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The UNM HSC Inter-professional Education Team

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THE IPE INSIGHT

June-July, 2014

Volume 2014 – No. 3

Summary of the IPE Curriculum Retreat—Moving from Abstract to Reality—May 29, 2014, SUB Ballroom B

Participants from across the HSC campus came together at the Interprofessional Education (IPE) Curriculum Retreat on May 29th, 2014 at the Student Union Building to begin forming an IPE curriculum plan. Of the 72 participants gathered, the breakdown was indeed interdisciplinary including: College of Nursing (15%); College of Pharmacy (24%); Health Sciences Center (7%); School of Medicine (53%) and hospital sites (2%), including representatives from the UNM Hospital and Sandoval Regional Medical Center. The end result produced a high energy, highly productive day achieving the retreat's objectives which were to: 1) form working groups to design IPE curricula, 2) develop action plans with specific objectives and milestones, and 3) increase understanding of critical IPE-related issues and present HSC capacity for resolving them.



Dr. Paul Roth gives opening remarks at IPE Curriculum Retreat



Tim Karpoff, Facilitator

In his remarks, the Chancellor for Health Sciences, Dr. Paul Roth gave his full endorsement to establish an interprofessional education program at UNM/HSC and underscored the importance of collaboration and teamwork among all disciplines in order to measurably improve the health of New Mexico residents.

Initially, "fruit-assigned" tables of 5 were formed with the purpose of seating multiple disciplines together. Following a hands-on exercise--which proved that it takes steadfast cooperation among team members to resolve a puzzle *without using words*--facilitator Tim Karpoff led the audience to discover the various wisdoms revealed during this team-building experiment and linked it particularly well

to later discussions on collaboration.

The IPE Team including IPE director Michel Disco, and IPE coordinators, Betsy VanLeit, Cindy Arndell, Loren Kelly, and Krista Salazar, presented an overview of the IPE competency domains: Values and Ethics for Interprofessional Practice; Roles and Responsibilities; Inter-professional Communication; and Teams and Teamwork.



Table discussions tackled identifying the priority IPE content areas and the best ways to help learners master the IPE competencies. Group sharing lead to recognizing these various elements:

- **Content areas** (communication, community-engagement, service learning, ethics and professionalism, patient safety and more),
- **Learning activities** (interprofessional modeling by faculty, building on common values and core competencies between the professions, faculty credit for interprofessional activities, implementing outcome measures, etc.), and
- **Ways to address competencies** (mobilizing HSC student council members, sharing resources, technology).

Reconvening after lunch, working groups were formed around topics acquired both from the IPE environmental scan survey as well as others offered by participants. The final work groups were: *Clinical Practice, Clinical Reasoning, Communication, Health Policy Competence, Ethics and Professionalism, Patient Safety and Quality, Primary Care, Service Learning, Geriatrics and Community Engagement.* (cont. p.2)



Interested in joining?

The following work groups were formed during the IPE Curriculum Retreat.

To join a team and help develop these areas, email: IPE-Office@salud.unm.edu.

IPE Work Groups

Clinical Practice

Clinical Reasoning

Communication

Health Policy Competence

Ethics and Professionalism

Patient Safety & Quality

Primary Care

Service Learning

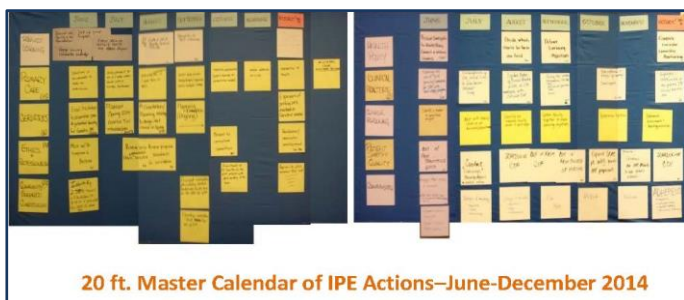
Geriatrics

Community Engagement

To guide these working groups, each completed a **curriculum development worksheet** to address the related IPE competencies, the levels and professions of the students, examples of learning activities, key issues and challenges, and the key resources and capacity required to accomplish this curriculum. Each group also created an **action plan** which captured the overall purpose for their area of curriculum, set their objectives and key implementation steps (by whom/by when) through December 2014, and identified their group members and others who should be involved, and the necessary resources.

