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Background

- Interprofessional Education and Collaborative Practice (IPECP) is a team-based framework for implementing and achieving initiatives in the sciences.¹
- The Emory University Woodruff Health Sciences Center (WHSC) prioritized IPECP in their strategic plan, *Setting Priorities for Our Future 2018-2022*.²
- Despite efforts within Rollins School of Public Health (RSPH) to integrate IPECP in public health practice^{3,4,5}, observations from various health professionals of the WHSC suggest a gap in the knowledge and implementation of IPECP.

Study Goal

The purpose of this special studies project was to examine the scope, knowledge, and perceptions related to IPECP and to assess the state of IPECP among faculty of the Hubert Department of Global Health (HDGH) of RSPH at Emory University in order to highlight areas of success and provide recommendations for improvement in collaborative educational and professional practice initiatives.

Methodology

- A review of the IPECP and cross-disciplinary collaborations literature was conducted to inform the development of the research protocol and data collection instruments.
- A mixed methods approach consisting of an online questionnaire (n = 16) and key informant in-depth interviews (n = 5) was employed to gather information about the scope, practice, and experience of interprofessional collaborations among faculty of the HDGH.

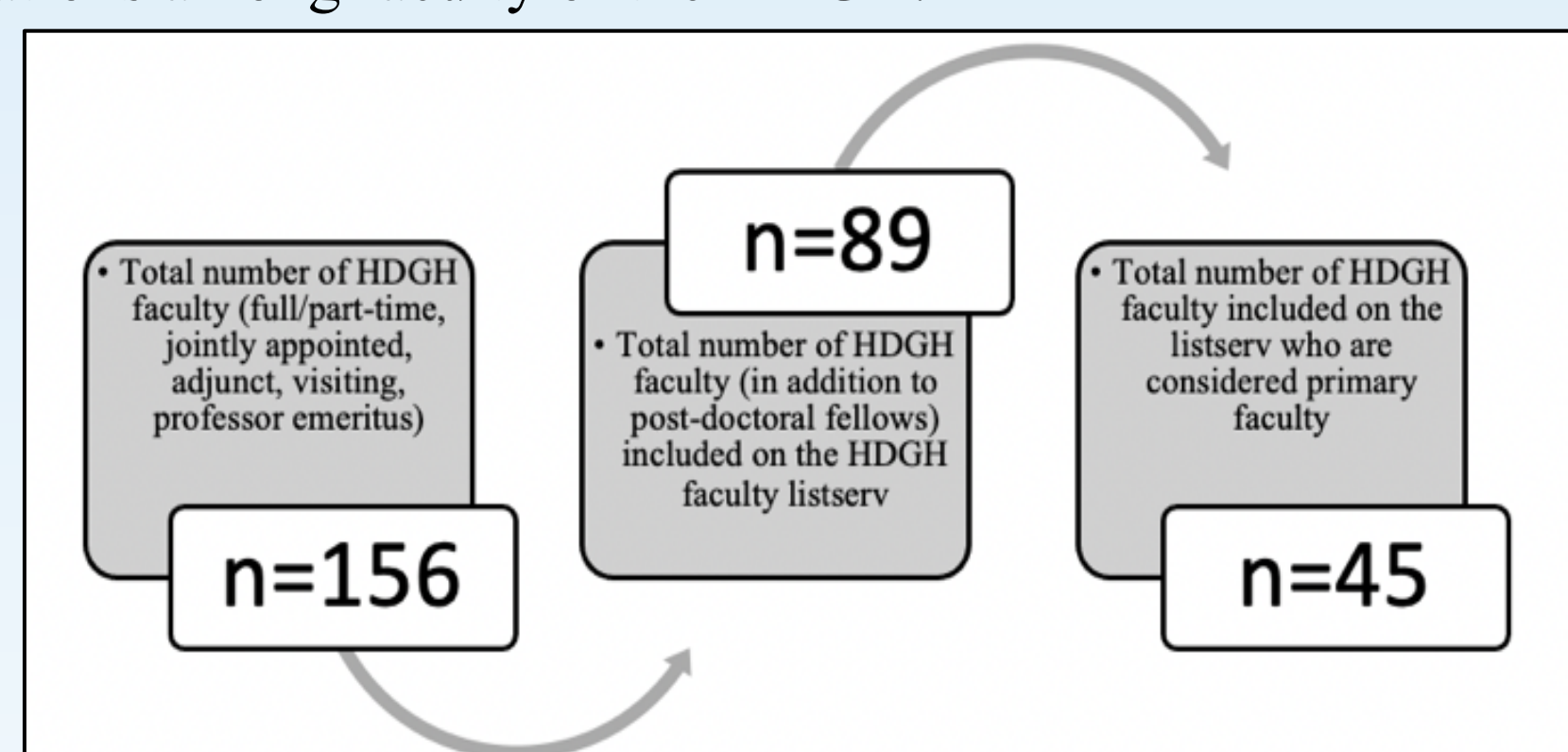


Figure 1: Appointment type of HDGH faculty recruited for the study

Results

Variable	n (%)	Variable	n (%)
Primary Department at RSPH		General academic area & Discipline	
Hubert Department of Global Health	16 (100)	Applied Science: Business, Engineering & Technology, Medicine & Health	10 (62.5)
Joint or Secondary Appointment at RSPH		Humanities: Theology	1 (6.25)
No	9 (56.25)	Natural Science: Biology	1 (6.25)
Yes	7 (43.25)	Social Science: Economics, Ethics, Demography, Psychology	4 (25)
Environmental Health	1	Primary Appointment at Emory	
Epidemiology	6	Rollins School of Public Health	14 (87.5)
Health Policy and Management	1	School of Medicine	2 (12.5)
Type of Appointment		Joint or Secondary Appointment at Emory	
Full-time	13 (81.25)	No	7 (43.75)
Jointly/Secondarily Appointed	2 (12.5)	Yes	9 (56.25)
Post-doctorate	1 (6.25)	Candler School of Theology	1
Experience with ICP		Center for Ethics	1
No	2 (12.5)	Emory College of Arts and Sciences	2
Yes	12 (75)	Emory Healthcare	1
Unsure	2 (12.5)	Emory University School of Medicine	3
Disciplines Collaborated With		Laney Graduate School	2
No response	4 (25)	Non-Emory Affiliations	
Anthropology, Biology, Business, Computer science, Economics, Engineering & Technology, Government, Human geography, Performing & Visual arts, History, Language & Literature, Law/philosophy, Medicine & Health, Political science, Psychology, Sociology, Social work, Statistics, Theology	12 (75)	No	7 (43.75)
		Yes	9 (56.25)
		Geographic location of international affiliations: Belgium, Canada, India, Kenya, Mexico, South Africa	
		Geographic location of affiliations in the United States: California, Georgia, Pennsylvania, Washington	

Table 1: Academic and professional backgrounds of online questionnaire respondents

Results

Figure 2: Conceptual framework of core themes⁶ (See Table 2 for more details)

