



## Wisdom Family Foundation Interprofessional Education Research Seed Grants Frequently Asked Questions

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### The Basics

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#### What is ID/IPE?

Interdisciplinary/Interprofessional Education (ID/IPE) occurs when two or more professions including the individual and family partner together as a team to learn about, from and with each other to effectively collaborate, investigate scientific endeavors, increase quality of care, and improve health outcomes. Additional definitions can be found at: <https://ipe.ouhsc.edu/About-Us/What-is-ID-IPE>.

#### What are the IPEC Competencies?

IPEC, the national Interprofessional Education Collaborative, provides our framework by which all institutions pursue interprofessional programming. Of particular note will be the third version of the Core Competencies, released Fall 2023. Additional details can be found at: [https://ipec.memberclicks.net/assets/core-competencies/IPEC\\_Core\\_Competencies\\_Version\\_3\\_2023.pdf](https://ipec.memberclicks.net/assets/core-competencies/IPEC_Core_Competencies_Version_3_2023.pdf).

#### What is the IEPA?

The Interprofessional Educators & Practitioners Association (IEPA).

We are an open-invitation group of faculty, staff, and students from across campus committed to the engagement and promotion of campus-wide ID/IPE.

- You can find more about our overall IEPA structure on our [Faculty / Staff Page](#)
- We also have additional information on our [History Page](#)

#### Do I have to be a member of IEPA to apply or participate in a Seed Grant?

We require that one member of the grant application team be an IEPA member. See our “Getting Started” page for additional details: <https://ipe.ouhsc.edu/Faculty-Staff/Get-Started>.

#### What is the difference between a discipline and a profession?

The intention of this grant is to spur the creation of additional educational program options for students from all of the different program types across campus to learn about, from, and with each other. A further explanation of the terms can be found at: <https://ipe.ouhsc.edu/About-Us/What-is-ID-IPE>

#### Where can I find additional literature, research tools, or general information on IPE?

The national Center for Interprofessional Practice and Education, commonly referred to as the NEXUS, has a large repository of reference materials and tools for your use. Please see their site at: <https://nexusipe.org/informing/resource-center>.



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### Application Details

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#### What is the purpose of this seed grant?

The purpose of this seed grant is to develop new and innovative curricular/educational projects related to interprofessional education and practice in alignment with the [University of Oklahoma Health Sciences Center Strategic Plan](#). The goal is to engage faculty (staff and students) in developing high quality pilot tested educational offerings that can be adopted for future interprofessional programming at The University of Oklahoma Health Sciences Center (OUHSC). Applications are reviewed and processed by the OUHSC Interprofessional Educators and Practitioners Association (IEPA).

#### What forms are required to submit a proposal?

Applications are available online at: [Application Forms](#).

Proposals should include:

1. Project abstract
2. Narrative Section including goals/objectives, proposed plan of work, role of activity in interprofessional programming, applicant's background, methods of assessment, a timeline, demonstration of feasibility, and how your project aligns to the [OUHSC Strategic Plan](#)
3. Itemized budget that can include personnel costs, equipment, supplies, travel, etc., and supporting narrative

#### When are applications due?

Applications can be submitted anytime between January 12 and March 24, 2024. Late applications are not accepted.

#### Can I submit an application if our professionals are in the same profession but have different specialties?

We have received previous applications where all of the investigators were from the same profession but had different specialties. For example, perhaps one focused on family medicine, another on nephrology, and another on obstetrics. In this case, all investigators had the same credentialed license, but with different specialties. This did not meet our minimum requirement to have applicants from multiple professions. With regard to this project, our intention is to fund projects that have many different student groups involved.



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### How many professions are required?

We require collaboration (among both the investigators and the student cohorts) between a minimum of three different professions from a minimum of two colleges.