By day's end, each working group reported back on their outcomes and facilitator Karpoff created a 20-foot master wall calendar, compiling row by row each of the working groups and their targeted implementation steps to be accomplished over the next 180 days, from June to December 2014.

To receive a keyed version of the master calendar, contact IPE-Office@salud.unm.edu.



IPEC—Interprofessional Education: Building a Framework for Collaboration

October 1-October 3, 2014, Herndon, VA

The Interprofessional Education Collaborative (IPEC) will hold its next Institute October 1-October 3, 2014, in Herndon, VA. It is entitled: **Interprofessional Education: Building a Framework for Collaboration**.

The IPEC Institute will begin at 7:00 a.m. on Wednesday, October 1, 2014. Therefore, participants should arrive the afternoon or evening of Tuesday, September 30, 2014. The institute will conclude at 12:00 p.m. on Friday, October 3, 2014. The full agenda will be available online as soon as possible.

Institute Focus

To provide health professions faculty and their IPE colleagues both quality time and dedicated space for guided learning, team-based planning activities, and consultation with experts and peers in order to emerge with a programmatic action plan for IPE. Learning objectives for the institute are as follows:

1. Identify resources and commitments necessary to facilitate IPE at one's institution
2. Examine best practices in IPE curriculum planning and design for use in one's program.
3. Create learner assessment strategies in IPE
4. Develop faculty skills in IPE
5. Communicate the team's IPE objectives to decision makers.

In addition, registered teams will be assigned preparatory readings and participate in institute-related assessments.

Pre-course reading activities will be assigned prior to the face-to-face workshop, and the entirety of the institute will afford opportunities for networking and a community of focused, collegial collaboration. Upon returning to their home institutions, workshop participants will be better prepared to develop faculty teams with the knowledge and skills necessary to implement an interprofessional education plan.

Team Composition Requirements

IPEC welcomes professionals with a wide array of IPE skills from all of the health professions and their colleagues. Well-composed teams help maximize institute outcomes. The Institute has put in place several key criteria:

- Each team must have 3-5 members (**Required**).
- Each team should have at least 2 different health professions per team (**Required**).
- Each team should have at least one (1) team member with institutional responsibility for curricular planning or expertise in interprofessional relationship development (**Required**).
- Each team should have, at least (1) of the following: Dentistry, Medicine, Nursing, Osteopathic Medicine, Pharmacy, and Public Health (**Required**).

Registration: https://ipecollaborative.org/2014_Fall_IPEC.html





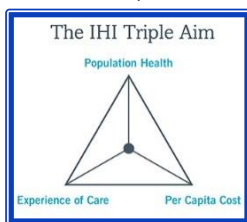
News Brief from the All Together Better Health VII Conference

June, 2014 • Pittsburgh, PA

Three members of the UNM HSC Interprofessional Education Team--Krista Salazar, College of Pharmacy; Loren Kelly, College of Nursing; and Cynthia Arndell, School of Medicine were privileged to attend the 7th international All Together Better Health conference in Pittsburgh, PA, June 5-8, 2014. We all found the conference to be informative and invigorating. The pre-conference session on "Tools from the National Center for Interprofessional Practice and Education" facilitated by nationally-renowned, Barbara Brandt, PhD, enabled us to understand the depth and breadth of the resources available through the Center and how to navigate the website.

The conference began with keynote speakers discussing the "Triple Aim" of healthcare. The Triple Aim is a framework developed by The Institute for Healthcare Improvement (IHI), <http://www.ihl.org/Engage/Initiatives/TripleAim>, which describes an approach to optimizing health system performance. It is IHI's belief that new designs must be developed to simultaneously pursue three dimensions, which they call the "Triple Aim":

- * Improving the patient experience of care (including quality and satisfaction);
- * Improving the health of populations;
- and
- * Reducing the per capita cost of health care.



Keynote speakers presented the current literature and evidence-based practices for the effectiveness of interprofessional education and collaborative practice within the context of the Triple Aim. The plenary session was a prescient forum for the way the delivery of health care is changing in the U.S. and globally—moving from disciplinary siloes, to innovative modes of health care delivery founded on effective teams and collaboration.

