Organizational Models of Interprofessional Practice and Education in the United States: Results from a National Survey.

American Interprofessional Health Collaborative National Center for Interprofessional Practice and Education





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Objectives

Describe the results of the national survey.

Discuss the implications and next steps for the IPE field.

 Identify major take-away points and recommendations based on the survey results.

Task Force Charge

Design, deploy, and disseminate results of a survey that explores current status of how interprofessional practice and education is organized in the United States.

Topics included:

Basic demographics

IPE structure

Financing

Leadership

Personnel

Institutional culture

Systematic IPE plans

Findings potentially used for:

Identifying national trends and

progress in IPE

Benchmarking data for program

enhancement or sustainability

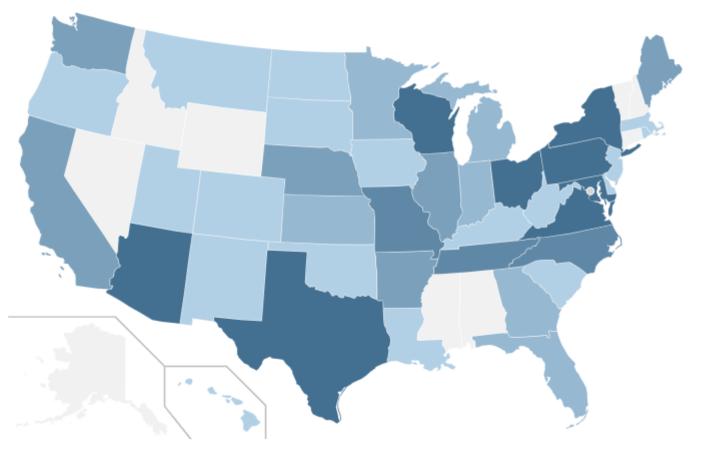
Informing new programs

Many more

IPE Centers, Programs and Initiatives



This resource was made possible through a collaboration with the American Interprofessional Health Collaborative, the professional community of the National Center. A special thank you to AIHC members for their contributions.



By the Numbers:

- 131 self-identified leaders
- 80 institutions
- 61% response rate

www.nexusipe.org

Built Upon Existing Scholarship

- Academic Health Centers
- Economic Models
- Structural, HR, political and symbolic dimensions
- Critical success factors
- Conversation Café's at Nexus Summit 2016-18

Methodology

- IRB at University of Minnesota approved as exempt research
- Task Force
- Pilot Study July 2019 (Artino, A.)
- Voluntary survey administered using Qualtrics Survey Software
- Report of results and input October 2019
- Final survey November/December 2019
- Qualitative analysis of open-ended comments

Source: Artino, A., et al. Developing questionnaires for educational research: AMEE guide No. 87, Med Teach 2014; 36:463-74.

Demographics

Characteristics of Respondents (n=80/131 or 61% Response Rate)

State	Carnegie Class	Yrs. of IPE Program	# Learners and Campuses
Representation from all regions of US	 Doctoral (75.0%) Masters (8.75%) Special Focus (5.0%) Bac/Associate (3.75%) 	 >10 years (20.0%) 6-10 years (36.25%) 3-5 years (35.0%) 1-2 years (6.25%) 	 Greater than 900 (52.5%) Less than 300 (11.25%) Multiple campuses (73.0%) IPE offered to all campuses for 70 of 80 colleges (87.93%)

IPE Structure

Indicate which structure best describes how IPE is currently organized in your institution.

ANSWER	N	PCT
Centralized Administrative Structure with dedicated office space and personnel is formally designated to lead IPE in institution.	43	53.75%
Formally Appointed Standing Committee with interprofessional representation leads IPE at our institution.	17	21.25%
Ad hoc taskforce with interprofessional representation is designated to develop an approach to organize IPE at our institution.	3	3.75%
No formal structure exists to organize IPE, with significant numbers of IPE activities, courses and/or experiential rotations offered by individual IPE champions.	4	5.00%
No formal structure exists to organize IPE, with few IPE activities, courses and/or designated experiential rotations.	1	1.25%
Other, please describe:	12	15.00%
Total Count	80	

If your institution has an Ad Hoc Structure, a Centralized Structure, or Formally Appointed Committee, please indicate which statement best describes the reporting function:

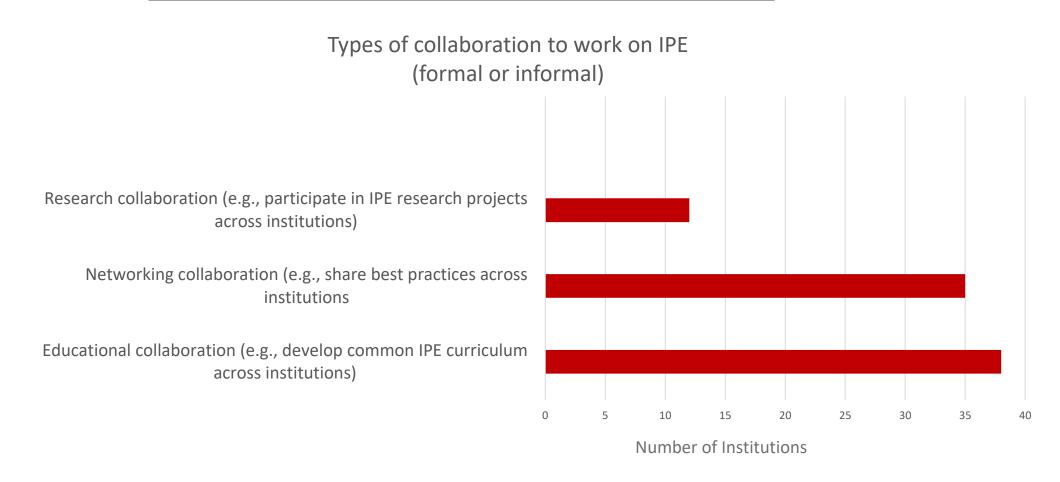
ANSWER	N	PCT
Housed within a single college or school, working across professions and/or programs (e.g., central IPE office housed in School of Nursing or Medicine)	17	25.37%
Housed in central administration and works across professions and/or programs and reports to the deans/administration of all colleges (e.g., council of deans)	20	29.85%
Stands alone (e.g., like the library) and works across professions and/or programs and reports to a central senior administrator (e.g., provost)	30	44.78%
Total Count	67	

Please indicate the administrator (or similar designation) to whom your IPE structure directly reports.

ANSWER	N	PCT
President or Chancellor	5	6.25%
Vice-Chancellor	9	11.25%
Provost	16	20.00%
Vice Provost or Vice President	10	12.50%
Dean	20	25.00%
Other, please describe:	13	16.25%
No answer	7	8.75%
Total Count	80	

Of those that participate in multi-institution collaboration please select the type of collaboration: (check all that apply)

72.50% DO participate in a multi-institution consortium



Financing

Financing of IPE infrastructure. Select which best applies at your institution

ANSWER	N	PCT
Dedicated budget, internally funded by institution.	37	46.25%
Dedicated budget, funded from both internal and external sources.	20	25.00%
Dedicated budget, funded by only external sources.	0	0.00%
No dedicated budget.	18	22.50%
No Answer	5	8.75%
Total Coun	t 80	

Leadership

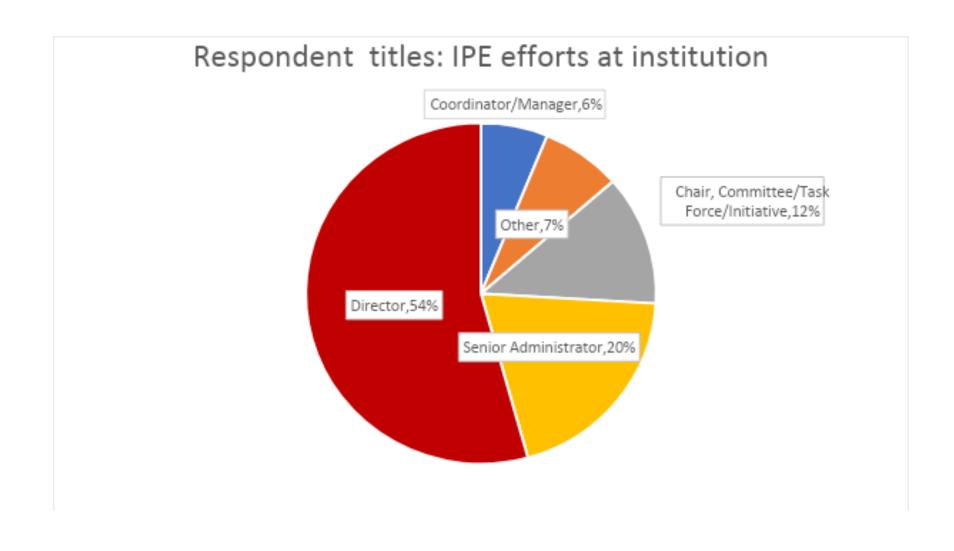
Is there a formally designated leader for IPE at your institution?

