2012 IPEC Institute

May 21 – 23, 2012; Herndon, VA

HSC Team:
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AACP | AAMC | AACN | ADEA | AACOM | ASPH

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Acknowledgment

- Funding for the Team

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  Carlos Roberto Jaén, MD, PhD, FAAFP

  Principal Investigator

  Professor and Chair of Family and Community Medicine

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2012 IPEC Institute: Building your Foundation for Interprofessional Education

- Why IPE? Why now?
- Core competencies
- Infrastructure needed to support IPE
- Resources: people, places, things
- Examples from institutions
- IPEC Chief Executive Officer's Panel: Why is IPE important?
  - AAMC: Carol A. Aschenbrener, MD
  - AACN: Geraldine "Polly" Bednash, PhD, RN, FAAN
  - AACP: Lucinda L. Maine, PhD, RPh
  - AACOM: Stephen C. Shannon, DO, MPH
  - ASPH: Harrison C. Spencer, MD, MPH, DTMH, CPH
  - ADEA: Richard W. Valachovic, DMD, MPH
- Team meetings – develop an implementation plan

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Definition of IPE

Occurs when students from two or more professions learn **about**, **from** and **with** each other to enable effective collaboration and improve health outcomes

World Health Organization, 2010

A necessary step in preparing a "collaborative practice-ready" health workforce

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WHY IPE?

- IOM 1972 – Educating for the Health Team
- Pew Commission 1998 – Recreating Health Professional Practice for a New Century
- IOM 2000 – To Err is Human: Building a Safer Health System
- IOM 2001 – Crossing the Quality Chasm
- IOM 2003 – Health Professions Education: A Bridge to Quality
- AHRQ Report 2005 – Medical Teamwork and Patient Safety
- AHRQ Report 2005 – Medical Team Training Programs in Health Care
- AHRQ Report 2008 – Health Care Innovations Exchange
- Macy Report 2010 – Educating Nurses and Physicians: Toward New Horizons
- IOM 2010 – The Future of Nursing: Leading Change, Advancing Health

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Why IPE? (cont.)

HOW care is delivered is as important as **WHAT** care is delivered

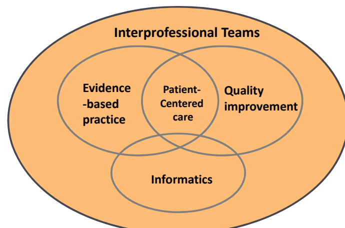

Diagram adapted from Health Professions Education: A Bridge to Quality, IOM Report, 2003

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Call to Action

- Transform the healthcare system
- Prepare all health professions students for **deliberatively** working together
- With the common goal of building a **safer** and better **patient-centered** and **community/population oriented** U.S. health care system

Core Competencies for Interprofessional Collaborative Practice
IPEC, 2011

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"Learning Together to Work Together for Better Health"

Figure 3. Collaborative practice

Collaborative practice-ready health workforce → Collaborative practice → Optimal health services

Framework for Action on Interprofessional Education & Collaborative Practice, WHO, 2010

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IPE Core Competencies

Interprofessional Education Collaborative [IPEC]

The Learning Continuum pre-licensure through practice trajectory

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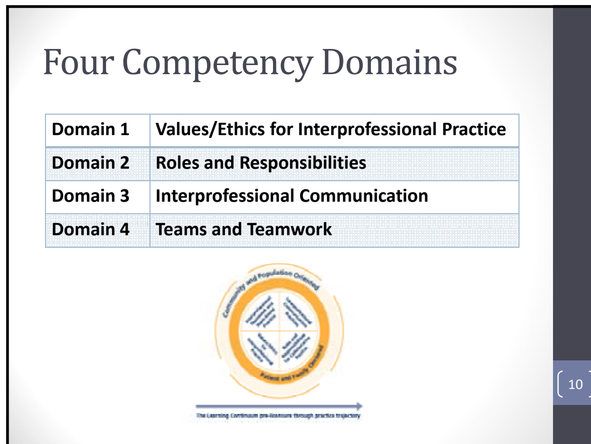

Four Competency Domains (cont.)

- Values/Ethics for Interprofessional Practice
  Work with individuals of other professions to maintain a climate of mutual respect and shared values
- Roles and Responsibilities
  Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served
- Interprofessional Communication
  Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease
- Teams and Teamwork
  Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable

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Highlights

IPE Activities from Various Institutions

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Highlights – Examples

- University of Washington
  - Center for Health Science Interprofessional Education, Research, and Practice
  - Conducts an IPE Event Day annually
  - Focus of IPE activity:
    - acute/chronic simulation scenarios
    - error disclosure and early apology team training
  - Shared many lessons learned
    (e.g., simplify teaching guides and training for faculty, develop less complex scenarios, incorporate reflections and debriefing after an activity)
- Louisiana State University
  - Focus of IPE activity: dental clinic as a home for IPE (elective course)

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Highlights – Examples (cont.)