Other highlights from the conference included multiple workshops on how to facilitate the transformation of our students into collaborative professionals with multifaceted approaches to teaching—online cases, simulation, etc. and poster presentations illustrating national and global interprofessional educational initiatives. The workshop presented by the University of Washington on "Faculty Development: Facilitation Skills Training for IPE Faculty" was especially relevant to our mission of wanting to further educate our HSC faculty in facilitating interprofessional student learning

sessions. We came away from the workshop with multiple tools for developing and implementing our own faculty development workshop on effective IPE facilitation.

The conference ended with an enthralling plenary session on interprofessionalism in the global context.

During the conference, we were also able to network with colleagues sharing similar passions for interprofessional education and practice, nationally and globally.

We are grateful to HSC leadership for allowing us to attend this enriching conference and are committed to disseminating knowledge and teaching methods we learned to our HSC faculty.

Krista Salazar, College of Pharmacy

Loren Kelly, College of Nursing

Cynthia Arndell, School of Medicine

VCU Training of HSC Educators Expands Focus for Online IPE Course

Shelley Modell

On May 1, 2014, Peter Boling, MD, Chief of Geriatrics at Virginia Commonwealth University conducted an onsite course simulation for deans and faculty. The course presented how to use VCU's online course as a means to integrate interprofessional education in course curriculum while circumventing the



customary scheduling barriers presented when trying to organize across professional disciplines. Twenty-one people participated (Medicine/10; Nursing/4; Information Sciences-IT/4; Pharmacy/2; and PT/1). The group was divided into 4 virtual teams and worked through the first of the

four units of the course. The response to the course was extremely positive. Since May 1, those who participated have retained access to the course

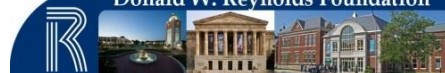
and are working on reviewing content and extending access to other faculty within their respective colleges.



To learn more about this Interprofessional Educational experience, including access to the online course and involving your students in the upcoming summer pilot, please contact Shelley Modell at smodell@salud.unm.edu.

With generous support from:

Donald W. Reynolds Foundation





Lobster and Learning

Barbara Brandt, Blog

Some time ago, Shelley Cohen Konrad asked me to visit the University of New England to present to a Macy Foundation-sponsored summit focused on the Nexus of integrated practice and education. Within a comprehensive curriculum plan, Shelley and her colleagues have created an innovative community-based IPE program and a range of opportunities for students to learn teamwork skills. By hosting the summit, they envision a closer relationship with Maine's practice community to strengthen their already robust IPE program.

The summit was a huge success. More than 100 practitioners, health systems leaders, faculty, staff and students participated in the two-day meeting. I met enthusiastic practice community representatives from federally qualified health centers, large medical centers and other organizations.

During the day, there were many stories about teamwork in rural practice and collaboration at multiple levels. Maine's health care sector is clearly innovating—creating a Center for Medicare and Medicaid Innovation SIM (*State Innovation Models*) grant, integrating behavioral health and primary care, and working on incorporating public health into clinical practice.



Left to right: Drs. Steven Shannon, Frederick Chen, George Thibault, Barbara Brandt

The nursing program has a Health Resources and Services Administration NEPQR grant. The UNE evaluation team is partnering with University of Missouri-Kansas City to

map their team-based projects to the Triple Aim. UNE is building a robust profile on the National Center Resource Exchange. Check out the video produced for the summit and Jennifer Morton's evaluation of the UNE HRSA-funded Nurse Education, Practice, Quality and Retention (NEPQR) project. Jen and Susan Kimball of UMKC's presentation "Measuring the Difference: Interprofessional Education and Care in Clinical Settings" is also available on Jen's profile, linking to the Resource Exchange.

National Center friends also presented at the summit. The Interprofessional Education Collaborative (IPEC) liaison to our National Advisory Council, Dr. Steve Shannon, president of the American Association of Colleges of Osteopathic Medicine and past dean of UNE's College of Osteopathic Medicine, gave a

presentation about the history of IPE and the IPEC competencies and future plans. He also shared AACOM's commitment to interprofessional practice and interprofessional collaborative practice. George Thibault, M.D., president of the Josiah Macy Jr. Foundation, and Frederick (Freddy) Chen, M.D., M.P.H., one of our HRSA project officers, gave their perspectives of the current national environment. Days like this continue to underscore that much energy is building to connect health care transformation and health professions education. Without any preparation, we come together and immediately are on the same page.

