Program Objectives

• Describe the work of the AACP Task Force on Interprofessional Education (IPE)
• Describe IHI HPEC and its role in IPE
• Show examples of how IPE has been implemented in various institutions with different infrastructures

Learning Objectives

• Discuss the evidence for interprofessional education
• Identify steps for success in implementing IPE
• Describe strategies for dealing with common barriers to IPE
• Explain the role of IHI HPEC
• Discuss examples of how IPE has been implemented in different institutions

The work of many…… presented by a few

AACP Task Force on Interprofessional Education

Alok Bhushan*, Gayle Brazeau, Amy Broeseker, Wendy Duncan-Hewitt*, Susan Fugate*, Laura Hansen*, Richard Herrier, Robert McCarthy, Tim Tracy, Sarah Westberg*


What is Interprofessional Education?

• Interprofessional education involves educators and learners from 2 or more health professions and their foundational disciples who jointly create and foster a collaborative learning environment. The goal of these efforts is to develop knowledge, skills and attitudes that result in interprofessional team behaviors and competence.
Evidence for Interprofessional Education

- Improvement in learners' short-term knowledge and attitudes (Remington 2006)
- IPE positive change in perceptions and attitudes, knowledge, and skills (Hammick 2007)
- Cochrane review – positive outcomes on patient satisfaction, teamwork, & error rates. (Reeves 2008)

The Need for Interprofessional Education

- Health Professions Education: A Bridge to Quality (Institute of Medicine)
- Accreditation Standards
  - Pharmacy
  - Medicine
  - Nursing
  - Dentistry

AACP Task Force on Interprofessional Education

- Formed to assist members with needs and issues related to IPE
- Charged with:
  - Defining IPE, developing competencies, issues unique to diverse models, identify faculty development resources, identify common curricular themes, develop a vertically integrated curriculum, & disseminate findings and recommendations

Steps for Success

- Identify interprofessional education as a goal of your college/school of pharmacy.
- Identify administrative and faculty champions at your college/school to lead and support IPE initiatives.
- Establish relationships with other health care programs, considering geographical location, university ownership/affiliation, and existing relationships.
  - Identify the administrative and faculty champions at each of the partnering programs.
- Gradually implement based on level of preparedness (START SMALL!)

Steps for Success

- Establish an IPE planning team
  - Choose IPE curricular themes
  - Evaluate equivalent levels of education; match students based on education level and maturity
  - Determine when and where this IPE will occur in the curricular schedule and who will teach/facilitate the interprofessional curriculum.
  - Gradually implement based on level of preparedness (START SMALL!)

Steps for Success

- Offer faculty development programs to support faculty teaching in IPE
- Establish faculty rewards and recognition for IPE involvement.
- Determine an assessment strategy to evaluate the IPE initiative
- Share results with internal and external stakeholders & academic community via scholarship.
Strategies to Overcome Barriers

- Availability of resources
  - Faculty, Time, Space
- Logistics
  - Scheduling, rigid curriculum
- Faculty resistance
  - Job demands, time, lack of perceived value
- Administration
  - Financial, commitment
- Lack of other health professions

We Can’t Do That Here!

- Diversity of Models
  - Academic health center
  - Co-located
  - Other health professions, no MD
  - Sole health profession on campus
- Approaches to IPE
  - Classroom, hospital, clinic, private practice, simulation centers, student health center, hospice

Faculty Development

- Competencies
  - Commitment to IPE
  - Understanding and respect for other health professions
  - Positive role modeling
  - Expert facilitation
  - Skill in using active learning methods
- Areas for development
  - Interactive teaching and learning
  - Facilitated learning
  - Group dynamics
  - Conflict resolution

IPE Curricular Topic Areas

- Interprofessional team roles, responsibilities, and professionalism
- Communication
- Quality Assurance and Patient Safety
- Adherence
- Professional Ethics

IPE curricular Topic Areas (cont’d)

- Biomedical and clinical sciences
- Care for patients with acute/chronic illnesses
- Contemporary Health Care System
- Cultural Awareness, International Health
- Elements, dynamics of patient management
- Emergency preparedness
- Evidence based medicine
- Public Health
- Special patient populations
- Palliative care
- Rural populations
- HIV
- Mental illness

Just Do It!

