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Integrating Interprofessional Education with Simulation Experiences within OT and PT Curricula: A Look at the Backwards Design Process

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Integrating Interprofessional Education with Simulation Experiences within OT and PT Curricula: A Look at the Backwards Design Process

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Purpose
Identify various obstacles during the implementation of Interprofessional Education (IPE) in OT and PT curricula during simulation-base experiences.

Discuss the challenges found while aligning discipline-specific accreditation standards, institutional and program outcomes, and course learning objectives.

Explain how to design curriculum plans that implement real-life clinical activities to meet specific IPE competencies in rehabilitation education.

Significance
Students in discipline-specific tracks experience limited daily interactions which minimize IPE. Persistent separation of the healthcare professionals continues to be a barrier to cultivating IPE (Wilson & Whittman-Price, 2015).

Wiggins and McTighe’s Backward Design method can guide educators of occupational therapy and physical therapy programs in the creation of innovative educational approaches during IPE curricular design (McTighe, 2014).

The IPE simulation scenarios foster scaffolding of effective communication, technical skills, and patient handling. Students progress along the continuum of learning from introductory, application, and mastery.

Discussion
Using Backward Design streamlined the process in developing effective IPE simulation scenarios. The objectives and outcomes were aligned with the end-result in mind. Following this framework prevented the potential for “aimless coverage of content and isolated activities” that are not directly related to the course objectives (Wiggins and McTighe, 2005).

Conclusion
IPE has become a significant focus across healthcare disciplines noting the benefits that can be achieved through improving patient outcomes, increasing awareness for potential referral to other providers, and fostering collaboration.

The integration of simulation into established OT and PT curriculum was a less daunting task by using the backward design process. Continued growth and the addition of Speech Therapy, Nursing, and Physician’s Assistant programs will further necessitate use of backward design to integrate meaningful multidisciplinary activities for students.

References