Presentation Overview

- Importance and need for an organizational culture of IPE
- Requirements for successful IPE programs
- Case study in developing an IPE program
- Curriculum components
- Evaluation strategies
- Strategies for cultural change
Definitions of Interprofessional Education (IPE) and Interprofessional Practice (IPP, Collaborative Practice)

• IPE occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

• Collaborative practice [i.e. IPP] happens when multiple health workers from different professional background work together with patients, families, carers and communities to deliver the highest quality of care.

*Framework for Action on Interprofessional Education & Collaborative Practice, WHO, 2010*
IPE and Culture Change

• The recent calls from professional organizations and regulatory bodies for expanded IPE and IPP initiatives in academia and health care organizations has the potential to facilitate institution-wide culture change.

• However, organizational change is challenging and requires an examination of present culture.

• IPE has it’s own culture, so strategies for implementing IPE can be guided by global models of cultural change.
Factors to consider in IPE and for learning with, from and about other professions

• Positive **attitudes** toward other professionals and for working in teams.

• **Knowledge** about the potential contribution of other professions

• **Skills** in working with others

• **Behavior** that is supportive of others
Factors to Consider in Developing IPE Programs

• Learner focused factors
• Faculty focused factors
• Organizational focused factors

(Reeves et al, 2007)
Requirements for IPE: Learner Focused Factors

- Promoting interprofessional interaction
  - Use of several types of interactive learning methods

- Group dynamics: professional balance and stability
  - Strive for equal mix of participating professions to ensure that one profession does not dominate

- Relevance and status: ensuring IPE is valued
  - Learning needs to be assessed in meaningful ways and have a clear clinical focus

(Reeves et al, 2007)
Requirements for IPE: Faculty/Staff Focused Factors

- **Expert facilitation**
  - Search for faculty/staff with abilities to facilitate small group learning, resolve conflict, know health professions relationships
  - Recruit high status facilitators

- **Facilitator support and training**
  - Provide preparatory faculty/staff development for facilitators
  - Develop ongoing faculty/staff support activities to provide opportunities for discussion and reflection

(Reeves et al, 2007)
Requirements for IPE: Organizational Focused Factors

• Organizational implementation
  – Decide whether to implement pre or post licensure IPE
  – Consider and provide organizational resources for IPE
  – Deliver IPE as a continuous professional learning activity

• Organizational support
  – Pay close attention to organizational factors which may inhibit implementation
  – Attract enthusiastic faculty/staff to join planning team
  – Secure senior management support

(Reeves et al, 2007)
Part I.
Introduction to JCIPE
Background

• Deans of two colleges within university initiated discussions and idea of IPE.

• Developed a conceptual framework based on:
  • Needs of an aging society and increasing need to address prevention and management of chronic conditions
  • IOM reports on interdisciplinary care, patient centered care to promote safety, quality, and efficiency
  • Recognition of the need for interprofessional educational opportunities to teach teamwork skills.
Center Development and Scope

- Dedicated to implementing and evaluating patient-centered, interprofessional education throughout the curriculum
  - Preclinical/didactic education
  - Clinical simulation
  - Clinical education within highly effective team care settings
  - Committed to (eventually) addressing IPE across all levels of trainees in all settings

- Inclusion of Thomas Jefferson University Hospitals

- Designation of Director and Associate Director vs. Co-Directors
University Wide Collaborative Leadership

- **Steering Committee**
  - Day 1: Key stakeholders from across the institution, leaders, faculty, students, community members
    - Mission and strategic plan

- **Interprofessional Education Curriculum Committee**
  - Formal linkages to each curriculum committee
    - Competencies, assessments, sustainability

- **Advisory Board**
  - Senior institutional leadership and external stakeholders
    - Future vision and long range planning
PART II.

Implementation of IPE Center Activities
Thomas Jefferson University
IPE Core Competencies

*Values/Ethics:*
Respect the unique cultures, values, roles/responsibilities and expertise of other health professionals.