A fun part of the visit was listening to the **Maine Public Broadcast Network's** coverage of interprofessional education on the evening before the summit. Like old times (think *Prairie Home Companion*), we huddled around the radio for the special five-minute segment on teamwork in health care and UNE's programs.

I've always loved Maine—the mix of towns and rural settings is charming, and the lobster is great. But, Maine can be proud of more than just its beauty and seafood. It can be very proud of the innovative professionals working so diligently together to transform health care. I know I'm proud of their work, and so are many others.

...See following article (next page) sharing the students' experience and comments on the Macy Foundation-sponsored University of New England summit.

Now on the [Resource Exchange](#)

[Scott Reeves](#) made his bibliography available to us, and almost 70 of his co-authored scholarly papers are now listed in the Resource Exchange, including [the paper which was featured](#) in the National Center's inaugural journal club.

The National Center continues to partner with the AIHC to sponsor topical webinars and make the archived recordings and presentation slides available through the Resource Exchange. The most recent, authored by John Owen and Madeline Schmitt and presented by John Owen, is available through the Resource Exchange, here: "[A planning process to develop, implement, and evaluate continuing interprofessional education \(CIPE\) programs.](#)"

Sue St. Pierre from the University of New England has made an entire series of videos and curriculum addressing [Domestic Violence and the Provider Role](#) available through the Resource Exchange.

Cutting Medical Mistakes: UNE Tries Team Approach

Reported By: Patty B. Wight, pwight@mpbn.net

When you're admitted to a hospital, the hope is that you will get better. But according to the Journal of Patient Safety, as many as 440,000 people every year die because of medical errors. That would make medical error the third leading cause of death in the U.S., after heart disease and cancer. These statistics, combined with incentives under the Affordable Care Act to improve quality, are prompting medical schools to teach students to work in teams. But as Patty Wight reports, the new model requires the tearing down of the traditional hierarchy in the world of medical care.

Franks the lobsterman is a mess, health-wise. He's a smoker with respiratory problems. He has chronic back pain. And he has family members who are also in poor health. But Frank has a team of professionals trying to figure out how to get him healthy.

Budding physical therapist Lisa Gerhardt says an occupational therapist could help. "Do a work-place assessment for Frank," she says, "since I think his priority is being back on the lobster boat."

Frank is not a real person, but a fictional patient. And his team of providers are studying the health professions at the University of New England, working to become doctors, dentists, pharmacists and social workers. Thirty teams with about 6-10 students each are simultaneously trying to figure out the best care for Frank.

Pharmacy student Megan Arsenault scrolls through her smartphone to check out drug interactions. "I was just double checking the Xanax," she says. "Yeah - we want to get him off the aspirin."

This exercise is part of a curriculum at UNE called interprofessional education. Basically, it teaches health professional students how to work as a team.

"What we know from the science of team is that team has to be taught," says Dr. Dora Anne Mills, vice president of clinical affairs at UNE. "You know, a team of experts is not an expert team. It is very critical that we teach our students how to be expert teams."

And that's because traditional medical teams tend to have a hierarchy, with the doctor at the top. This new model is more collaborative, more holistic.

So says Dr. Barbara Brandt, the director of the National Center for Interprofessional Practice and Education. Brandt says increasingly, health professionals need to take a big picture look at each patient.

"We now know that much of people's health problems may not be solved by the delivery system," Brandt says.

Health problems, says Brandt, are often rooted in social factors, such as living and working conditions. No one health provider can hold all the answers, and sometimes, the doctor may not be the best person to direct a team. "Some of the

challenges of every day life, might be better managed by a social worker," Brandt says.

But to be an effective team, every member has to give input. That's not always easy. UNE, says Brandt, is a national leader in interprofessional education, mixing different health majors into the same classes, swapping out lecture-style seating for round tables, and having students work in teams during clinical rotations.