- Be a champion!
  - The person who fights for or defends a cause
- Establish relationships with other health care programs
  - Who are their IPE champions?
- Start small
References

• Center for Advancement of Interprofessional Education (CAIPE). www.caipe.org.uk
• Geriatric Interdisciplinary Team Training Program. www.gittprogram.org

Overview of the Institute for Healthcare Improvement’s Health Professions Education Collaborative (IHI HPEC)

Devra Dang, Pharm.D., BCPS, CDE
University of Connecticut School of Pharmacy

Institute for Healthcare Improvement (IHI)

"...independent not-for-profit organization helping to lead the improvement of health care throughout the world. Founded in 1991 and based in Cambridge, Massachusetts, IHI works to accelerate improvement by building the will for change, cultivating promising concepts for improving patient care, and helping health care systems put those ideas into action."

www.ihi.org/ihi/about

IHI Health Professions Education Collaborative (IHI HPEC)

• Purpose: address recommendations from the Institute of Medicine Report, Crossing the Quality Chasm, which emphasized teaching quality improvement processes and interprofessional collaboration in healthcare curricula.
• Membership: Schools of Medicine, Nursing, Pharmacy, Health Administration
  – Full members: ~20 universities
  – Associate members

IHI Health Professions Education Collaborative (IHI HPEC)

• Areas of emphasis
  – Interprofessional learning
  – Vertically-integrated improvement curricula
  – Exemplary learning sites
  – Faculty development
  – Student initiated quality improvement
  – Organizational infrastructure

• Representatives from member institutions of the Collaborative meet twice a year to share ideas, progress, and best practices.
Interprofessional Education Initiatives at the University of Connecticut

Devra Dang, Pharm.D., BCPS, CDE
University of Connecticut School of Pharmacy

Introductory Pharmacy Practice Experience
- P3 students + medical students, residents, & attendings, nursing & physician assistant students
- Participation in free clinics (AHEC, migrant farm workers, and homeless shelter clinics). Other community outreach activities (eg. National Primary Care Week)

Advanced Pharmacy Practice Experience
- MD-PharmD student teams provide direct patient care in primary care clinic
- MD-PharmD student teams conduct longitudinal CQI projects

Cross-campus collaboration
- Urban Service Track
- Research & evaluation

Cross-Campus Collaboration Urban Service Track

- Goal: to develop a cadre of well-qualified health care professionals committed to serving Connecticut's urban underserved populations & who are knowledgeable about the importance of interprofessional teamwork

Urban · Underserved · Interprofessional

Community Partners

Urban Service Track (UST)

- A collaboration between the University of Connecticut’s Schools of Dental Medicine, Medicine, Nursing, and Pharmacy
UST Structure
• Urban Health Scholars and faculty & community mentors
• Programmatic directions are guided by the Steering and Advisory Committees
• Steering Committee:
  – Faculty representatives from the 4 health professions schools
• Advisory Committee:
  – Medical, executive, and clinical directors from Connecticut’s federally-qualified community health centers
  – Community Health Center Association of Connecticut’s staff representatives
  – Community agencies’ representatives
  – City of Hartford Health Department’s representatives

Community & University Partners
• Community Health Center Association of Connecticut
• National Association of Community Health Centers (NACHC)
• Hartford Health Department
• Connecticut Department of Public Health Office of Oral Health
• Institute for Community Research (ICR)
• National Kidney Foundation (NKF)
• ProHealth Physicians
• Connecticut AHEC
• UConn Center for Public Health & Health Policy
• Burgdorf Primary Care Clinic

UST Curriculum
• “Add on” to existing curriculum
  – Complements existing curriculum in the 4 schools
• Based on 11 competencies identified by clinicians at Connecticut community health centers
• Delivered over 2 years
• All learning experiences are interprofessional in nature

UST Competencies
• Multiple constituencies
• Population health
• Cultural & linguistic differences
• Health policy
• Advocacy
• Health care financing & management
• Interprofessional teamwork & leadership
• Quality improvement
• Resource constraints
• Community resources
• Professional & ethical conduct

UST Curriculum
• Learning retreats – 4 per year
  – Pre-reading assignments drawn from the 4 professions
  – Learning objectives clearly stated
  – Equal proportion of didactic and interactive components
  – Clinical skills integrated when possible
  – Vulnerable patient populations are the lens to explore competencies
  – University and community clinicians are learning retreat facilitators → reinforces the relationship between academic training & “real world” application

UST Curriculum
• Clinical training
  – Homeless shelters & migrant farm worker clinics
  – Community outreach programs
  – Advanced clinical training in federally-qualified health centers & other primary care facilities in Connecticut’s urban areas
UST Curriculum
- Other enrichment learning experiences. Examples:
  - Spanish for Health Care Professionals courses
  - Cross-campus conference on health literacy
- Community-based research projects
- State, regional and national conferences and meetings
  - National Association of Community Health Centers’ Annual Policy Forum, Washington, DC
- Additional pharmacy-specific curricular requirements

