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## Implementing Interprofessional Education: Challenges for CSD Graduate Programs

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## Introduction

Interprofessional practice knowledge and skills are now a required component of graduate training programs for many allied health professions, including speech-language pathology (SLP). Interprofessional education (IPE) "occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes" for service consumers (World Health Organization, 2010, p. 10). In 2016, the American Speech-Language and Hearing Association (ASHA) joined in membership with 18 other allied health professions under the Interprofessional Education Collaborative (IPEC). The main goal of IPEC is to collaborate with educational institutions as they train upcoming allied health professionals in best practices for interprofessional collaborative environments (IPEC, 2018).

The professional credentialing body for SLP supports the pedagogical focus shift for integrating IPE and collaborative practice content into program curricula. The 2020 Standards for the Certificate of Clinical Competence in SLP introduced language regarding IPE inclusion in all accredited graduate programs. Specifically, Standard V-B states that "supervised clinical experiences should include interprofessional education and interprofessional collaborative practice and should include experiences with related professionals that enhance the student's knowledge and skills in an interdisciplinary, team-based, comprehensive service delivery model" (Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association [CFCC], 2018).

Despite the adoption of IPE by SLP's professional credentialing body, there is an unexpected paucity in the pedagogical literature regarding the delivery of IPE content in higher education curriculum, particularly for programs operating within university systems without formalized schools of allied health or medicine (Edwards et al., 2015; Edwards & Newell, 2019; Thistlethwaite & Moran, 2010). Outside of the CFCC guidelines stating curriculum "should include interprofessional education and interprofessional collaborative practice" (CFCC, 2018), the required content for addressing this standard with proficiency is seemingly vague and subjective. Much information and existing research regarding the delivery of IPE originate from institutions with sizeable allied health colleges emphasizing collaborative treatment approaches within medical or hospital settings (e.g., Gurevich et al., 2020; Lucas et al., 2020; Wallace & Benson, 2018). Hence, Communication Science and Disorders (CSD) programs within these institutions have an advantage in implementing IPE because there are other allied health programs readily available to collaborate. Smaller liberal arts intuitions, however, have a unique challenge with IPE implementation, especially if there are limited pre-professional and professional allied health training programs available.

This paper outlines the development and implementation of an IPE course into the undergraduate curriculum of a CSD program at a small southern liberal arts university. The course follows a co-teaching model for students completing undergraduate programs in either SLP or social work (SWK). The major objectives of this paper were two-fold. First, we describe the developmental process of creating and launching an IPE course within an undergraduate CSD program. Second, we discuss the challenges of replicating and implementing the IPE course into graduate curricula as warranted by the new CFCC standards. This course was initially piloted as an elective in 2017 at the undergraduate level with the future intention of integrating the course content into graduate-

level CSD courses. Based on data from the pilot course, the instructors delivered for the second time in 2019 and currently in 2021. This paper details the IPE course scaffolding by utilizing a course framework, including the course objectives and assignment details. As a future direction, we will also explore possible solutions for incorporating IPE into graduate-level CSD curricula.

## **Course Development and Implementation**

The implementation of this undergraduate IPE course evolved as a developmental process for the programs and the institution over several years. The pre-professional programs of SLP and SWK seemed a natural fit to pilot a full course on IPE and collaborative practice. These programs have shared philosophies of providing services to diverse populations from person-centered approaches. Treatment approaches that are person-centered emphasize the importance of practitioner respect for individual or family values, preferences, and belief systems (Heyman, 2018). The vision of the two faculty members (hereafter referred to as the authors) for creating an IPE course garnered support by the department chairs as a good-faith effort to address each discipline's credentialing and/or accrediting standards mandating IPE education in the curricula. Therefore, the course was valuable for both pre-professional programs, reflecting the spirit of delivering an IPE experience (Edwards & Newell, 2019).

The authors created an interprofessional faculty work-group to develop the course content during the initial research and conceptualization phases of the course. The group immediately detected a lack in the research literature addressing the collaboration between speech-language pathologists and other allied health professionals. This discovery was somewhat surprising given the "real-life" professional experiences of the group members' interprofessional collaborative settings. The findings from the faculty work-group helped to establish the groundwork for our future research on how to deliver meaningful IPE content across SLP curricula. Hence, the "how-to" manual was developed by the faculty as an exploratory effort in real-time.