"I wanted nothing to do with it! I was like, I am here for pharmacy. All I want to do is pharmacy. It's going to be overwhelming," says Dr. Michelle O'Meara, a recent UNE pharmacy grad. O'Meara says she also found it a bit daunting to cast aside the traditional power hierarchy. "What on earth am I going to contribute that the doc already doesn't know about? What on earth am I going to possibly say? Am I going to look like a giant waste of time?"

And Dr. Michael Light, another recent grad, in osteopathic medicine, also had reservations at first. "I was like, 'Oh - now

I've got to see patients with a pharmacist. They're going to slow me down. I'm already slow enough because I'm a third-year med student." But Light says UNE's team-based curriculum was one of the reasons he picked the school. He saw the team approach as a way to lighten the crazy, lonely hours of a doctor. But when it came time to work with pharmacist Michelle O'Meara in one of his rotations, he says it was an adjustment.

"It's kind of like one of those things where we're taught to be right all the time, but yet we need to ask for help," Light says. "We don't do that well."

But both Light and O'Meara say they slipped into team mode almost immediately. And easily. But Light says many practicing clinicians don't think to consult other health professionals - even in their own office. He remembers another rotation, where he worked with a practicing doctor.

"And the doctor was prescribing meds for this patient whose blood pressure was uncontrolled," he recalls. "The physician kept throwing meds at this patient, and changing them and trying to alter them, and they had a clinical pharmacist on staff two doors down."

And Light says he's learned that relationships with other health professionals actually save time in the long run and, most importantly, improve care. "What I learned is that you can miss a lot. These people are very smart, there's a whole other world out there that we don't learn about."

And O'Meara says the training changed the way she sees herself as a provider. "I feel like I can have that conversation about whether a medication is appropriate for someone. And I feel like my opinion is valued."

An opinion that can potentially change a patient's health care, for the better. Dr. Barbara Brandt says interprofessional education is still in its relative infancy, in about 30 percent of medical schools. But within the next few years, she expects nearly every medical school to have some form of team-based curriculum.

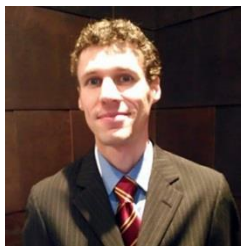


A recent University of New England training session in interprofessional education, a new approach to cutting costly, and sometimes deadly, medical errors.

Student Competition Highlights Importance of Teams

At the **tenth annual CLARION national case competition** in Minneapolis, April 11-12, students from across the country and nearly every health profession shared a similar outlook about their future workplaces — teamwork is simply the way care is delivered now.

This year's case focused on the complexity of the transforming health care environment and emphasized real-world issues that health systems face as they wrestle with the Triple Aim of improving the patient experience of care,



improving the health of populations and reducing the per capita cost of care. This year students designed a care strategy for chronic heart failure patients and presented their solutions to an interprofessional panel of judges.

"Teamwork is just a given," explained Owen Aftreth, second-year University of

Medicine medical student and CLARION board member whose interest in teamwork started years ago outside of health care. "I had a previous life as a programmer where I ran a team and learned how to communicate effectively and work toward a common goal. It's not so different. I think the value comes from how different professions approach problems so differently — health care administration student versus the pharmacy student versus the medical student. I would never think through the problem in the same way, and that's been the best part of the experience."

The second place CLARION team from **Medical University of South Carolina (MUSC)** reflected about how its institution's focus on interprofessional learning has shaped its thinking. Medical student Louisa Phillips explained, "There is a really strong push toward teamwork in all of our programs, but really, it just makes so much sense."

Their secret for success? The MUSC team shared an appreciation for the "make or break" nature of personal relationships on a team. "Everyone communicates differently, but it works if you have respect across the board," shared Joey Harmon, who is studying health care administration. Medical



What is CLARION?

CLARION is a University of Minnesota student organization dedicated to improving health care through interprofessional collaboration. Since 2002, CLARION has hosted the University of Minnesota local student case competition for health professional students, enabling them to achieve a 360-degree perspective on patient safety in today's health care system and how it might be improved. Student teams, consisting of four students, comprised of at least two disciplines, are given a case and are charged with creating a root cause analysis. The team presents their analysis to a panel of interprofessional judges that evaluates their analysis in the context of real world standards of practice. CLARION expanded the competition to the national level in 2005.

