

A panoramic view of the Seattle skyline at dusk. The Space Needle is prominent on the left, illuminated with blue and white lights. The city's skyscrapers are lit up, and the sky is a deep purple. In the foreground, the white arches of the Olympic Stadium are visible.

Expanding Our Horizons

2010 AACCP Annual Meeting and Seminars

American Association of
Colleges of Pharmacy
Discover • Learn • Care • Improve Health

AACCP

July 10-14 | Seattle

Implementing Interprofessional Education in the Classroom

Tuesday, July 13, 2010
3:30-5:00 p.m.



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and Seminars

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Acknowledgement

David A. Knapp, PhD
University of Maryland School of
Pharmacy- Rockville Campus
Assisted with Program Coordination



IPE IS NOT...

students from different health professions in the same classroom without reflective interaction.



Pharmacy student

Nursing student

Medical student

Physical Therapy student



IPE IS NOT...

a faculty member from one profession leading a classroom learning experience for students of another profession.



Pharmacy professor

Medical students



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IPE IS NOT...

a session in a patient care setting led by an individual from another profession without sharing of decision making or responsibility for patient care.



Medicine professor

Patient

Pharmacy students



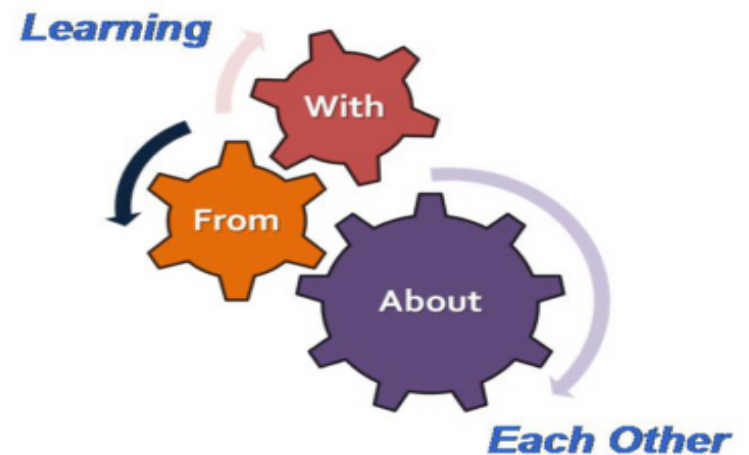
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IPE IS...

when two or more professions learn **with**, **from**, and **about** each other to improve collaboration and the quality of care.

Centre for the Advancement of
Interprofessional Education, UK



Picture credit: <http://www.aippen.net>



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IPE IS...

educators and learners from two or more health professions and their foundational disciplines who jointly create and foster a collaborative learning environment.

2005-2006 AACP COF Interprofessional Education Task Force



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AACP CAPE Educational Outcomes 2004

Communicate and collaborate with prescribers, population members, care givers, and other involved health care providers to engender a team approach to patient care.



ACPE Standards 2007

Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an interprofessional team of health care providers.



AJPE theme issue 2009

- Context and definitions
- Competencies and learning objectives
- IPE implementation strategies
- Current realities and academic environments
- Campus-specific examples



Session Objectives

- Explain components of effective IP teamwork and impact on patient safety and quality.
- Identify strategies for implementation of IP learning activities.
- Identify barriers to developing and executing IP learning activities.
- Discuss curricular components of IP activities and how to assess IP learning outcomes.
- Outline steps for creating a new IP activity.



Three Stories and a Conversation



Heather Brennan Congdon (Maryland)
Interprofessional Initiatives



Donald "Joey" Woodyard and
Kelly L. Scolaro (North Carolina)
Health Affairs Interdisciplinary Case
Conference and Interprofessional
elective



Barbara Brandt (Minnesota)
"1 Health"



University of Maryland
School of Pharmacy
AND
The Universities at Shady Grove

Interprofessional Initiatives

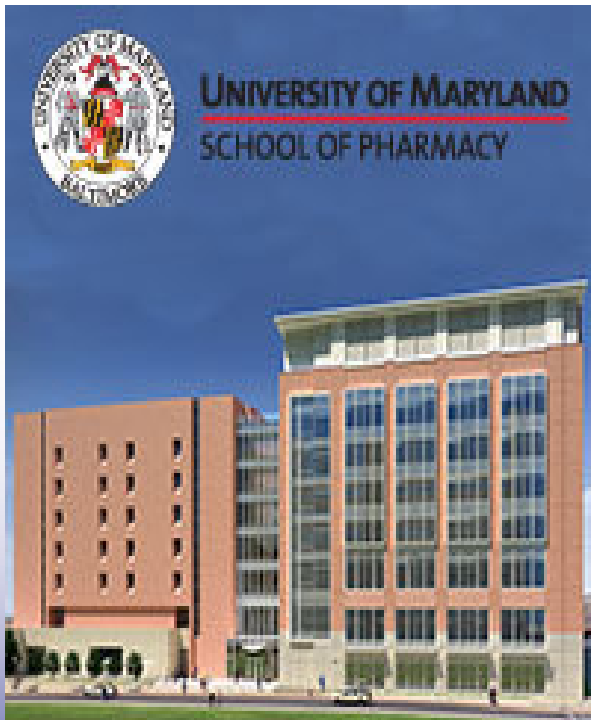
Heather Brennan Congdon, PharmD, BCPS, CACP, CDE
Assistant Dean for Shady Grove
University of Maryland School of Pharmacy