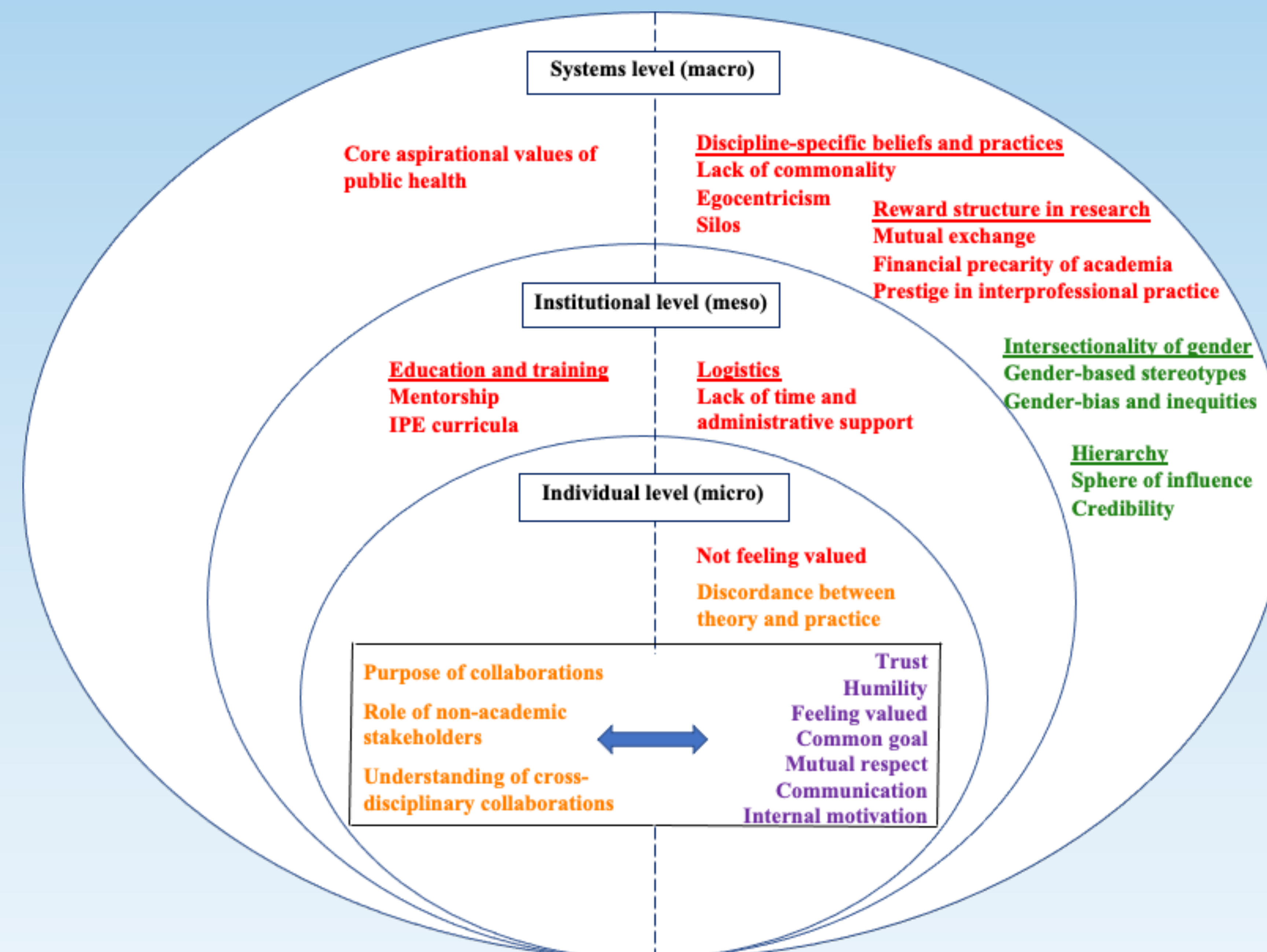


Table 2: Four core themes emerged from the data: 1) scope and knowledge of interprofessional and cross-disciplinary collaborations, 2) key aspects of successful collaborations, 3) power dynamics, and 4) culture of academic public health.

Scope and Knowledge of Interprofessional and Cross-disciplinary Collaborations
Discordance between theory and practice: <i>And I think that we...love the terms [multi/inter/transdisciplinary collaborations] because they're, ah, you know...they're aspirational...and I think we rarely accomplish them. P05, male, p.5</i>
Key Aspects of Successful Collaborations
Internal motivation: <i>I'm learning from people from other fields who have different terminology and different ways of thinking—that I definitely really enjoy. [...] it's very exciting to learn something new. P03, female, p. 10</i>
Power Dynamics
Hierarchy: <i>[...] one discipline, um, is almost always saying, "We're a better discipline than you. We're more powerful than you. We actually know better than you." um...and I won't name any names. But you know, there's a kind of hierarchy and that hierarchy also I think gets reflected in power and in the ability to command resources[...] If you're in an anthropology department at a university, the likelihood that you'll have more power, influence, and money than a medical school or law school is very low. P05, male, p.6</i>
Intersectionality of gender: <i>[...] I don't know if this is really true, it's just my perception, is that interdisciplinary work is like a feminine thing...that women are better at talking, and women are better at working with other people, and like making compromises, and ah... there is this kind of like stereotype about women being like better at that kind of thing. And ah...I've experienced this a couple of times in academic public health research where...ah...there will be, like, a high-power, like, male who will be like, "Well, that's great that they're doing that work. Like, I just don't do that work." P01, female, p.18</i>