For example:

- An application with, dentistry, nutritional sciences, and occupational therapy **would** be acceptable because it meets the minimum of three different professions and includes two different colleges (College of Dentistry and College of Allied Health).
- An application from audiology, medical imaging, and physical therapy **would not** be acceptable because while it includes three professions, all professions are in one college (College of Allied Health) so the minimum of two colleges is not met.

### What is meant by “learning about, from, and with each other”?

This is the basic definition of the interprofessional learning experience.

- *Learning about each other* indicates that learners will take away information about each other’s profession through the learning experience.
- *Learning from each other* indicates that learners will have an opportunity to receive the information about each other’s professions directly from the other profession.
- *Learning with each other* indicates that the learning experience will occur with each profession collaborating together.



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### Other Tips for Success

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#### Collaborate with other colleges during the application process

- It can be beneficial to identify collaborators in other colleges early during the project development stage.
- [Program contacts](#) can assist in identifying scheduling and logistics opportunities or barriers that will affect the success of the project.
- We do not require letters of support or agreement in the application process. However, we do recommend that investigators have written confirmation from the other colleges regarding their willingness and ability to participate if the project is funded.

#### Budget dos/don'ts

- Do consider costs of learning materials or facility rental
- Do consider timeframes to hire/pay individuals
- Do limit use of funds for non-sustainable line items, such as food
- Don't add tuition for students
- Don't list FTE support
- Don't include "gifts" or other items not approved under university requirements

#### Sustainability of future project

- Our hope with any pilot project is that the activity will be successful and sustainable for routine and repeated delivery to students across campus.
- Successful applications will outline how the project can be scaled to larger cohorts in the future and easily replicated.



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### Examples of Previously Funded Projects:

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#### **Reflecting Together to Combat Impostor Phenomenon**

Impostor Phenomenon (IP) is known for characteristics of self-doubt, fear of failure, a sense of not fitting in, and fear that others will discover one is incompetent. While IP can affect any population, students at elevated risk of IP tend to be women, underrepresented racial and ethnic groups, first generation students, persons from lower socioeconomic status, and other marginalized groups. A small group (20 to 30) of health care students from diverse backgrounds and majors will be recruited to pilot a reflection group to combat IP. Reflection groups are like social support groups, which are intended to foster “brave places” (Arao & Clemens, 2013) to enhance individual empowerment to challenge and change the factors that maintain the invisibility, isolationism, stress, and burnout associated with IP.

Students will attend a 1 to 1.5-hour reflection group, facilitated by faculty collaborators, on 3 occasions in the spring semester. The reflection groups will consist of education and training about IP and the impact of IP-related issues on interprofessional teams. Anti-racism and anti-oppressive principles will be considered from pre-planning through evaluation of the reflection groups to acknowledge the impact of systemic factors in producing the negative effects of IP on individual wellbeing and interprofessional team communication and performance (Mullangi & Jagsi, 2019; Sturges, 2018). Students will complete qualitative and quantitative measures to assess *effective recruitment strategies, impostor feelings, self-esteem, loneliness, depression, social anxiety, and knowledge related to IP, and frequency of exposure to IP combatting recommendations*. After each reflection group, students will complete a 1-page qualitative self-reflection statement to process immediate and future application of the learning material. Data will be analyzed for descriptive statistics, associations, and themes. Findings from the pilot reflection group will be used for evaluation and expansion of the pilot to more students within and across diverse health care professions.



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### Interdisciplinary Health Profession Education: A Team Science Approach

Interprofessional education (IPE) is a critical part of learning about quality health care. Typically, in IPE programs, attention is given to the role each profession plays in the *clinical* setting. To our knowledge, no one has focused on an approach to learning team science in the process of *research* with undergraduate students. Research courses are a common part of undergraduate studies in health care, yet there is little to no understanding about the effectiveness of research as a mechanism for IPE health education. Based on the theory of transformative learning, students who are immersed in active learning about research from a variety of professional perspectives may be more likely to develop an appreciation for team science early in their careers.