University of Maryland School of Pharmacy

Two Campuses

Baltimore



Shady Grove



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University of Maryland School of Pharmacy

- Open to students at either campus
- Electives
 - E.g. - Geriatric Imperative



IPE Example: Geriatric Imperative Elective

Structure

- 3 case-based assessments
- 1 semester-long project (group paper/oral presentation)
- 2 group site visits
- Minimal in class lecture time

Faculty

- Heather Congdon, Pharmacy
- David Knapp, Pharmacy
- Lisa Charneski, Pharmacy
- Jana Goodwin, Nursing
- Barb Dobish, Nursing
- Angela Elkins, Social Work



Universities at Shady Grove

- Center for higher education
- 9 institutions
- Over 60 degree programs



Universities at Shady Grove

- Committee on Interprofessional and Interdisciplinary Education Strategies (CIPES)
 - Electives
 - Educational lecture series
 - Laboratory activities
 - Research
 - Community Service



CIPES

- Electives
 - Geriatrics
 - Forensics
 - Vaccines
 - Cultural diversity in the workplace
 - Emergency preparedness
 - Translational research



CIPES

- Educational Lecture Series
 - Vaccination/Autism Link

- Laboratory activities
 - SimMan exercises
 - ER – asthma attack
 - Inpatient – pneumonia / sepsis
 - Mock code





Interprofessional Education at the University of North Carolina- Chapel Hill

Donald J. Woodyard, B.S. and
Kelly L. Scolaro, PharmD



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HAICC

- Health Affairs Interdisciplinary Case Conference
 - 2000-2009
 - Introduction to disciplines
 - SP Encounter (MVC Follow-up)
 - Treatment Plan using WHO's ICF Form
 - Assessed K&A



HAICC

- 9 Health Professional Programs
 - Medicine, Nursing, Pharmacy, Social Work, Speech Pathology, Audiology, Occupational Therapy, Physical Therapy, Dentistry
- Logistical Nightmare
 - Planning
 - 720 Students in two nights
 - 75 Faculty
 - Incongruent Experience Levels



Interprofessional Opportunities

- **Duke/UNC Collaborative**
 - Nursing & Medicine
 - TeamSTEPPS
 - Day long experience
 - Four methods for learning
- **Simulations for Inter-Disciplinary Education (SIDE) Project**
 - Pharmacy, Medicine, and Nursing
 - High Fidelity Simulation



Interprofessional Teamwork (IPT) & Communication Course

- 3 credit hour elective
 - 2nd year Medicine, 3rd year Pharmacy, 2nd year Nursing
 - Faculty Course Director from each profession
- Interactive Lectures
 - TeamSTEPPS
 - Medical Error & Error Disclosure
 - Patient Handoffs
 - Root Cause Analysis
 - Medical Malpractice



IPT Course

- Patient Simulation
 - Standardized Patients
 - Difficult Communications
 - Error Disclosure
 - HIV Counseling
 - Cultural Sensitivity
 - High Fidelity Simulators
 - 3 Acute interventions
 - Role Play
 - Handoffs
 - Medical Malpractice Mock Trial





Inaugural IPT Course – Spring 2010



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University of Minnesota IPE Update

Barbara F. Brandt, Ph.D.

Associate Vice President for Education

Professor, Pharmaceutical Care & Health Systems

Director, Minnesota Area Health Education Center



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IPE: The Long and Winding Road

“Discussions with students disclosed the desire to see far more emphasis on the team approach to providing health care. Students assert that if future health care delivery systems require a team approach to provide the necessary services, today’s health student must be “team” today’s exposed to the approach in his educational experience. Students recognize the impossibility of training all professionals in the same courses and program, emphasize the necessity of integrated training when practical.”

