# Advancing IPE in Health and Education Policies.

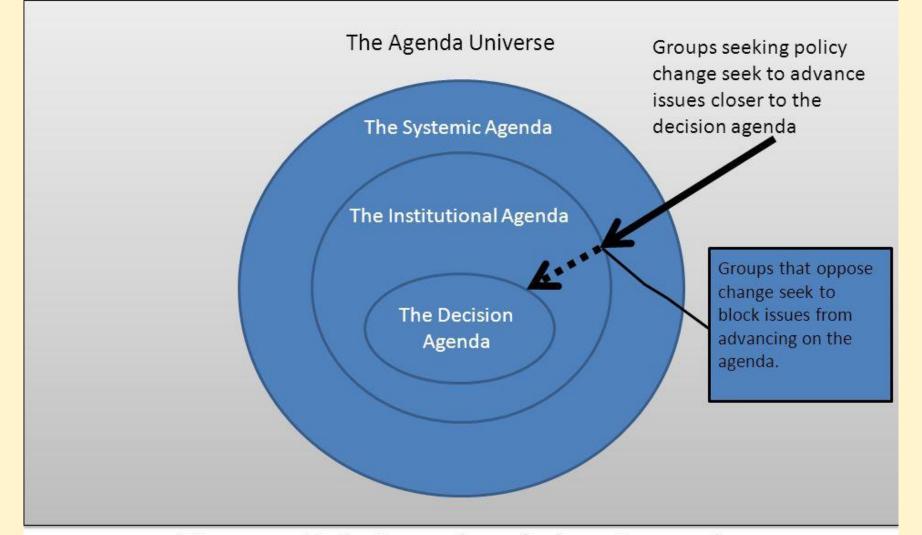
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#### Figure 6.1: Levels of the Agenda

From Thomas A. Birkland, *An Introduction to the Policy Process*, 3<sup>rd</sup> ed. Armonk, NY: M.E. Sharpe.

### IPE - The Scope for Policies

#### IPE encompasses:

Interprofessional collaborative practice, and Interprofessional collaborative care.

IPE is a continuum:

From pre-licensure through post-licensure years

### IPE - Support A Vision & Mission

Foster and encourage *a culture* that:

 supports interdisciplinary, and interprofessional partnerships,

#### and is

 built on collaborative educational and practice environments.

#### IPE - Support Curricular Change

#### Collaborative Care Model

Ongoing Staff Development and Mentorship

#### people

Flexibility to meet patient needs
Value support areas as key
Team determined by patient needs
Strengthened role of allied health
Provincial, standardized roles at full scope of practice
Work done by the most appropriate provider
Increased focus on workplace health

Coordinator to plan and monitor

process

Integrate evidence into practice
Streamline processes
Empowering patients & families
Ensure safe, quality services
Working optimally as a team
Clear, integrated discharge plans
Customer-focus

Partnerships through continuum of care

Strong and Effective Communications

Patient and Family

Enable personalization with supports
Access to technology that best supports care
Change management supports
"Push" information to providers
Strengthened communications
Evaluative frameworks

technology

Province-wide approach

Sharing with academic / research communities
Evidence-informed practice and knowledge transfer
Balance privacy needs with care requirements
Support tools for information-gathering
Quick & easy tools provide timely information
Province-wide plan for information roll-out
Metrics and performance tools
Ongoing education for collaborators