*Roles/Responsibilities:*
Explain the roles and responsibilities of other health/healthcare providers and how the team works together to provide care.

*Interprofessional Communication:*
Work to ensure common understanding of information, treatment, and health/healthcare decisions by listening actively, communicating effectively, encouraging ideas and opinions of other team members and expressing one’s knowledge and opinions with confidence, clarity and respect.

*Team and Teamwork:*
Reflect on the attributes of highly functioning teams and demonstrate the responsibilities and practices of effective team member(s).

Adapted from IPEC Core Competencies for Collaborative Practice, 2011
Types of Curricular Activities

• Classroom Learning
  – Health Mentors Program
  – IPE Module Series

• Simulation
  – TeamSTEPPs

• Pre-licensure Collaborative Practice Initiatives
  – Inpatient: Clinical Rounding, Team Conference, Disposition Dilemma Case Studies, OB Board Rounds, Peds Discharge Planning Team Presentation, Pharmacy/Nursing assessment/ medication education (teach back method), IPE Ambulation (DVT Prevention)
  – Outpatient: Ambulatory Teaching Practice

• Other
  – Education Trigger Videos / Teaching Plans
Health Mentors Program: One Example

Program Goals:

• Students will understand and value the roles and contributions of various members of the interprofessional healthcare team.

• Students will understand the perspective of the patient and value patient-centered care.

• Students will appreciate how a person’s health conditions and impairments interact with personal and environmental factors.
Health Mentors Program Structure

• 2 year required program for all students

• Health Mentor teams
  – 3-5 students from 3-4 health professional programs
  – The Health Mentor (community volunteer with one or more chronic conditions or impairments)

• Disciplines Involved
  – Medicine
  – Nursing
  – Pharmacy
  – PT
  – OT
  – Couple & Family Therapy
Colorectal Service Clinical Rounding

- Program Overview: Team-based clinical rounding on colorectal service
- Faculty: medicine, nursing, pharmacy
- Hospital: clinical nurse specialists, nurse managers
- Students: 3rd/4th year medicine, junior/senior level BSN-nursing and 4th year pharmacy

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Colorectal Service Clinical Rounding

• Students reported high level of satisfaction
  – Getting to know each other as a member of healthcare team
  – Input from different professions added value to the patient’s plan of care
  – Open line of communication (active listening, being respectful, avoid talking down)
  – Increased self-confidence in clinical conversations

• Faculty
  – Re-energizing experience
  – Attending Physician was able to first-hand information on patient’s condition
  – Change in attitude: going from ‘my stuff’ and ‘your stuff’ to ‘our stuff’

Operationalize the IPE Competency Framework

• Systematic Curricular Plan and Program Evaluation Framework

• A visual matrix to strengthen program implementation and evaluation of curricular activities
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Core Competencies for Interprofessional Collaborative Practice

1. **Values/Ethics**: Respect the unique cultures, values, roles/responsibilities and expertise of all health professionals.

2. **Roles/Responsibilities**: Explain the roles and responsibilities of other health and healthcare providers and how the team works together to provide care.

3. **Interprofessional Communication**: Work to ensure common understanding of information, treatment, and healthcare issues by listening actively, communicating effectively, encouraging ideas and opinions of other team members and expressing one’s knowledge and opinions with confidence, clarity and respect.

4. **Team and Teamwork**: Reflect on the attributes of highly functioning teams and demonstrate the responsibilities and practices of effective team members.

Operational Definitions

- **Didactic**: students participate in an recurring interprofessional education program/course with team/individual grading assignments (e.g., Health Mentors Program, CPIC course).