Report of the External Committee Report of the External Committee on
Governance of University Health Sciences, University of Minnesota, February
1970



University of Minnesota



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University of Minnesota AHC

On the edges: A lot of IPE activities

ACT II

Interscholastic grants
End of life Patient
Patient-Centered Teamwork
Physician & Society courses
Institute for Healthcare Improvement
Collaborative
Walker-Methodist Transitional Care Unit
Center for Health Interprofessional Programs
Immunization Tour
Duluth strategic initiatives
Burdick geriatrics fellowship in Moose Lake
Interprofessional Education & Resource Center
Interprofessional Dinner

Health Careers Center multiple activities
CLARION retreats and national case competition
Area Health Education Center activities
Fourteen AHEC rural interprofessional sites
Minnesota Area Geriatric Education Center
Multiple geriatrics projects such as Seniors as Teachers
IERC faculty development activities
Disaster 101
Tufts Institute on Systems-based Practice
Center for Bioethics courses
Center for Spirituality and Healing
Team work course / TeamSTEPPS
Interprofessional Ethics
Interprofessional Leadership course



What does IPE look like on the ground at UMN?

- Managing a history and legacy of many overlapping and duplicative individually funded grant programs (HHS / DOE / USDA, foundations)
- Continuing multiple courses, activities, experiential education
- Working to focus on clinical and translational science with a strong link to education
- Intentionally positioning programs at a systems level – e.g., new AHEC, new CTSI
- Directing resources to community-campus partnerships to develop and test collaborative practice
- Supporting a liaison between AHC, Extension, CEHD
- Periods of *intense* progress in change and transitions: We are in one now.

Bottom line:

Work locally to develop a system for linking interprofessional education and collaborative practice



All students entering into professional schools at the AHC in **Fall 2010** must demonstrate competency during **three phases** of their education in the following areas by participating in **interprofessional** experiences and meeting defined competencies:

Professionalism/Ethics

Communication

Teamwork



THREE PHASE APPROACH



• **Start of Program**

• **Basic Knowledge**

• **Clinical Phase**



1HEALTH DATES

- **Day 1 – September 17th**
- **Days 2-6**
 - **September 24th**
 - **October 29th**
 - **November 5th**
 - **November 19th**
 - **December 3rd**



DAYS 2-6 MODULE

- **Foundations of Interprofessional Communication and Collaboration (FIPCC)**



DAYS 2-6 MODULE

- **Foundations of Interprofessional Communication and Collaboration (FIPCC)**



1HEALTH-DAYS 2-6

Blended Module- FIPCC

- 883 students divided into groups of 12
 - Strategic selection

–Online assignments

–Five-2 hour face-to-face course times

- For Rochester students, they will be in Twin Cities for Day 1 and for last F2F. For the other F2F they will be connected electronically

–Facilitators

- Not content experts, recruit broadly
- Rochester will need to identify facilitators.



Conversation



Picture credit:<http://fhs.mcmaster.ca/ipcgroup/images/collage8.jpg>



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“Doctors, hospitals, and other health care providers will have to adjust to a value-oriented system. In too many cases, they are providing care that doesn’t reflect the latest science. That will have to change. They will have to learn to operate less like solo practitioners and more like team members, working with providers in other practices, hospitals, and even states, to coordinate care. In return, they will enjoy the benefits of working in a simpler, seamless system that recognizes and rewards excellent performance.”

Daschle, T. Critical: What We Can Do About the Health-Care Crisis. 2008.



- **What are essential components interprofessional education?**
- **What can we do to ensure effectiveness of interprofessional education?**



We can't be interprofessional by ourselves.



Picture credit: oasis.vch.ca/team.htm



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- **Who did you approach for assistance in developing IPE?**
- **How do you connect with others across your campus, at other campuses, and/or in the community?**
- **How is IPE funded?**
- **How are faculty recognized and rewarded?**



We are thwarted by limited opportunities for effective use of interprofessional teaching and learning approaches and interprofessional student teams.



Picture credit: <http://prospective.westernu.edu/assets/prospective/nursing-msn/3c-explore-dnp.jpg>



- **What are specific barriers you encountered?**
- **What were your strategies for overcoming those barriers?**



“Anyone who has been seriously ill knows how bewildering our labyrinthine health-care system can be. An American with an injury or illness is likely to encounter a wide array of providers, from ER doctors to nurse practitioners to primary care physicians to specialists, who aren’t necessarily in contact with one another.”

Daschle, T. *Critical: What We Can Do About the Health-Care Crisis*. 2008.



- **What impact has interprofessional education had on patient care?**
- **Can you provide examples?**
- **What are some ways we can show the impact?**



Wrap-Up and Questions



Picture credit: <http://www.uihealthcare.com/depts/graduatemedicaleducation/images/front.jpg>



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Tuesday, July 13, 2010
Special Session:
Implementing
Interprofessional Education
in the Classroom

Activity Code:
CFK3N1



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