ANSWER	N	PCT
Yes	64	80.00%
No	15	18.75%
No answer	1	1.25%
Total count	80	

Of those that have a formal leader, how was the IPE leader selected?

ANSWER	N	PCT
Appointed by administration	32	50.00%
Search Process	23	35.94%
Faculty vote	1	1.56%
Other, please specify:	8	12.50%
Total Count	64	

What is the current title of the IPE leader at your institution?



Of those that have a formal leader, what is the full time equivalent (FTE) assignment of the designated leader exclusively to IPE responsibilities?

ANSWER	N	PCT
76-100% FTE assigned	17	26.56%
26-50% FTE assigned	29	45.31%
25% or less FTE assigned	15	23.44%
Other (please describe):	2	3.13%
No answer	1	1.56%
Total count	64	

Personnel (Faculty & Staff)

What is the total FTE of faculty and/or staff (EXCLUDING the leader) that is dedicated to IPE?

ANSWER	N	PCT
More than 3.0 FTE	14	17.50%
2.6-3.0 FTE	3	3.75%
2.1-2.5 FTE	3	3.75%
1.6-2.0 FTE	7	8.75%
1.1-1.5 FTE	7	8.75%
0.76-1.0 FTE	7	8.75%
0.51-0.75 FTE	2	2.50%
0.25-0.50 FTE	9	11.25%
Less than 0.25 FTE	22	27.50%
No answer	6	7.50%
Total Count	80	

What is the primary faculty effort model in IPE at the institution?

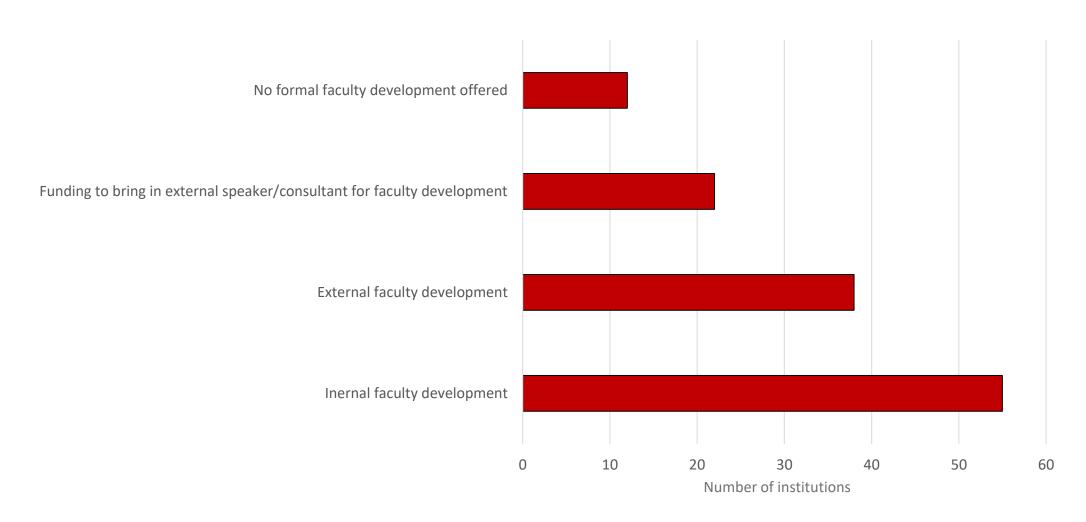
ANSWER	N	PCT
Faculty members' roles are substantially dedicated to IPE	4	5.00%
Faculty members are encouraged to participate in IPE and assigned responsibilities arranged to accommodate IPE	7	8.75%
Faculty members encouraged to participate in IPE (e.g., additional responsibilities)	23	28.75%
Each college/program determines how to provide faculty effort (e/g/, a variety of approaches used)	30	37.50%
Faculty participate in IPE based on individual interest (e.g., not officially encouraged/discouraged)	13	16.25%
No faculty participate in IPE	0	0.00%
No answer	3	3.75%
Total count	80	

What is the primary resource model for faculty effort in IPE?