View the rules, regulations and competition process on the CLARION website, and download [links provided] every case from the past ten years on [National Center's Resource](#)

Exchange:

- 2005: "Suspected Overdose at Arizona General Hospital"
- 2006: "Pediatric Asthma in Rural Wisconsin"
- 2007: "Transplant Confusion at Southview Hospital"
- 2008: "The Unfortunate Admission"
- 2009: "A Nickel for Your Thoughts"
- 2010: "Must Respond Immediately (MRI) or MRI oh my!!"
- 2011: "Doped or Doped"
- 2012: "Diagnosis Delayed"
- 2013: "Breathless...Again"
- 2014: "The Heart of the Matter"

student Rashid echoed the sentiment of the day: "All of us have the big idea that we're going to change the world, but we can't do it alone, and we have to do it one step at time."

National Center, together with University of Minnesota School of Nursing's Bentson Healthy Communities Innovation Center, congratulates all of the CLARION national case competition teams, including the winners of the Richard Norling Premier Scholarship awards:



- **First place:** University of Washington–Seattle
- **Second place:** Medical University of South Carolina
- **Third place:** University of Cincinnati

Save the Date!—April 17-18, 2015

2015 CLARION Case Competition

The University of Minnesota invites you to join us in leading the way toward interprofessional health care!

**The 2015 CLARION
National Case Competition
will be held at the
University of Minnesota,
April 17-18, 2015**

Translating IPE into Practice: Strategic Recommendations

excerpt from "Making Interprofessional Education Work: The Strategic Roles of the Academy", Academic Medicine

http://journals.lww.com/academicmedicine/Fulltext/2008/10000/Making_Interprofessional_Education_Work_The.10.aspx

In our exploration of Canadian IPE exemplars and the factors and barriers that can help or hinder the implementation and practice of IPE in academic institutions, three key observations emerged: (1) **change is complex and multidimensional**, (2) **change takes time and must be approached strategically**, and (3) **it is important to implement facilitating factors at the same time rather than in isolation**. Arising from these observations, we propose the following set of recommendations for the micro, meso, and macro levels of the health care professions to consider for accelerating the adoption of IPE as a routine part of academic training and professional behavior.

The micro level: What individuals can do

Individuals in and associated with academic institutions, including but not limited to faculty members in health professions schools, clinical educators, and health professionals, can do much to foster, promote, and improve IPE and interprofessional practice. In educational contexts, IPE champions can be educators and role models who positively influence and encourage students and learners across different professions to take an interest in understanding others' roles, which, in turn, helps promote the IPE ethos and practice.

These individual champions can carry out the following culture-changing actions:

- They engage, lead, and participate in research that contributes to the body of evidence that IPE improves care; they foster opportunities for building on this evidence through practice-based research.
- They utilize research and engage institutional colleagues involved in this research as powerful persuasions toward implementing interprofessional collaboration in the education and practice environments.
- They build enthusiasm, celebrate successes, and build advocacy through academic venues, such as conference presentations and publications, and community venues, such as town hall meetings and dialogues at the local community level, to recognize community members' and practitioners' central contributions.
- They apply effective communication and foster a community of IPE academics and practitioners toward sustaining IPE programs through individual and collective commitment.

The meso level: What academic institutions can do

Academic institutions denote universities and colleges where health professions training and scholarship take place, and faculties refer to professional education branches within such institutions. At the faculty and school levels, senior administrators must support a system that recognizes the

Five Successful IPE Programs in Canada

As a group, we, [the present authors](#), invited the academic leaders of these five IPE programs to participate in the exploratory study discussed in this article. We used a semi-structured interview in interviewing the key informants to gain insight into their respective IPE programs, with specific focus on exploring how their academic institutions influenced their work and how they, in turn, influenced their respective academic environments. Below are short descriptions of the five programs chosen from across Canada.