There was a mutual agreement that a co-teaching model would be the best mode of delivery when teaching students about interprofessional collaboration as a standard of practice. The authors constructed a co-teaching course framework integrating the essential elements of the course with an emphasis on IPEC Core Competencies (see Figure 1). These core competencies included *Values and Ethics, Roles and Responsibilities, Teams and Teamwork, and Interprofessional Communication* (IPEC, 2016). Applying a broad-based understanding of interprofessional collaborative practice within an IPE framework, the authors developed two main course instruction objectives. One objective was to introduce IPE and interprofessional collaborative practice methods to meet the diverse service needs of clients and their families. The second objective was to provide a general theoretical framework for ethical practice with other educational and allied health service providers (Edwards & Newell, 2019).

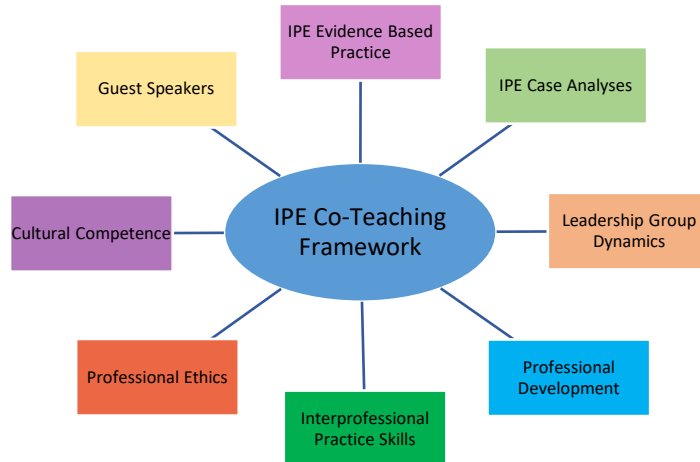
## **Course Content, Delivery, and Assignments**

At this point, the authors have instructed the course in both traditional and online class environments. In both learning platforms, the course was delivered weekly in one 3-hour session for 16 weeks (standard semester length) in an evening time slot (5:00 pm - 8:00 pm). The weekly evening course offering was beneficial regarding content delivery and for the scheduling of outside

speakers. Typically, the course content was delivered using a traditional lecture format followed by small group activities, discussion, and whole-group critical reflection. This approach was effective in online and face-to-face formats using the break-out room feature via Zoom or MS-Teams.

**Figure 1**

*IPE Course Framework for Co-Teaching*



In the spirit of collaboration, the authors developed content by meeting regularly to discuss syllabus development, core content, scheduling guest speakers, assignments (including grading rubrics), and student engagement. During the semester of the course offering, the authors would meet weekly to discuss content delivery. They found that the class ran smoothly when they would designate ahead of time who would lead the lecture, activities, and discussion portions. Although there was a specific course plan, the authors found that content, activities, and discussion tended to flow organically, informing them of how to change the course for future offerings.

Given that this course was cross-listed between two pre-professional training programs, the authors deliberately developed assignments reflecting the mission, scope of practice, and ethics of both disciplines. The authors were also committed to providing content that enhanced the professional development of the students enrolled in the class. Therefore, there was an emphasis on developing cultural competence, emotional intelligence, empathy, group dynamics, use of ethics, counseling, and leadership styles, and the challenges of interprofessional teaming approaches, such as role-release and the use of co-treatment. Additionally, the authors felt that it would be essential to expose students to many speakers from different educational and allied health professions. Across two class offerings (i.e., pilot course 2017 and second offering 2019), the course included guest lecture content from an audiologist, a music therapist, a speech-language pathologist, a professional counselor, a special education director, an early interventionist, a developmental psychologist, a mental health professional, a social worker in palliative care, a physical therapy assistant, and a nurse practitioner. The inclusion of invited speakers balanced the traditional lecture delivery mode.