ANSWER	N	PCT
Each college/program manages funding for faculty efforts separately but in consensus.	3	3.75%
Centralized resources for faculty effort.	4	5.00%
Faculty effort recognized and rewarded as part of standard workload.	7	8.75%
Faculty volunteer beyond formal responsibilities in academic programs.	27	33.75%
Each college/program determines how to provide faculty resources separately (e.g., a variety of approaches used).	38	47.50%
No answer	1	1.25%
Total Count	80	

Does the institution provide internal and/or promote external faculty development opportunities for IPE? (Select all that apply)

Institutions providing internal and/or promoting external faculty development



Learners

Of the academic programs participating in IPE at your institution, what percent of students collectively participate in IPE?

ANSWER	N	PCT
76-100% of health professional students/programs participate in some level of IPE	47	58.75%
51-75% of health professional students/programs participate in some level of IPE	15	18.75%
26-50% of health professional students/programs participate in some level of IPE	12	15.00%
25% or fewer of health professional students/programs participate in some level of IPE	4	5.00%
No answer	2	2.50%
Total count	80	

To what extent is IPE participation (defined as participating in at least one activity) required at your institution?

ANSWER	N	PCT
Required for some, elective for others	42	52.50%
Required for all	30	37.50%
Elective for all	5	6.25%
No answer	3	3.75%
Total count	80	

Physical Infrastructure

Is there a dedicated interprofessional clinical learning environment at your institution to teach interprofessional practice? (e.g., outpatient clinic, inpatient unit, community-based organization)

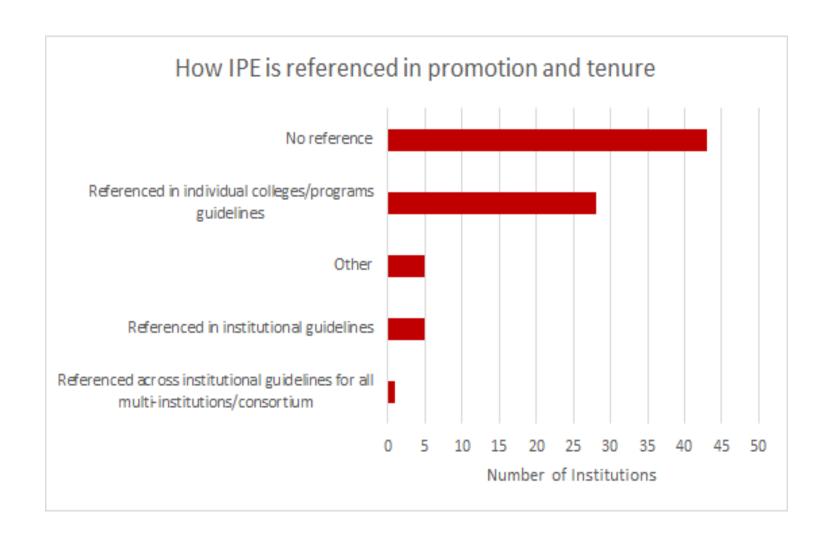
ANSWER	N	PCT
Yes	26	32.50%
In progress	18	22.50%
No	24	30.00%
No answer	12	15.00%
Total count	80	

Other than clinical or patient care areas, please indicate availability of on-campus IPE Learning Space in general (e.g., classrooms, small group rooms, simulation rooms).

ANSWER	N	PCT
IPE learning space is available , but not always sufficient or appropriate in configuration for activities and additional alternative locations must be found .	29	36.25%
Space for IPE learning exists but not all space is conducive to learning needs.	26	32.50%
All space for IPE learning is conducive to learning needs.	21	26.25%
No answer	4	5.00%
Total count	80	

Institutional Culture

How is IPE referenced in promotion and tenure guidelines? (select all that apply)



To what extent do senior leaders (e.g., Provost, Vice President, Deans) understand what IPE is?