- **University of British Columbia.** The College of Health Disciplines was established in 2002. It offers a number of elective IPE courses and projects for prelicensure students in seven faculties: land and food systems, applied sciences, arts, education, dentistry, medicine, and pharmaceutical sciences.
- **University of Alberta.** This institution offers a 35-hour case-based IPE course, which includes a community-based group exercise, involves prelicensure students in the university's health sciences programs, including medicine, nursing, physical therapy, occupational therapy, nutrition, and recreational therapy. Established in the early 1990s as an elective, it has been compulsory since 1999.
- **University of Ottawa.** The SCO Health Service's Rural Palliative Care Program was established in 1994. This interprofessional continuing professional development program focuses on interprofessional practice in palliative and end-of-life care in rural communities in eastern Ontario. The target audience includes family physicians, community hospital and home care nurses, social workers, pharmacists, occupational and physical therapists, dietitians, and spiritual care providers.
- **Dalhousie University.** A compulsory preclinical learner program, involving a series of five IPE learning modules presented over the preclinical years, focuses on teamwork, professionalism, and specific topic areas through case-based discussions and interactions with expert panels. The faculties of nursing, allied health professions, health and human performance, health service administration, pharmacy, dentistry, and medicine collaborate.
- **Memorial University.** Since 1999, the Centre for Collaborative Health Professional Education has been developing compulsory and elective interprofessional courses at undergraduate, postgraduate, and continuing professional development levels across medicine, nursing, pharmacy, and social work. Continuing professional development components also include occupational therapy, physical therapy, and speech and language therapy.

academic work of faculty members participating in IPE for the purposes of promotion and tenure. Further, faculties and schools must allocate appropriate funding for IPE program start-up and maintenance. Cooperation among faculties and schools within an academic institution, starting with senior faculty and school leaders and permeating through various levels of leadership, is necessary to influence institutional culture to facilitate students participating in IPE courses and initiatives.

(continued next page)

Here are our recommendations for faculties:

- Support faculty member and professional development initiatives at the individual faculty or school level that foster building an interprofessional community, including curriculum on effective communication and intercultural understanding.
- Support individual-level change and leadership by valuing commitment and contributions toward IPE (e.g., remuneration, recognition among peers, and public awards).
- Support teams in practice through promoting shared vision and effective, distributive leadership versus reifying top-down hierarchical leadership.
- Build and promote mechanisms for reflective practice and research that take a critical approach to social construction of professional roles and systems.
- Build and promote mechanisms that create safe spaces for discussing and dealing with issues of power in education and practice settings within faculties and schools.

Here are our recommendations for academic institutions:

- Build and promote mechanisms that create safe opportunities for discussing and dealing with issues of power in education and practice settings across faculties and schools.
- Convene stakeholder faculties and schools to solve the “timetabling issue” to build on the organizational work done in, and lessons learned from, existing IPE programs.
- Provide infrastructure for centralized coordination and staffing for faculties and schools.
- Provide incentives to utilize IPE, such as institutional exploratory grants to stimulate IPE cooperation and practice.

The macro level: What the academy can do

The academy can drive IPE and advance its sustainability primarily through promoting collaboration between institutions and spearheading policy decisions and changes nationally.

Here are our recommendations for the academy:

- Set accreditation requirements for different professional training programs to ensure that IPE is a component of the core curriculum.
- Recognize and reward collaborative efforts—build on current, “grassroots” projects by providing funding support and formal recognition for evaluation and sustainability.
- Develop, promote, and implement system-level incentives and rewards for local action.
- Invest in collaborative evaluation strategies to contribute to strong evidence linking IPE to better collaborative, patient-centered practice and patient outcomes.
- Promote the generation of evidence that IPE improves care; foster opportunities for building on this evidence through practice-based research and implementation.
- Innovate and fine-tune professional accreditation systems to promote lifelong learning through interprofessional team-based practice models.
- Partner with decision makers and research institutions to monitor the efficacy of policy through evaluation.

How Team-Based Approach is Improving Patient Care

AMA Wire

Care quality, access and costs all have improved under a new approach to delivering care at the Scott and White health system in Texas, according to the chairman of the group’s board of directors, who spoke to physicians at the 2014 AMA Annual Meeting.

Robert A. Probe, MD (pictured right), who heads the Scott and White Department of Orthopedic Surgery, explained how the group underwent a four-year transformation that allowed the group to dramatically decrease patient wait times, increase access to care and make strides in quality improvement.