Course content and assignments were constructed around the IPEC Core Competency sub-competencies (See Table 1 for examples). The authors created assignments that reflected the process of interprofessional collaborative practice. For example, one assignment required students to conduct an interview with a licensed professional outside of their discipline that required a thorough understanding of the individual's area and scope of practice, populations treated, and the extent of interprofessional collaborative practice experiences. Another assignment instructed students to compare and contrast the codes of ethics for SLP and SWK and discuss the scope of practice for both professions. Additionally, the authors assigned an annotated bibliography on the use and efficacy of interprofessional collaborative practice to enable comprehension of best practice models.

**Table 1**

*Examples of Weekly Content, Activities, Assignments, and Assessments*

Core and Sub-Competencies	Activities, Assignments, Assessments
Values and Ethics V3, VF7, VF8, VF10	<ul style="list-style-type: none"> <li>• Comparing codes of ethics for SLP/SWK: written assignment, group discussion</li> <li>• Compare scope of practice: SLP/SWK in break-out groups</li> <li>• Lecture on cultural competence, self-assessment, break- out room discussions, class discussion</li> </ul>
Roles and Responsibilities RR3, RR4, R6, R9, R10	<ul style="list-style-type: none"> <li>• Researching allied health professions in break-out groups</li> <li>• Case study analysis</li> <li>• Guest speakers: various allied health professionals, written reflections</li> <li>• Professional Interviews: allied health professionals written assignment</li> </ul>
Interprofessional Communication CC3, CC7, CC6	<ul style="list-style-type: none"> <li>• Lecture and group discussions on communication types</li> <li>• Self-assessment of communication type</li> <li>• Mock staffing activity</li> <li>• TED talks, videos</li> </ul>
Teams and Teamwork TT1, TT5, TT6, TT9	<ul style="list-style-type: none"> <li>• Lecture on teaming and interprofessional collaborative models</li> <li>• Researching types of interprofessional teams in break-out groups, class discussion</li> <li>• Lecture on leadership styles, self-assessment (MBTI), break-out group discussion</li> <li>• Guest speaker from career center</li> <li>• Dream Team Project: paper and presentation</li> </ul>

The authors also developed critical thinking exam questions and class exercises based on the IPEC Core Competencies to assess the synthesis of information. As a final project, students were

required to complete a group interprofessional research project and presentation. Each group, consisting of SLP and SWK students, developed a hypothetical case study and was tasked to synthesize course concepts related to interprofessional collaborative practice, which enhanced critical thinking skills needed out in the field. Our student evaluation data strongly suggested that providing opportunities for IPE experiences is valuable and with great potential to improve the quality of education for students as they prepare to enter the world of professional practice (authors, 2019).

### **Course Evaluation Data**

Student evaluation data combined from past offerings of the course were positive. Institutionally, at the end of each semester, students complete course evaluations in five key areas of assessment: organization-preparation, engagement, delivery, fairness, and accessibility. Students rank each of the key assessment areas using a 3-point Likert scale (i.e., exceeds expectations, meets expectations, needs improvement). In the areas of organization-preparation and accessibility, 100% of students rated either *exceeds expectations* or *meets expectations* in terms of their course experience. The course evaluation defined organization and preparation as preparing and distributing a complete syllabus, making good use of class time, stating objectives and defining expectations clearly, arriving to class promptly and with all necessary materials/equipment, and organizing course content logically or with some perceivable structure. Accessibility was defined as responding to student e-mails/inquiries, exhibiting a willingness to discuss course content with students outside of class, and maintaining reasonable and regular office hours. Regarding student engagement by the faculty (i.e., keeping students' attention, generating students' interest in the subject matter, inspiring students to want to learn more about the subject matter, motivating by example, and promoting and achieving student participation), 93% of students ranked their course experience as either *exceeds expectations* (60%) or *meets expectations* (33%). The overall delivery of the course content (i.e., explaining concepts clearly, demonstrating concepts or modeling skills when appropriate, pacing instruction for understanding, questioning effectively, and demonstrating high levels of enthusiasm and energy) was rated as either *exceeds expectations* (72%) or *meets expectations* (16%) by 88% of students completing course evaluations. Finally, regarding overall fairness of the course (i.e., exhibiting genuine interest in helping students understand and master content/skills, using fair and impartial grading procedures, responding respectfully to student questions and viewpoints, and providing prompt and meaningful feedback on performance), 94% of students rating their experience as either *exceeds expectations* (72%) or *meets expectations* (22%).