Culture of Academic Public Health
Education and training: <i>And so, time...is money and...if the university pays that time—great. But if you're spending your research time doing teaching then you'll get upset and you don't want to do that. So, I think the system is really screwed up in the way—what we value—that we don't value education as much as we value research[...] So, I just think it's a system that's really difficult to, um...to...value any innovations in [interprofessional] education...especially if it takes time. And they're all going to take time if it's something different and new. P03, female, p.15</i>
Reward structure in research: <i>[...] my job, you know, if I have to describe it...as a single thing—it's looking for money [...]there's such a...um, a drive now to go out and find money...that I think it's...it really has become a powerful shaping influence on the way that we are even able to pay attention to things in our environment[...] So, even questions like this, "Do you know about that [WHSC IPECP Strategic Plan]?"—a part of me thinks, "It would be awesome to know about that—to be able to go and hang out and hear talk about that, to hear more about how people were making sense of that; to read that strategic plan and think for a while about what the implications are." It's not even possible anymore. P05, male, p.11</i>
Discipline-specific beliefs and practices: <i>[...] I think that in academic sciences um...there is like a temptation to think that you're like on your own. [...] We are like siloed because that is the thing that allows us to pretend like we are the experts [laughs]...and stuff. So, if like I am the only person who does what I do, then "I'm the expert" and "I'm special" and "I get the Nobel Prize" and "Good job me" and, you know...there's like an incentive a little bit to, like, do that. P01, female, p.7</i>