**The purpose** of this study is to explore health profession students' self-perception of learning, with and from each other, in a research-based approach to education. This study seeks to answer the question: How effective is an IPE research-based learning activity for health profession students?

**Methods:** This quasi-experimental, cross-sectional research is embedded in an IPE clinical experience. The intervention is participation in a research study about a particular health topic where students will inform patients about a self-administered questionnaire regarding Healthy People 2030 during IPE clinical. Under faculty guidance, students will quantitatively analyze de-identified data, review the results, contribute to panel discussions about interpretation, and generate ideas about interventions based on the findings. Pre- and post-tests about research knowledge, behavior, and attitudes will be completed at several points in time.

**Data Analysis:** Student surveys will be analyzed using descriptive and inferential statistics. Findings will be used to 1) inform next steps in health profession education, 2) improve preparation for students prior to participation in the IPE Clinical Experience and, 3) improve the effectiveness of student engagement for mobile-outreach initiatives.



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### **Simulating End-of-Life Scenarios: Interprofessional End-of-Life Communication**

With advancing treatments, the number of patients in the US with chronic and life-limiting illnesses is growing. Many of these patients are hospitalized and experience life-threatening events. Approximately 200,000 adults and 6000 children experience in-hospital cardiac arrest (IHCA) in the US each year. Resuscitation events are considered high-stakes, low-frequency events and are regularly simulated in most US hospitals to allow caregivers to practice in low-stakes environments. This enhances performance in real scenarios.

Although caregivers are required to review and practice resuscitation every three years, the disclosure of resuscitation events and difficult end-of-life (EOL) conversations that follow are not as frequently simulated. Approximately 30% of all deaths in the US occur in the hospital. Following IHCA, only 25% of adults and 40% of children survive to discharge. EOL conversations, therefore, are similarly high-stakes events that require review, practice, and feedback. Currently, trainees receive irregular education, infrequent practice, and sporadic feedback on EOL conversations. As such, healthcare providers, especially those early in their career, feel unprepared to lead these conversations. Simulation-based education improves confidence and self-efficacy in EOL communication.

Given this, we have created a simulation study to evaluate whether simulation of EOL communication in an intentionally interdisciplinary model can increase knowledge, skills, and interdisciplinary collaboration during EOL encounters. We will teach the strengths and skills of multidisciplinary professions including nursing, medicine, and social work and how they can be helpful in providing quality EOL communication to promote and enhance collaboration between members of the interprofessional healthcare team at bedside. To our knowledge, this will be the first simulation to focus on enhancing collaborative communication at EOL. Because a validated tool for evaluating communication and interprofessional collaboration at EOL does not currently exist, our study will serve as a foundation for developing such a tool.



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### **Interprofessional Leadership Simulation Pilot Project**

Strong leadership is essential to the development of innovative approaches to address the complexities inherent in the healthcare system. Strong leaders know they must not only be aware of their own strengths, capabilities, and talents, but also those of their colleagues from a variety of professions.

The Interprofessional Leadership Simulation Pilot Project will evaluate the impact and feasibility of a simulated healthcare crisis on the personal development of participants. An interprofessional team of students interested in pursuing a leadership career path will be assembled and presented with a simulated healthcare crisis with the potential to impact both acute care patients and community populations. Having already completed a series of assessments and preparatory work, the students will be assembled and presented the scenario. Professionals will be used to supplement the simulation and provide ongoing and developing information related to the situation. The students will be charged with not only developing an action plan in response to the event, but also a communication plan for staff, the organization's board of directors, and the news media. The outcomes developed by the students will be evaluated against a predetermined set of expected outcomes created by subject matter experts.

After completion of the simulation, students will complete another series of assessments and evaluations. Based on the results, the students will then utilize a mentor to create and implement a personal leadership development plan.

Upon completion of the pilot project, team members will review the outcomes and evaluate the feasibility of continuation of this project to include additional students and/or expanded simulated experiences.