### **Conclusion and Future Directions: Implications for Graduate Programs**

After the success of adopting the IPE course in both SLP and SWK undergraduate curricula, the faculty turned its focus on the challenge of how to incorporate IPE into the existing SLP graduate curriculum. This next logical step poses natural and expected challenges, becoming more complicated with the pandemic demand to augment the SLP curriculum into online learning platforms. As previously stated, the current standard, as written, is somewhat vague and subjective. For example, there are no specific guidelines for incorporating IPE content into graduate program curricula as a teaching component, which is fundamentally different from integrating interprofessional practice (IPP) into clinical experiences. IPP tends to be incorporated more readily

due to the clinical component of graduate study. Implementation language for Standard V-B provides minimal examples of ways to incorporate IPP/IPE into the curricula, such as simulated experiences (CFCC, 2018). Currently, there is no strong guidance on how to include IPP or IPE in the graduate curriculum or clarity on the obligation of graduate programs to include one or both (classroom education and/or clinical practice experiences), which presents challenges in programmatic planning.

As a liberal arts institution with limited allied health resources, offering an elective in the undergraduate curriculum seemed the best route to pilot implementing IPE experiences. Now that the CFCC standard is in effect, complications arise with mandating graduate students to take the undergraduate IPE course as a cross-listing coupled with an already robust curriculum for completion in five semesters. Additionally, introducing a graduate-level course taught from a co-teaching model presents inherent institutional challenges, including coordination between department chairs, scheduling, and faculty workload equivalencies.

Even when considering other institutional disciplines, such as education and counseling, challenges remain with scheduling. Either those programs are entirely online, or course offerings are geared toward students needing evening classes because they are already in the workforce. One solution is to pilot a forum-type experience 2-3 times a semester with undergraduate SWK and graduate SLP students. Since the Bachelor in Social Work (BSW) is the entry-level degree in that field, it is comparable to our SLP graduate program because both disciplines abide by clinical practice standards from accrediting bodies. To bridge the gap between the undergraduate and graduate courses, we propose collecting pre- and post-test data on students' knowledge of IPP/IPE during the simulated grand rounds experience, such as the *Readiness for Interprofessional Learning Scale* (McFadyen et al., 2005) or similar. Other researchers have used this measure to determine the overall readiness for IPE learning and changes in attitudes of allied health students (Al-Qahtani, 2016; Curran et al., 2008). Students can explore IPEC Core Competencies during these meetings through various activities similar to those incorporated into the undergraduate elective. Additionally, simulated experiences through learning platforms such as Simucase and Kognito will also be considered as part of online modules in asynchronous classroom settings.

IPE experiences through online learning platforms targeting specific populations were necessary for facilitating this class in the spring 2021 semester. Due to the Covid-19 pandemic, we switched from a weekly face-to-face format to synchronous delivery through an online platform. This type of delivery has allowed us to explore newer formats such as break-out rooms to facilitate small group discussions. Gurevich and colleagues (2020) outlined collaboration between SLP and Nursing students through an asynchronous and synchronous e-platform implemented in a graduate dysphasia course and undergraduate nursing course. Wallace and Benson (2018) reported on their small-scale IPE implementation through online and classroom activities with SLP and Occupational Therapy (OT) students. These solutions are promising as they could be implemented through collaborations with larger institutions in the area with allied health programs. We plan to gather comparative evaluation data from the current online course and past face-to-face course offerings and disseminate our results to aid other programs, particularly those in smaller institutions with no associations with more extensive allied health programs. Finally, we hope that the content of this article will assist SLP programs in their pedagogical efforts to implement IPE content successfully into their undergraduate and graduate curricula.

## Disclosures

The authors are full-time employees of the University of Montevallo.

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