- **Forums**: students participate in a one-time interprofessional education learning activity (e.g., FACT ACE Days IPE series, End of Life Symposium)

- **Simulation**: students participate in a simulation-based interprofessional education learning activity (e.g., Discharge Planning OSCE)

- **Clinical Experiences**: students actively participate in a team-based clinical learning activity (e.g., Colorectal Service Clinical Rounding, Ambulatory Teaching Practice)

- **Clinical Observations**: students observe existing team interactions in a clinical setting (e.g., Rehab Team Conference)

Copyrighted by Thomas Jefferson University
Health Mentors- Two year longitudinal interprofessional curriculum that brings together 250+ community volunteers (Health Mentors) and 1300+ students each academic year to learn firsthand about living with a chronic illness and/or impairment

<table>
<thead>
<tr>
<th>Health Profession Program</th>
<th>Learner’s Level</th>
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<td>• ATHCT</td>
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<td>• Roles of HP</td>
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<td>• Peer/Self Evals</td>
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<td>• TPS</td>
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## Collaborative Practice Initiative

### Colorectal Service Clinical Rounding

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PART III.
Evaluation Strategies
Initial Focus of Evaluation

• Student and Faculty Attitudes
Evaluation of Health Mentor Program

• Team-based care (goal 1)
  – Interdisciplinary Education Perception Scale (IEPS) (Luecht et al)
  – Readiness for Interprofessional Learning (RIPLS) (Parsell et al)
  – Roles of Health Professions (Nisbet et al)
  – Attitudes toward Health Care Teams (ATHCT) (Heinemann et al)
  – Student Stereotypes Rating Questionnaire (SSRQ) (Barnds et al 2000 as adapted by Heam et al 2006)
  – Focus groups
  – Reflection papers
  – Peer/self evaluation and Team Performance Survey (Thompson et al)
Evaluation of Health Mentor Program

• Patient Centered Care (Goal 2)
  – Attitudes Toward Chronic Illness Survey (Arenson et al)
  – Perceptions of Health (Diamond)
  – Qualitative evaluation of reflection papers

• Comprehensive Care (Goal 3)
  – Reflection papers
  – Evaluation of Classification of Functioning Grids

• Standard course evaluations-all disciplines
## An Example:
Student and faculty attitudes toward IPE
(IEPS Scale: 1=very negative – 5=very positive)

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<tr>
<td>Medical School faculty</td>
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Qualitative Analysis: Focus Groups:

- Students like the idea of IPE and had a better understanding of the importance of team-based care and how it best serves the patient.
- They learned how to act as a team and began to understand the roles of other professionals and meeting students in other disciplines.
- Enjoyed learning about the roles of other professionals.

However:

- Students were unclear about their roles this early in the program and, therefore, it's difficult to teach others about their roles.
- Some assignments seemed like “busy work” and appeared to lack relevance.
- Some students don’t hold up their responsibilities.
Qualitative Analysis: Reflection Papers: Some Themes

• **Prompt:** In the Health Mentor’s Program, the mentor is a teacher. Please describe the impact your mentor has had on your education as a future health care provider.
  – Learned to see the patient/mentor as person
  – Developed positive attitudes toward chronic conditions, the elderly and aging
  – Acquired a broader understanding of the role of the health care provider
  – Learned the importance of provider-patient communication
  – Developed a deeper understanding of the importance of patient-centered care

• **Prompt:** Please name and describe the two most important attributes of a successful interprofessional healthcare team.
  – Communication – be open with thoughts, feelings and ideas with other team members, the patient, and the patient’s family
  – Efficiency – maximize the use of time to ensure productivity and complete tasks as a team
  – Flexibility – be willing to compromise and adjust the plan to meet a common goal
  – Role Differentiation - recognize that each member brings unique skills, knowledge, and expertise to the group
  – Teamwork – make sure that the team functions as a collaborative unit with all members contributing
Evaluation of Clinical IPE

• Collaborative Practice Initiatives
  – Colorectal Surgery
  – Ambulatory Care
  – Rehab Dispo Dilemma
  – OB/Peds

• Team Observation Scale
  – Working to develop a common language across activities

• Matching activities to competencies
  – University Interprofessional Education Curriculum Committee working toward developing rubric so all IPE activities address one of the core competencies
Conclusions