“Most of our patients thought S&W stood for ‘sit and wait,’” Dr. Probe said, referring to one of the challenges under their previous care delivery environment. “As an orthopedic surgeon, I was frustrated that I couldn’t see patients until their fractures were 90 percent healed because they couldn’t get in to see me for three weeks,” he said. “Now I can see every patient in a timely manner. If a patient makes an appointment that day, they can be seen that day.” At the same time patients were able to see their physicians faster, a larger volume of patients also were being seen. According to Dr. Probe, Scott and White fielded about 1.4 million patients visits annually about a decade ago, compared to nearly twice that many last year.

How has the group achieved this kind of improvement? Dr. Probe attributes the overall success to the fact that the group adopted a physician-led team-based model of care. Under this model, Scott and White hired more advanced practice professionals, such as physician assistants and advance practice nurses, increasing physician efficiency as these health care professionals were able to practice to the height of their training and licensure.

Many of the time-consuming tasks—such as in-depth patient education for chronic conditions—have been taken up by the physician assistants or advance practice nurses. Many of these professionals also have eagerly taken on a role in the group’s quality improvement efforts.

Dr. Probe said an important part of physicians’ responsibilities is education—both in helping patients understand how team-based care works and providing ongoing training for the other health care professionals on their team. Listening and responding to concerns also is important for cultivating the best environment for everyone.

A consortium of schools participating in the initiative are coming up with ways to give medical students early exposure to interprofessional education and working as physician leaders with other health professionals.



Making the Case for Interprofessional Education

AMA Wire

The future of care delivery includes physician-led team-based care, so medical educators are working through how to educate tomorrow's physicians to effectively work with other health care professionals in care teams.

Addressing the AMA Section on Medical Schools during the 2014 AMA Annual Meeting, **Lesley Bainbridge, PhD**, director of interprofessional education (IPE) for the faculty of medicine at the University of British Columbia, made the case for team-based care. Bainbridge explained that while medical school curriculum needs to include IPE, there still are questions about how implementation challenges can best be overcome.

"Patterns of practice are developed in the education programs," Bainbridge said. "It's too late once health care professional students graduate. It's necessary to address interprofessional care."

But there's no one-size-fits-all way for schools to implement such curriculum. For example, some medical schools don't have many students in other health professions on campus and may need to bus students to different schools in order to facilitate team-based care education.

Even if a medical school shares a campus with other health professions, there are additional challenges—carving out time in schedules for collaborative classes, determining how tuition flows to such classes and securing buy-in from the deans of all schools.

The 11 grant schools of the AMA's Accelerating Change in Medical Education initiative now are puzzling through these challenges and testing new solutions to later disseminate to all medical schools.

Maryellen Gusic, MD, executive associate dean of educational affairs at Indiana University School of Medicine (pictured right), shared the way her school was participating in the initiative, including the creation of the Indiana University Center for Interprofessional Education and Practice.



The goal of the center is to implement, integrate and evaluate IPE programs and exemplary practice sites, then to translate the outcomes of IPE into collaborative practice models. IU's health schools are undertaking collaborative space planning to figure out the best locations on the school's various campuses for IPE

classes to take place.

In the meantime, Bainbridge has some core ways to make team-based care part of training:

- Start socializing health professions students early
- Embed interprofessional education into curricula in all health professions schools

- Create value for interprofessional education that students can see and relate to
- Learn to assess whether team-based care education is working
- Build capacity for ongoing scholarship in this arena, such as doctoral students interested in developing the idea further.

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It's necessary to address interprofessional care."



Save the Date: Monday, October 27, 2014

Annual UNM Health Sciences

Education Day

Integrating Teaching and Learning Across HSC with Interprofessional Education

@ UNM Domenici Center for Health Sciences Education

Learn Practice & Connect with IPE professionals

- Keynote with IPE champions
- Role playing
- Poster session
- Panel of UNM IPE exemplars
- Student-led IPE initiatives

Participants will be able to:

- ✓ Explain the four core IPE competency domains based on their experience
- ✓ Incorporate the competencies into their educator roles
- ✓ Join and/or initiate interprofessional-education collaborations
- ✓ Extend the core competencies to their own professional practice

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