Opportunities & Challenges for the Pharmacy Curriculum
- Opportunities
  - UST curriculum & activities can be clearly mapped to the 2004 CAPE Educational Outcomes
  - Collaboration among the 4 professional schools has enabled an expansion of the number of IPPE sites & activities for all students in the pharmacy program
- Challenges:
  - Seamless incorporation of UST curriculum into existing curriculum without overwhelming Scholars
  - Differences in structure of the 4 health profession programs in terms of curriculum, student characteristics, scheduling, & campus distance
  - Human and physical resources
  - Fiscal resources

Ongoing and Future Plans
- Assessment
  - Students
  - Program
  - Outcomes
- Expansion of partnerships
- AY 2008-2009
  - 8 learning retreats: 4 for 2007 UST Scholars and 4 for 2008 UST Scholars
  - Admit residents from pharmacy and dental medicine?

Interprofessional Education in Geriatric Care (IEGC) Program
BRIEF overview
Presented by Ruby Grymonpre on behalf of the IEGC project
AACP meeting, July 23, 2008
Interprofessional Education: Strategies for a successful initiative

Primary Goal of IEGC
- Advanced trained learners
- 5 different health care professions
- Simultaneous clinical placements
- Shared IP learning in clinical context

Secondary Goal of IEGC
Build capacity and promote culture change:
- Within University of Manitoba
  - Faculty Champions
  - Students
  - Council of Health Deans
- Within 3 clinical practice sites
  - Riverview Health Centre
  - St. Boniface Day Hospital
  - Deer Lodge Day Hospital
Evaluation Matrix

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<th>Reaction</th>
<th>Attitude</th>
<th>Knowledge</th>
<th>Skills</th>
<th>Behavior</th>
<th>Organizational</th>
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IEGC learner domain groups

- Identified learners
  - Clinical team
  - Faculty Champions
  - Students

Domain groups formed
- Clinical Learner Domain
- Faculty Learner Domain

Learner-domain activities
- Domain group activities: meetings, networking, reflection
  - Developed an EGCQ inventory for faculty members

Knowledge Translation Activities

(Provisional)
- 15 Oral presentations
- 16 Poster presentations
- 7 Local meetings with Steering Committee
- 6 Local meetings with Government
- 2 Local meetings with University Administration
- 8 Local meetings within Institutions
- 2 Regional meetings
- 46 National meetings
- 6 International meetings
- 6 Newsletters (produced quarterly)
- 4 Science cafes
- "Encounter" with Minister of Health (MB)
- 31,000 hits on our IEGC Website

Activities (July, 2005-March 2008)

- 11 interprofessional clinical placements:
  - St. Boniface Geriatric Day Hospital
  - Deer Lodge Day Hospital
  - Riverview Health Centre Day Hospital
- 48 clinical team members & 3 emerging CLU’s
- 32 Students
  - 9 pharmacy students
  - 7 nursing students
  - 6 medical residents
  - 6 physiotherapy students
  - 3 occupational therapy students
- 7 faculty champions with expertise in IPE & IPP
- 1 PhD student

* CLU – Collaborative Learning Unit

Communities of Practice

"groups of people who share a passion for something that they do and interact regularly to improve their practice"

- Manitoba Health
  - Workforce Policy and Planning
  - Primary Health Care Branch
- Winnipeg Regional Health Authority
  - President & CEO
  - VP & Chief Nursing and VP & Chief HR Officers
- Council of Post Secondary Education
  - Manager, University Relations
- University of Manitoba
  - VP (Academic) & Provost
  - Council of Health Deans & Directors
  - Faculty champions

Acknowledgements

- Health Canada
  - Funding
- Riverview Health Centre
  - Office space/institutional support
- Day Hospital Teams
  - Mentors for student teams
  - Seven Oaks hospital – control site
- Students
  - Active and control participants
- Clients
  - Receiving care from student teams
An Interprofessional Case Conference Exercise Using Standardized Patients

Pamela U. Joyner, EdD, MS Pharm
Associate Dean for Professional Education
UNC Eshelman School of Pharmacy
July 23, 2008

Overview

- Exercise began in spring 2000
- 500-700 health affairs students at UNC participate each year
- Each student participates in a group of 8-10 students from other disciplines to:
  - Discuss a case about a standardized patient
  - Develop an interprofessional plan and reflect on teamwork
- Goals of the Case Conference Exercise:
  - Recognize the importance of interprofessional teamwork skills
  - Promote understanding and appreciation of professional knowledge from different health care disciplines