• Analyses suggest:
  – All attitudes toward IPE are positive among all professions and between students and faculty
  – Attitudes remain generally consistent from beginning of year 1 to end of year 2 and differences between professions are minor and not clinically significant
  – Increases in attitudes toward cooperation and understanding the value of the contributions of other professions
  – Students gained a deeper understanding of the process of teamwork
  – Students learned the importance of understanding the patients perspective and how the patients health conditions interacted with personal and environmental factors
Part IV.
Strategies for Culture Change
5 Core Change Strategies* of Successful Change in Academia

1. Senior administrative support – value statements, resources, incentives, etc.
2. Collaborative leadership – positional and non-positional individuals involved in initiative.
3. Robust design – clear and flexible picture of the future including goals and objectives (blueprint).
4. Staff development – opportunities to learn knowledge and skills.
5. Visible actions – activities that are noticeable and promoted as change that is important and continuing.

Senior Administrative Support

• Mission statement of TJU: Committed to educating professionals in a variety of disciplines who will form and lead the integrated healthcare delivery and research teams of tomorrow

• Mission statement of TJUH: Committed to providing exemplary clinical settings for educating the healthcare delivery professionals who will form the collaborative healthcare delivery team of tomorrow (in collaboration with the university)

• President’s IPE charge to the Deans
Senior Administrative Support

• Dedicated interprofessional education building, including interprofessional clinical skills center

• University commitment to major expansion of health professions training programs in addition to the medical school

• Dedicated funding from each school to support core IPE
Collaborative Leadership

• Interprofessional Education Steering Committee: recruited early adopters

• Multiple, robust standing and ad hoc interprofessional curriculum planning groups

• Mentoring/ supporting a growing number of faculty to take on IPE leadership roles

• Interprofessional Education & Care Awards and letters of recognition
Collaborative Leadership

- Creation of Interprofessional Education Curriculum Committee – at request of the Deans
- Student liaisons actively engaged throughout educational activities
- Lay representatives inform curriculum and priorities
Robust Design

- IPE included in University’s Strategic Plan
- IPE included in Hospital’s Strategic Plan
- IPE Center’s 5 year Strategic Plan with goals, objectives, and timeline
Robust Design

• Deans of Schools include IPE in their annual goals

• Adoption of university-wide IPE competencies

• Re-invigorated concept of ‘University time’ for common IPE scheduling
Faculty and Staff Development

- IPE Small Group Facilitation training program
- Faculty/staff networking events
- Interprofessional Education & Care Practicums / Immersions
- Writing Workshops
- IPE Newsletter
Faculty and Staff Development

• Interprofessional Care for the 21st Century: Redefining Education and Practice – Biennial peer-reviewed forum for presenting IPE&C work

• Partner with Geriatric Education Center (EPaD GEC) – launching an interprofessional geriatric health education certificate program
Visible Actions

• Hospital-wide IP projects such as Schwartz Center Rounds, Palliative Care, IPE Ambulation (DVT Prevention)

• Dedicated building for IPE

• Health Mentors Program – ONLY university-wide curriculum

• Award for Excellence in Interprofessional Education/Practice

• IPE Newsletter

• Features in Jefferson media – newsletters, alumni bulletins

• *Interprofessional Care for the 21st Century: Redefining Education and Practice* – attracting national and international attention
Summary: What has changed? How do we know?

• Jefferson’s institution-wide commitment to IPE and CP **HAS** resulted in a fundamental change in culture
  – Faculty and staff now eager to promote the IPE&P aspects of their work
  – SOLID support from the Deans, senior leadership
  – IPE & CP is concordant with the changing health care and health education environment

• **BUT** it’s a work in progress – still those who resist change, don’t see the need, think of IPE as the latest “FAD”
WE ARE WORKING HARD TO PROVE THEM WRONG!
Reference List

• Visit JCIPE’s website (www.jeffline.jefferson.edu/jcipe/) for a listing of references
To promote excellence in health through interprofessional education and scholarship.

www.jeffline.jefferson.edu/jcipe