- University of Maryland
  - Focus of IPE activity: President's Clinic
    - pediatric out-patient clinic staffed by the President of the academic center; training site for students from all professions (all health professions, law, social work, graduate school)
  - Suggests partnership with AHECs as a venue for interprofessional education
- St. Louis College of Pharmacy
  - Changed vision of the University to incorporate IPE
  - Emphasizes importance of forming collaborative partnerships with other institutions
  - Focus of IPE activity: patient safety and communication
    - 6 seminars, once a month for 6 months
  - Offers interprofessional electives with other universities

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Highlights – Examples (cont.)

- University of Central Florida
  - Required course in "Interprofessional Health Practice" in introduction year
- University of Michigan
  - Steering committee with all academic deans represented
  - Representatives from all health professions
  - Focus of IPE activity: patient safety and care transitions
- University of Minnesota
  - Center for Interprofessional Education - 1Health Program
  - 3 phases: 1) orientation; 2) building the toolbox; 3) authentic experiences

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Key Points from the Institute

- Identify leadership, people, resources
- Incorporate IPE into the strategic plan
- Centralize and coordinate efforts to move IPE forward
- Develop IPE experiences early in the curriculum
- Ensure IPE activities meet core competencies
- Work through barriers

Examples: schedules, faculty availability, working with the registrar office, teaching styles, student attitude, faculty attitude, promotion & tenure criteria, logistics, level of complexity of IPE learning activity, incorporate IPE in different settings

"Are you going to do the ***next thing right*** *or do* ***the next right thing****?"*

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IPE Implementation Proposal

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Top Down - Bottom Up Approach to IPE

"Because IPE is No Longer an Elective"

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Goal of Proposal

Create an environment and infrastructure at the HSC in which IPE will be:

- evident
- inclusive of all professions/disciplines
- embedded in all curricula
- sustained overtime through committed leadership, faculty, staff, and students

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Rationale & Model

Rationale: IPE and patient safety is not an elective

- Incorporate IPE into all curricula so that all students are equally exposed, and every HSC graduate is competent in all IPE core competencies
- Like quality and patient safety, IPE competencies are core to improved health care and assuring patient outcomes

Model

- Top Down - Bottom Up Approach to IPE
- Vision - Leadership - People - Resources - Resolve

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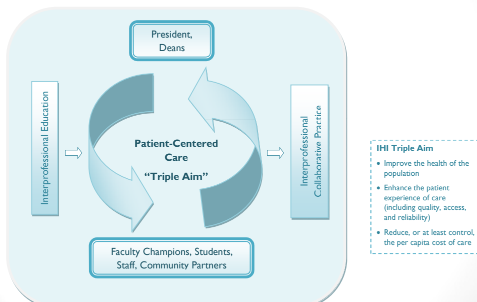
Top Down – Bottom Up Approach to IPE



IHI Triple Aim

- Improve the health of the population
- Enhance the patient experience of care (including quality, access, and reliability)
- Reduce, or at least control, the per capita cost of care

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Proposed Strategies

1. Seek support and commitment from the leadership to mandate the incorporation of IPE across all curriculum, and create the infrastructure needed to foster and sustain IPE
   - 1a. Incorporate into each school's strategic plan a commitment to IPE and interprofessional collaborative practice
   - 1b. Formalize the planning structure by identifying a central mechanism, with representation from faculty champions, staff, students, and community partners, to develop and implement the mandates given by the IPE Council
   - 1c. Create a clearinghouse that consists of IPE literature, tools, and other readily available resources, grant opportunities, and other relevant up-to-date information

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Proposed Strategies (cont.)

2. Map accreditation standards for each profession, identifying similarities in competencies related to IPE and the core IPE domains:
   - (1) values/ethics for interprofessional practice
   - (2) roles and responsibilities
   - (3) interprofessional communication
   - (4) teams and team work

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Proposed Strategies (cont.)

3. Conduct curricular mapping across all professional programs
   - 3a. Identify courses in the existing curriculum from each respective program that have all or some components of the IPE domains and list linkages
   - 3b. Create an inventory of IPE courses and experiential learning that meets the four IPE domain
   - 3c. Determine common times during which IPE activities can be implemented

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Proposed Strategies (cont.)

4. Identify a group of core faculty champions to represent each health profession
   - 4a. Medicine: Delia Bullock, Jim Tysinger, Ruth Berggren, Pat Wathen, Ross Willis, Kristi Kosub, Kevin Schindler, Misty Schott, Janet Ross
   - 4b. Pharmacy: Veronica Young, David Burgess
   - 4c. Nursing: Suzanne Yarbrough, Adelita Cantu, Janis Rice, Kathy Reeves, Pam Smith, Theresa Boese
   - 4d. Dental: Jeffrey Hicks, Carol Nguyen (dental hygiene)
   - 4e. Health Professions: Ruben Restrepo

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Proposed Strategies (cont.)

5. Identify staff including education development specialists and academic coordinators to help organize, coordinate and implement IPE activities (e.g., Melanie Stone, Leticia Bresnahan)
6. Assess faculty readiness for IPE
7. Develop IPE learning modules/tools for faculty development
8. Ensure student representation across all professions
9. Ensure representation of community partners

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Questions?

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