ANSWER	N	PCT
Extensive	24	30.00%
Moderate	42	52.50%
Limited	10	12.50%
None	1	1.25%
No answer	3	3.75%
Total count	80	

To what extent do senior leaders demonstrate commitment to IPE?

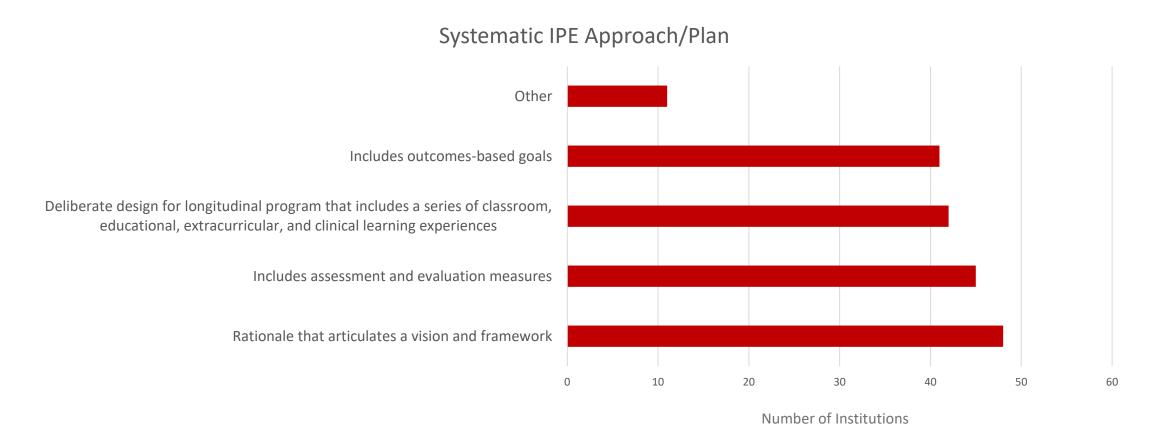
ANSWER	N	PCT
Extensive	25	31.25%
Moderate	26	32.50%
Limited	26	32.50%
None	1	1.25%
No answer	2	2.50%
Total count	80	

Systematic IPE Plans

Do you have a systematic IPE plan currently in place at your institution?

ANSWER	N	PCT
This institution does have a systematic IPE approach/plan.	40	50.00%
This institution is in the process of developing a systematic IPE approach/plan.	28	35.00%
This institution does not have a systematic IPE approach/plan.	9	11.25%
No answer	3	3.75%
Total count	80	

If your institution has a systematic IPE plan, select all that apply.



Summary of Quantitative Survey Results

- The following characteristics were identified by the majority (defined as 50% or more response on the survey):
 - Centralized administrative structure
 - Formal leader of IPE with a director title
 - Dedicated budget
 - Multi-institution collaboration/network/consortium
 - Between 76-100% participation of health professions students
 - Systematic IPE plan
 - Internal faculty development programs offered
 - Referenced in individual college mission, vision, and/or strategic plans
 - Senior leaders viewed as having a moderate understanding of IPE
 - Not referenced in promotion and tenure guidelines

Key Findings from Qualitative Analysis

Major themes from the qualitative analysis of the open-ended comment:

- Marked heterogeneity among universities
 - infrastructure
 - dedicated resources
 - physical instructional space for IPE
 - presence and implementation of IPE curricula
- Centralizing resources emerged as a concern for many
 - stability and amount of budget
 - faculty time allotted for IPE
 - inclusion of IPE in promotion and tenure guidelines
 - engaging senior leaders at the institution level (as opposed to individual colleges)

Limitations to Consider

- Sample (size and convenience)
- Confirmation bias
- Context
- Interpretation of responses varied
- Did not collect respondent satisfaction
- Collected pre-COVID pandemic

Implications for the IPE Field

- Continue a biennial national survey to determine emerging best practices for organizing IPE
- Promote IPE sustainability by engaging with the Health Professions Accreditors Collaborative
- Advocate for centralized resources such as dedicated budgets, faculty time, and promotion and tenure for IPE to institution-level senior leadership

Engage with us!

Put your comment in the chat box to the following question:

 What is your major take-away point and recommendations based on the survey results?

Questions?

Contact Sarah Shrader Chair of Task Force sshrader2@kumc.edu