

Using Interprofessional Education (IPE) to Support Professional Identity Formation

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BACKGROUND

ACPE Standard 11: Interprofessional Education (IPE): The curriculum prepares all students to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team. In the aggregate, team exposure includes prescribers as well as other healthcare professionals.

Professional Identity Formation (PIF): A complex and transformational process of internalizing a profession's core values and beliefs

Purdue College of Pharmacy Longitudinal Interprofessional Education (IPE) Curriculum					
P1 Year		P2 Year		P3 Year	P4 Year
Fall	Spring	Fall	Spring	Summer, Fall, or Spring	Summer, Fall, or Spring
IPE Orientation		ECHO Session 1: Social Identity, Determinants of Health, and Minority Stress	IPE Experience 4: Integrating Interprofessional Team Skills	Intercultural IPE Case Studies	
IPE Experience 1: Introducing Interprofessional Education	Geriatric Medication Game			During P3 Institutional IPE:	During P4 Patient Care APPES:
Virtual Cost of Poverty Experience	Promoting Equitable Care for Transgender Patients	IPE Experience 3: Applying Interprofessional Collaboration Skills	ECHO Session 3: LGBTQIA+ Communities and Bias	Care Transition Experience and Worksheet	IPE Activities and Collaborators Survey
IPE Debrief and Discussion	IPE Reflection	ECHO Session 2: Emotional Intelligence, Language, and Interrupting Bias	ECHO Session 4: Trauma Informed Care, Conflict, and Hard Conversations	IPE Activities and Collaborators Survey	Preceptor Evaluations
			IPE Reflection		

METHODS



Student Centric ECHO Series (SCES)

Extension for Community Outcomes (ECHO) Program

Educational model that helps to "reduce disparities in care by providing case-based learning to enhance mastery of complex information and increase practice impact."

- Please rate your level of interest in learning more about the following topics in health equity: (1=Very Uninterested; 5=Very Interested)

Stigma	LGBTQ+	Racism in Healthcare	Engaging Communities Experiencing Homelessness	Engaging Rural Communities	Food Insecurity and Health	Cultural Humility
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- I have prior experience working with **communities that are underserved** (i.e. – through family, school, work, organizations, or volunteering efforts).
- I have prior experience working with **groups that have been historically marginalized** (i.e. – through family, school, work, organizations, or volunteering efforts).
- Indicate your level of agreement with each of the following statements related to your ability to work with communities that are **underserved/marginalized**: (1=Strongly Disagree; 5=Strongly Agree)

I am confident about my ability to work effectively with medically underserved/marginalized populations
I understand the social, economic, historical, political, psychosocial, and cultural factors that influence the health of underserved/marginalized populations
I am familiar with the community resources available to assist members of healthcare teams that treat underserved/marginalized populations
I know how to engage effectively with community and public health teams to reduce health disparities and promote health in underserved/marginalized populations
I feel confident in my abilities to communicate with and assist people with different needs in underserved/marginalized populations
I understand the role of cross-cultural communication and language skills for community health, education, and patient care in underserved/marginalized populations
I feel comfortable negotiating a plan of care with patients from underserved/marginalized populations, considering their constraints and expectations
I have the knowledge and skills required to detect and address most medical problems specific to underserved/marginalized populations

- Looking at the information above about the **Racial Equity Transformation Framework**, which stage would you consider yourself to be in?
 - Stage 1 - The Mainstream/Traditional Stage
 - Stage 2 - The Contributions Stage
 - Stage 3 - The Additive/Integration Stage
 - Stage 4 - The Transformation/Structural Reform Stage
 - Stage 5 - The Inclusion/Social Action Stage
 - Stage 6 - The Racial Equity Mindset Stage

Denizard-Thompson N, Palakshappa D, Valleand A, et al. Association of a Health Equity Curriculum With Medical Students' Knowledge of Social Determinants of Health and Confidence in Working With Underserved Populations. JAMA Network Open. 2021;4(3):e2110297.

RESULTS

Underserved Populations	Pre	Post	P-value
I am confident about my ability to work effectively with medically underserved populations	3.5	3.8	0.001
I understand the social, economic, historical, political, psychosocial, and cultural factors that influence the health of underserved populations	3.6	4.0	0.000
I am familiar with the community resources available to assist members of healthcare teams that treat underserved populations	3.0	3.5	0.000
I know how to engage effectively with community and public health teams to reduce health disparities and promote health in underserved populations	3.2	3.8	0.000
I feel confident in my abilities to communicate with and assist people with different needs in underserved populations	3.5	3.9	0.000
I understand the role of cross-cultural communication and language skills for community health, education, and patient care in underserved populations	3.6	4.0	0.000
I feel comfortable negotiating a plan of care with patients from underserved populations, considering their constraints and expectations	3.2	3.8	0.000
I have the knowledge and skills required to detect and address most medical problems specific to underserved populations	3.0	3.7	0.000
Marginalized Populations	Pre	Post	P-value
I am confident about my ability to work effectively with medically marginalized populations	3.5	3.8	0.008
I understand the social, economic, historical, political, psychosocial, and cultural factors that influence the health of marginalized populations	3.5	3.9	0.000
I am familiar with the community resources available to assist members of healthcare teams that treat marginalized populations	3.0	3.5	0.000
I know how to engage effectively with community and public health teams to reduce health disparities and promote health in marginalized populations	3.3	3.8	0.000
I feel confident in my abilities to communicate with and assist people with different needs in marginalized populations	3.4	3.8	0.000
I understand the role of cross-cultural communication and language skills for community health, education, and patient care in marginalized populations	3.6	3.9	0.001
I feel comfortable negotiating a plan of care with patients from marginalized populations, considering their constraints and expectations	3.2	3.6	0.000
I have the knowledge and skills required to detect and address most medical problems specific to marginalized populations	3.1	3.7	0.000

Disclosure: Zachary A. Weber: Nothing to disclose.