Conclusion

- HDGH faculty have overall positive feelings toward participating in interprofessional collaborations.
- HDGH faculty had little knowledge of the WHSC 2018-2022 strategic plan for prioritizing IPECP.
- There is a gap in knowledge of the meaning of IPECP and how it differs from cross-disciplinary collaborations.
- HDGH faculty have similar perceptions of barriers and facilitators of interprofessional collaborations that are evidenced in the literature, in addition to some nuances specific to public health culture.
- Notably, interprofessional collaborations may not garner the incentives (i.e. tenure/promotion, grants, recognition, etc.) often sought after for career advancement in public health academia, thus influencing HDGH faculty to remain siloed.

Recommendations

- HDGH faculty suggestions to improve interprofessional practice:
- Develop training workshops or seminars to learn more about IPECP and how it differs and overlaps with cross-disciplinary collaborations
 - Prioritize protected time and opportunities to participate in collaborations
 - Hire full-time instructional faculty that can devote the necessary time to develop interprofessional curricula
 - Improve the structure and content of the Interprofessional Team Training Day (ITTD) by increasing length of training and developing case scenarios that better integrate the different disciplines represented
 - Develop a more robust IPECP network at Emory University providing centralization of resources and promoting and supporting collaborations

Better understanding of the role of IPECP in public health practice:

- Evaluate the appropriateness of the conceptualization of IPECP to describe public health collaborative practice and consider using a different term and/or definition that better reflects the wider range of stakeholders in public health collaborations
- Improve the understanding of the intersectionality of gender and IPECP specific to public health practitioners
- Evaluate the culture of academic public health as it pertains to IPECP and restructure the current reward system to meaningfully support collaborations in public health

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References

- Gilbert, J. H., Yan, J., & Hoffman, S. J. (2010). A WHO report: framework for action on interprofessional education and collaborative practice. *J Allied Health*, 39 Suppl 1, 196-197. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/21174039>
- Woodruff Health Sciences Center. (2018). 2018-2022 Strategic Plan. Retrieved from <http://whsc.emory.edu/strategicplan/index.html>
- Rollins School of Public Health. (2020). Research at Rollins. Retrieved from <https://www.sph.emory.edu/research/centers/index.html>
- Woodruff Health Sciences Center. (2019). Teaching tomorrow's health professionals. Retrieved from <http://whsc.emory.edu/publications/community-benefits-2019/education.html>
- Woodruff Health Sciences Center. (2017). WHEA Interprofessional Education Journal Club. Retrieved from <http://whsc.emory.edu/education/whea/ipe-journal-club/index.html>
- D'Amour, D., & Oandasan, I. (2005). Interprofessionalism as the field of interprofessional practice and interprofessional education: An emerging concept. *Journal of Interprofessional Care*, 19(sup1), 8-20. doi:10.1080/13561820500081604