Comparison between urban academic health care center and rural community faculty in approaches to IPE

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Objectives: Following this presentation, participants will be able to:

- discuss the need to understand the varying contexts of practice in which students will be learning
- describe the importance of understanding rural practice as it relates to IPE
- discuss differences in interprofessional understanding and teaching between academic medical center and rural faculty
Introduction

We know:

• Evidence for benefits of IPC and need for IPE is growing
• Expanding accreditation standards for most professions to include IPE\(^1\)
• Significant use of classroom/simulation andragogical formats\(^2,\(^3\) Learners find it artificial\(^4\)
• Increasing consensus to integrate IPE into authentic clinical experiential contexts\(^5\)
• Some programs/states provide significant and established uniprofessional experiential clinical training in rural sites
We do not know:

- Similarities and difference in collaborative practice value, understanding, process in rural settings
- The extent of IPC and ability to “teach” IPE in rural sites

Importance:

- Nearly half the global population lives in rural areas
- Significant amount of training occurs in rural context
- Behooves us to understand the culture, attitudes, and approaches to IPC and IPE among rural and academic contexts to effectively teach learners
Research Goals

1. Compare model of collaboration in ambulatory rural settings with those in an academic medical center
2. Describe the extent to which physician and pharmacist faculty in each setting intentionally ‘teach’ collaborative team-based care to students
3. Describe barriers to teaching in each setting
Methods

• Qualitative match-pair design comparing rural community faculty (CF) and urban academic faculty (AF)
  – 26 physician faculty (CF = 13; AF = 13) & 24 pharmacy faculty (CF = 12; AF = 12)
  – CF worked in ambulatory rural setting in one state; AF in one urban academic medical center

• Utilized semi-structure interviews including demographic data (age, gender, credentials, years in practice, specialty) and used for categorical matching
Methods

• Instrumentation
  – Semi-structured interview protocol to understand each provider’s approach to integrating IPC and guiding students toward this process for care
  – Included binary questions with opportunity to follow-up
  – Spontaneous member checking to increase validity\(^7,^8\)

• Categorical matching process
  – Groups determined by demographic characteristics (by profession, age, years in practice, credentials, specialty)
  – Akin to Nearest Neighbor Technique for statistical matches\(^9\)
  – Resulted in 25 pairs (13 urban/rural physician dyads & 12 rural/urban pharmacy dyads)
Analysis

• Thematic analysis by 3 researchers
• All 3 individually coded data
• Theme emerged as outcomes of coding, categorization, and analytic reflection\textsuperscript{10}
• Framework method utilized to facilitate comparative techniques through review of data across a matrix\textsuperscript{11}
• Inter-rater agreement insured through mutual review of coding strategies and meaning-making to refine themes and resolve disagreement\textsuperscript{12,13}
Results

Research Goal 1: Compare models of collaboration

– How does collaboration occur?
  • All: 56% no formal team meetings – occurs on add-needed basis (46% say depends on case)
    – 14% weekly meetings; 10% bi-weekly meeting; 8% no meetings
  • CF 3x more likely to engage in collaboration on as-need basis
  • CF (physicians) 4x more likely than AF physicians to collaborate weekly
Results

Research Goal 1: Compare models of collaboration

– Where does collaboration occur?

• All: 68% describe regular collaboration outside own practice site
  – 28% regular collaboration with RN/NP
  – CF 2x > likelihood to collaborate outside own practice
  – Among physicians (CF & AF) 2x > likely than pharmacists to collaborate outside own practice
  – ~25% of pharmacists reported no frequent collaboration outside their practice
Results

Research Goal 2: Extent of intentionally teaching IPC

– All: 74% describe intentionally teaching IPC (no diffs by profession or rural/urban context). Among those:
  • 30% use active methods (i.e., authentic/hands-on)
  • 30% use passive (i.e., shadowing, observation, case studies, discussion)
  • 14% blended (a little higher among AF)

– Physicians are 3x more likely to use passive methods
  • CF pharmacists extensively use medication therapy management and collaborative care agreements with physicians as strategies (consider active)
Research Goal 3: Barriers to teaching IPC

- All: 62% describe time (CF 2x more likely than AF)
  - Secondary: Lack of opportunity to interact with others, heavy workload, scheduling conflicts
- 4% of AF physicians see no value ➔ do not teach
- CF 1.5 x more likely to feel ill-prepared and need faculty development
Discussion

• Both CF and AF value IPC even if challenging but differ in form and frequency
  – CF prefer as-needed for complex cases
  – AF prefer predictability and management of formal meetings
• Models of collaboration vary between rural and urban
  – CF may be more likely than AF to collaborate outside own practice (dictated by model of care and proximity to other professions)
  – AF described the positive impact of IP rounding for IPC/IPE
Discussion

• Both CF & AF report valuing intentionality of teaching IPC but the extent to which IPE occurs varies across context and profession

• Blended methods of instruction valued equally by both CF & AF

• Need for faculty development
  – Need for support for CF is paramount as they report being more ill-prepared
  – Yet all faculty indicate need for training, resources and support for teaching
Limitations

• Pilot with small n ➞ lack of generalizability
• Although intent was to look at CF and AF as groups, there is a need to take more in depth look at each profession (physicians & pharmacists)
Conclusions

• Study offers early insights into similarities and differences of IPC occurring in rural and urban contexts and the degree and method to which it is approached in each
• Will assist development of future strategies to expand IPC and IPE in both
• Demonstrates the continuing need for faculty development
Questions?


13. Mauthner NS, Parry O, Backett-Milburn K. The data are out there, or are they? Implications for archiving and revisiting qualitative data. Sociology. 1998;32:733–745.