information

Committed and Supportive Leadership

Nova Scotia Health, Canada. October 2008

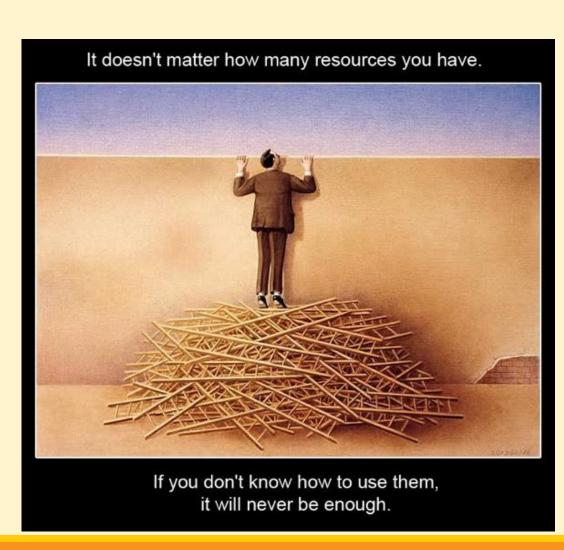
Collaboration Across the Continuum

## IPE - Support Realistic Resources

Money

People

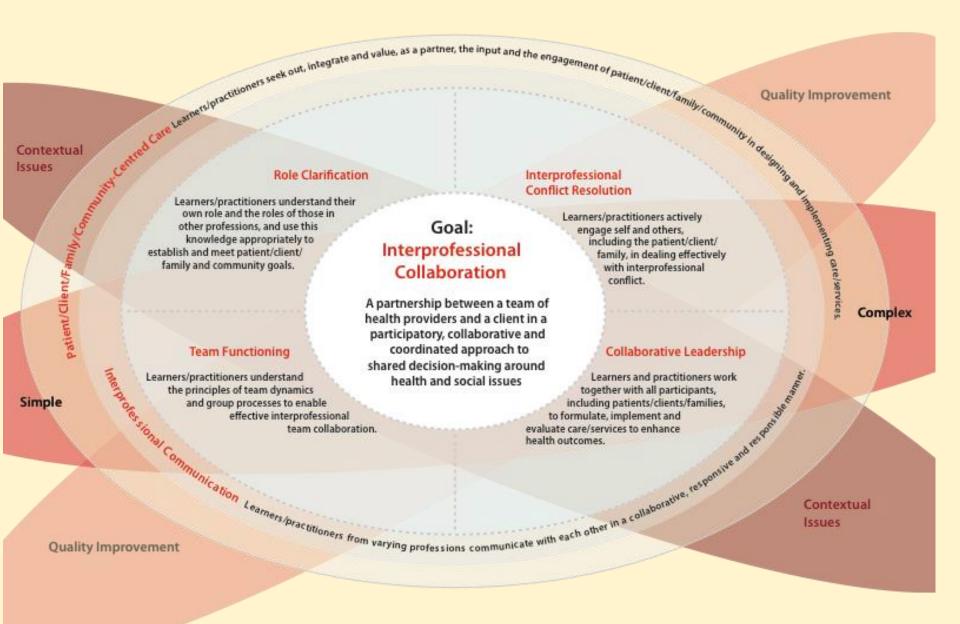
Space



#### **IPE - Support Strategic Goals**

- Competency based, interactive curricula.
- Case based IP practice based teaching units.
- Research & Evaluation.
- Accreditation & Scopes of Practice.
- Legislation.

#### Tackle the hidden curriculum.



Canadian Interprofessional Health Collaborative 2010

#### IPE - Support the Leaders

Give time to develop the programs

 Give time to devote to IPE in the face of Faculty, departmental demands and requirements.

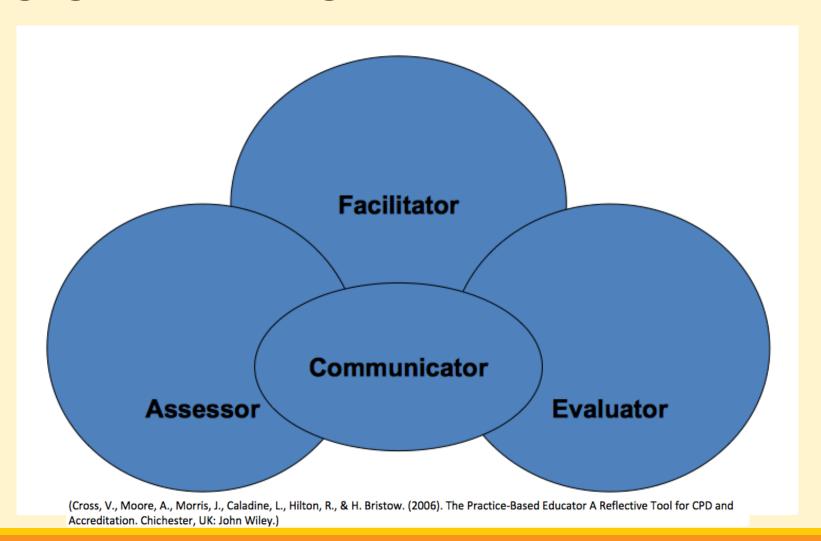
#### **IPE - Support Faculty & Facilitators**

- Recruit, appoint, prepare.
- Negotiate release time.
- Budget payment for service.
- Support recognition schemes.

## IPE - Support the Practice Environment

- Must be an integral part of the clinical/practice culture.
- Must be the lived experience of students and practitioners.
- Must be understood and agreed on by all stakeholders.

## IPE - Support the Practice Educator: Engage, Encourage, Reward



### IPE - Support the Students

Use social media.

Use small group discussions.

Use patient stories - to understand the various roles of the health professions in the care of the patient.

### IPE - Support Patient Engagement

"I'm Not A Hockey Puck.

Nothing about me, nothing without me"



### IPE - Support A Community of Practice

- Purpose. Integrated interprofessional collaborative person centred practice and care.
- People. Engage individuals and organizations across the extended university campus.

## IPE: What we have learned **Policies Make Programs**

IPE **CANNOT** be implemented:

- from the edge of a desk, or
- on wet weekends, or
- in the early hours of the morning, or
- in a faculty member's "spare time",or

with minimal money