Session Schedule

- Students attend one session
- 5:15-6:15pm Check-in and travel to assigned rooms/Pizza
- 6:15-6:30pm Introductions
- 6:30-7:00pm Overview of session and case
- 7:00-7:30pm Student group formulates questions and conducts interview #1 with standardized patient
- 7:30-8:00pm Group discussion and development of treatment plan
- 8:00-8:20pm Assign scribe and construct group treatment plan on flip chart
- 8:20-8:30pm Break
- 8:30-8:50pm Standardized Patient Interview #2
- 8:50-9:00pm Group debriefing
- 9:00-9:15pm Students complete questionnaire; Facilitator completes evaluation

Participating Programs – Spring 2008

- Total of 73 groups and 77 facilitators

Evaluation

- Evaluation data collected via:
  - Student pre- and post-conference surveys
  - Facilitator post-conference survey
  - Standardized patient survey
  - Case worksheets (completed during survey)

Summary

- Lessons Learned:
  - Matching levels of student education across disciplines is critical.
  - Facilitators need to be trained.
  - Standardized patients enhance the learning experience.
  - Comments from Students:
    - “I feel we all gained a better sense of what other professions know and have to contribute.”
    - “This experience provided valuable insight to the way in which other disciplines approach patient problems.”
    - “The standardized patient was superb.”
- Future Plans:
  - Implement similar experiences earlier in curriculum.
University of Minnesota
Interprofessional Exemplars
Ron Hadsall, Ph.D.
Don Uden, Pharm.D.
University of Minnesota
AACP meeting, July 23, 2008
Interprofessional Education: Strategies for a successful initiative

Immunization Tour

• Objectives
  – Promote interprofessional teams to serve at risk populations for flu prevention at the University.
  – Develop future public health leaders involved in population-based disease prevention.
  – Demonstrate proficiency in planning and implementing a mass immunization clinic.

• 28 Pharmacy and Nursing Students (56 total)
  – Divided into 4 interprofessional teams of 14
• 1 credit elective
• 7 didactic classes
• 4 immunization clinics
  – All students contribute to the large mass immunization clinic for faculty, staff and students
  – Each team conducts one smaller clinic.
  • Dormitory, recreation center, Academic Health Center
• Administer ~ 1,500 doses of vaccine

Immunization Tour

• Seven didactic classes
  – Introduction to faculty and class
  – Professional roles in nursing/pharmacy
  – Essentials of emergency preparedness – pandemic flu as example
  – Medical reserve corp
  – Setting up a community clinic
  – 3 hour evening session
    • Screening
    • IM and IN flu vaccine administration techniques and Administration of vaccine to each other
    • Emergency procedures
  – Experience reflection

• The course created the original plan for mass immunization for Boynton Health Service (BHS) for the U of MN.

• Guaranteed approximately 25% distribution of total flu vaccine distributed by BHS.
• “No wait experience” for patients attending flu clinics.
• Educated new cohorts of health professionals proficient in implementing mass immunization clinics for the community.
Faculty

- Pharmacy
  - Don Uden
  - Jean Moon

- Nursing
  - Judy Beniak
  - Jeanne Pfeifer

Teamwork for Health Professions

- 6 health profession schools
  - Nursing
  - Public Health
  - Health Administration
  - Pharmacy
  - Medicine
  - Dentistry
- Co-developed and co-directed by faculty from all 6 schools
  - Modeling teamwork

Teamwork for Health Professions

- Six Sessions
  - Who’s who in teamwork
  - Team STEPPS - Stages of team formation, team structure and leadership
  - Team STEPPS - Situation monitoring, mutual support and communication
  - Disaster scenario
  - Quality safety systems
  - Root cause analysis

Teamwork for Health Professions

- Required for medical, healthcare administration students elective for the rest
- 270 students
- 6 weeks duration, 8am-9:45am
- Combination of web-based and in-class materials
- Students assigned to interprofessional groups
- Students register within their own schools – major strength of collaboration

Teamwork for Health Professions

- Pre and post-course surveys
  - More confident to work in teams
- Focus groups
  - More time in small groups wanted
  - Less theoretical, more practical
- Open-ended post-course survey
  - Small group time
  - “Take home” points
Faculty

- Karyn Baum, Medicine
- Don Uden, Pharmacy
- Darryl Hamamoto, Dentistry
- Karen Dunlap, Nursing
- Gordon Mosser, Health Administration
- Bill Riley, Public Health

Questions / Contributions