



A Regional Collaborative Care Summit Using a Stroke Case to Promote Interprofessional Education

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INTRODUCTION

- The Northeastern/Central Pennsylvania Interprofessional Education Coalition (NECPA IPEC) was formed in 2008 as a means to meet the needs of interprofessional education (IPE) in our region.
- The mission of the NECPA IPEC is to provide vision and leadership to foster and support interprofessional education in health care. (Adopted 2010)
- The coalition currently consists of 11 universities and colleges in the northeastern/central part of the state. In addition, the NEPA AHEC is an active member.
- Each year the NECPA IPEC hosts a Collaborative Care Summit. The goal of the summit is to enhance interprofessional interactions. In 2012, the focus of the case-based program was ischemic stroke.



OBJECTIVES

- Describe how a stroke case is used to help students
 - Summarize roles and responsibilities of all team members.
 - Develop communication skills and explore strategies that will facilitate the sharing of roles in the practice setting.
 - Explore issues pertinent to a person who is experiencing a stroke in pre-hospital, hospital and post-hospital phase.

METHODS

- Three-hour program including meal
- Program Outline
 - Large Group Presentation (60 minutes)
 - Keynote: Overview of IPE, NECPA IPEC
 - Student Video presentation on professions
 - Introductory Trigger Case Video (Ischemic Stroke)
 - Small Group Discussion on Case (90 minutes)
 - 10-12 students and 2 facilitators
 - Wrap-up (20 minutes)

EVALUATION

- An online post-summit survey (SurveyMonkey.com) was sent to all participants.
- The survey consisted of Likert-based and open-answered questions.

RESULTS

- The 2012 summit was held concurrently at seven colleges/universities in three regions of the state.
- 556 students and 122 facilitators participated.
- Response rate to the survey was 54% and 70% for students and facilitators, respectively.

Types (and number) of Learners in Attendance				
Sonography (2)	Surgical Technology (2)	Dental Hygiene (2)	Speech and Language Pathology (5)	OT Assistant (9)
Nutrition (14)	Social Work (15)	Occupational Therapy (19)	Medical Imaging (23)	Paramedic (38)
Physical Therapy (54)	Medicine (63)	Pharmacy (67)	Physician Assistant (86)	Nursing (156)

Percent of Student Respondents who Agreed/Strongly Agreed To Survey Questions (n=297)	
The summit was well organized	94%
The opening session increased my knowledge of IPE.	80%
The case-discussion approach was an effective way to teach interprofessional concepts	87%
The facilitators in my small group were effective.	85%
After attending the summit I am able to discuss the importance of working in cooperation with healthcare providers and others who contribute to or support the delivery of health services.	88%
After attending the summit, I am able to describe the roles and responsibilities of effective interprofessional teams.	91%
After attending the summit, I am able to recognize the importance of patient centered care.	94%
Overall, this program was effective.	87%

Percent of Facilitator Respondents who Agreed/Strongly Agreed To Survey Questions (n=84)	
The opening session was engaging.	88%
The case-discussion approach was an effective way to teach interprofessional concepts	97%
The facilitators were given appropriate guidance for the summit.	90%
The summit met its intended objectives.	99%
Overall, this program was effective.	97%

THEMES FROM STUDENT COMMENTS

- Beneficial aspects of the summit
 - Small group discussions
 - Wide range of professions represented
 - Student videos
 - Case study approach
- Areas for improvement
 - Not all professions represented in each small group
 - Some facilitators did not facilitate well
 - First year medical students were not at an appropriate level of education to fully participate
 - Wrap up not effective / dragged on

CONCLUSION

- The NECPA IPEC has developed a successful approach to IPE utilizing a case-based discussion of stroke using a regional model of IPE.
- Evaluations have been positive and have been used to improve 2013 summit.

REFERENCES AND ACKNOWLEDGEMENTS

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