Beyond time and schedules: Strategies for robust and sustainable IPE
Collaborating Across Borders V 2016

Abstract

Objectives
1. Describe stages of IPE development from initiation to growth and sustainability.
2. Provide examples of promising practices to grow depth in IPE programs.

Background/Rationale
Initiating IPE programs is time-consuming and complex. Issues like finding interested faculty willing to devote lots of time, negotiating diverse student schedules, developing engaging IPE programs and finding evaluation tools that won’t burden everyone are very familiar. Getting through the early stages of IPE is cause for both celebration and serious discussion about how to build depth and sustainability into hard-won advances. The purpose of this presentation is to share examples of next stage strategies and tools that show promise for embedding and growing IPE across health professions programs.

Methods/Methodology
Several evaluation strategies, including project team minutes, faculty and student interviews, and the results of student surveys gathered across four years of a interprofessional primary care planning and implementation initiative funded by the Josiah Macy Jr. Foundation are synthesized to identify key stages and strategies used to advance and sustain IPE across two universities and four health professions programs. Sources and examples of key lessons related to maintaining engagement of students, faculty and administrators, embedding IPE in ongoing curricula, and establishing meaningful partnerships with clinical organizations are highlighted.

Results
Critical tasks related to moving into subsequent stages of IPE development beyond start-up require close attention to and strategies for maintaining gains, achieving deeper integration and embeddedness, and leadership support. Examples of promising strategies include collaborative curriculum mapping, standardized IPE scheduling, strategic planning with senior leadership to embed IPE across programmatic development and evaluation, integration of interprofessional clinical experiences with on-site quality improvement activities and student projects.

Conclusions
Strategies for embedding and sustaining robust and vibrant IPE programs are different than start-up strategies. They require deeper integration, new infrastructures, and different leadership roles for faculty, students, and senior administrators. Visualizing IPE development as a series of embedding changes offers
more effective ways to plan for and implement sustainable IPE.

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