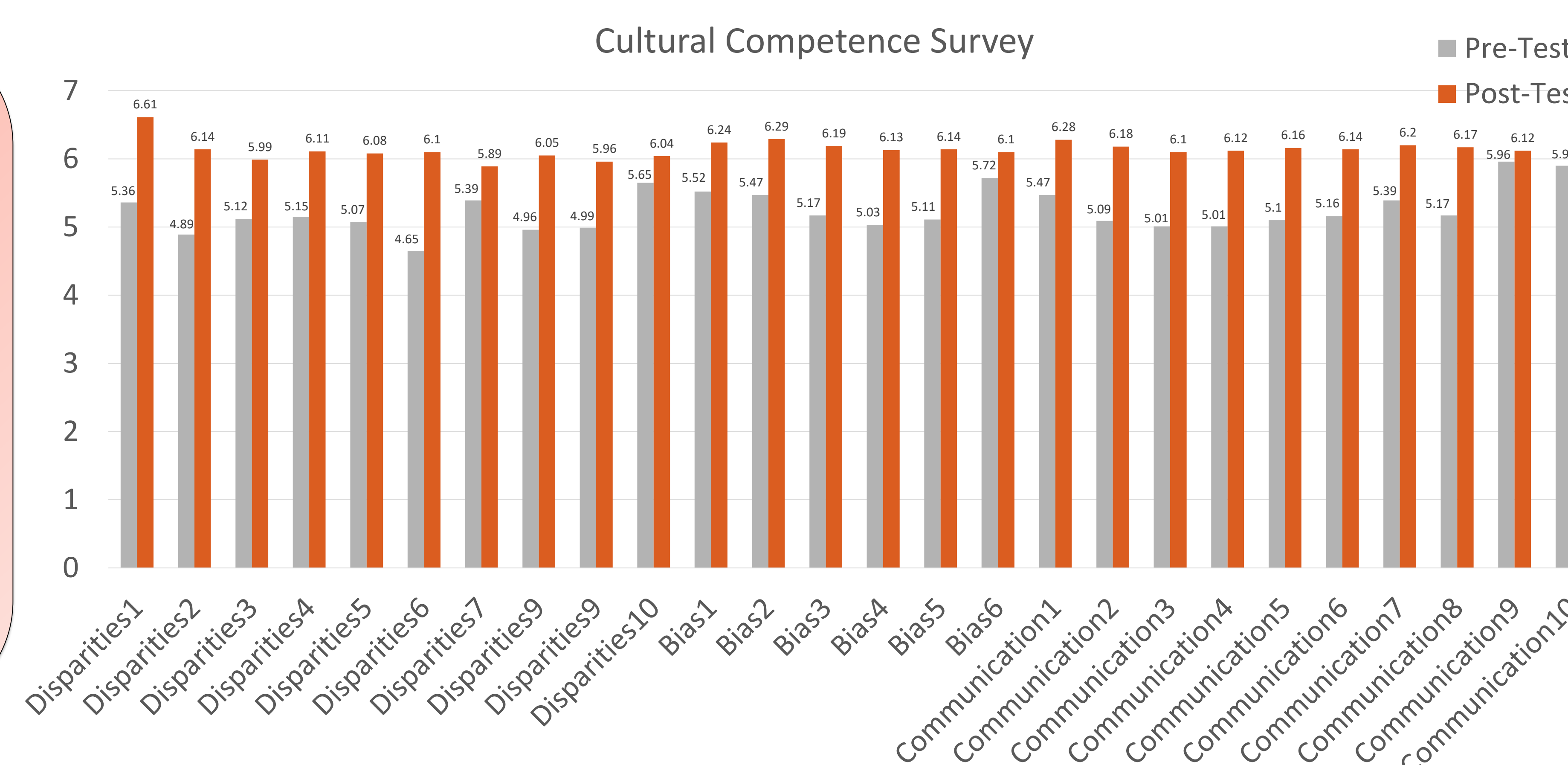
ICCAS Key Findings

Students increased their ability to:

- ✓ "actively listen to Interprofessional (IP) team members' ideas and concerns"
- ✓ "work effectively with IP members to enhance care"
- ✓ "recognize how others' skills and knowledge complement and overlap with their own"
- ✓ "develop an effective care plan with IP team members"
- ✓ "negotiate responsibilities with overlapping scopes of practice"

Cultural Competence Key Findings

- ✓ Students recognized a deficiency in their cultural competency but demonstrated a desire for greater understanding.
- ✓ Students improved their ability to identify bias and stereotyping in healthcare



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CONCLUSION

Our intervention provided students from three different healthcare degree programs and two institutions with educational opportunity to strengthen their collaborative efforts interprofessionally and culturally. Though our outcomes were significant, our data suggests a level of unconscious incompetence with IPE and conscious incompetence with CC. Though aspects of communication, collaboration, skills, knowledge, and teamwork had positive outcomes, it is clear more effort is needed, especially with simulation and social bias training, to increase collaborative efforts between healthcare programs.

With regard to CC, greater integration is needed throughout the healthcare degree program curricula. Though all outcomes were significant, programs cannot simply "check a box." Research indicates that CC needs to be weaved into multiple levels of curricula for students to have a greater understanding of it and ability to apply it to patient care. A one-day intervention is a great start to introducing CC, but more is needed to achieve mastery in it. In addition to program curricula, it is important to look at the climate of the university and what steps are being taken to progress further in CC.¹ Greater IPE and CC efforts can only assist in improving healthcare and advancing individual patient health.

REFERENCES

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