

Title: Advancing Interprofessional Clinical Care in an Academic Psychiatry Department

Key words: Interprofessional, collaborate clinical practice, faculty development, interprofessional education

Abstract

Over the past decade, the Department of Psychiatry and Behavioral Sciences at the University of Minnesota has gradually shifted its clinical and educational activities towards greater interprofessionalism. Yet, barriers to excellence in interprofessional clinical care and education remain. This year, the department's Education Council created an Interprofessional Education (IPE) committee charged with developing and implementing the first IPE retreat for (independently) practicing clinical professionals within the department.

This presentation will detail the retreat planning and implementation process including composing an IPE planning committee, selecting content/speaker, narrowing the target audience, crafting the evaluation process, and debriefing lessons learned. Logistics described in this presentation will focus on determining the format of the retreat, funding, and scheduling a ½ day event for clinicians, educators, and staff across professions.

The retreat had two parts, each containing didactics followed by “hands-on” practice. Part 1 didactics included: 1) defining interprofessional education and interprofessional collaborative practice (IPCP); 2) understanding multiple national forces moving toward IPCP and healthcare reform; and 3) evaluating existing literature on IPE and IPCP. The active learning workshop aimed at developing opportunities to improve team functioning. Part 2 didactics included: 1) defining the clinical integration process; 2) applying IPEC Core Competencies to work in healthcare settings; and 3) modeling competencies while engaging in interprofessional precepting. Part 2 concluded with a workshop identifying opportunities to implement interprofessional integration in clinical care settings, precepting, and team functioning.

Of 58 total participants, 16 completed the evaluation form. Responses (while limited) indicated the retreat a) was valued, directly relevant to participants' work, and deemed an effective use of their time, b) raised appreciation and understanding of IPE, and c) increased participants' motivation to implement and enhance IPE. Committee members and retreat participants valued the opportunity to create a shared mission

consistent with the department's vision of interprofessionalism in the clinical learning environment. Participants identified the following primary barriers to greater implementation of IPE: 1) competing priorities by different employment homes in a complex, matrixed healthcare system, 2) conflicting schedules and limited protected time, 3) perceived lack of leadership support for prioritizing IPE and IPCP, and 4) limitations in team communication skills such as providing/receiving instructive feedback.

Moving forward, department education leaders will advance training opportunities tailored to identified needs and barriers to excellence in IPE and IPCP. For instance, capitalizing on the retreat, we will utilize interprofessional Crucial Conversations training to maximize effective communication and team functioning.