

# 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.**

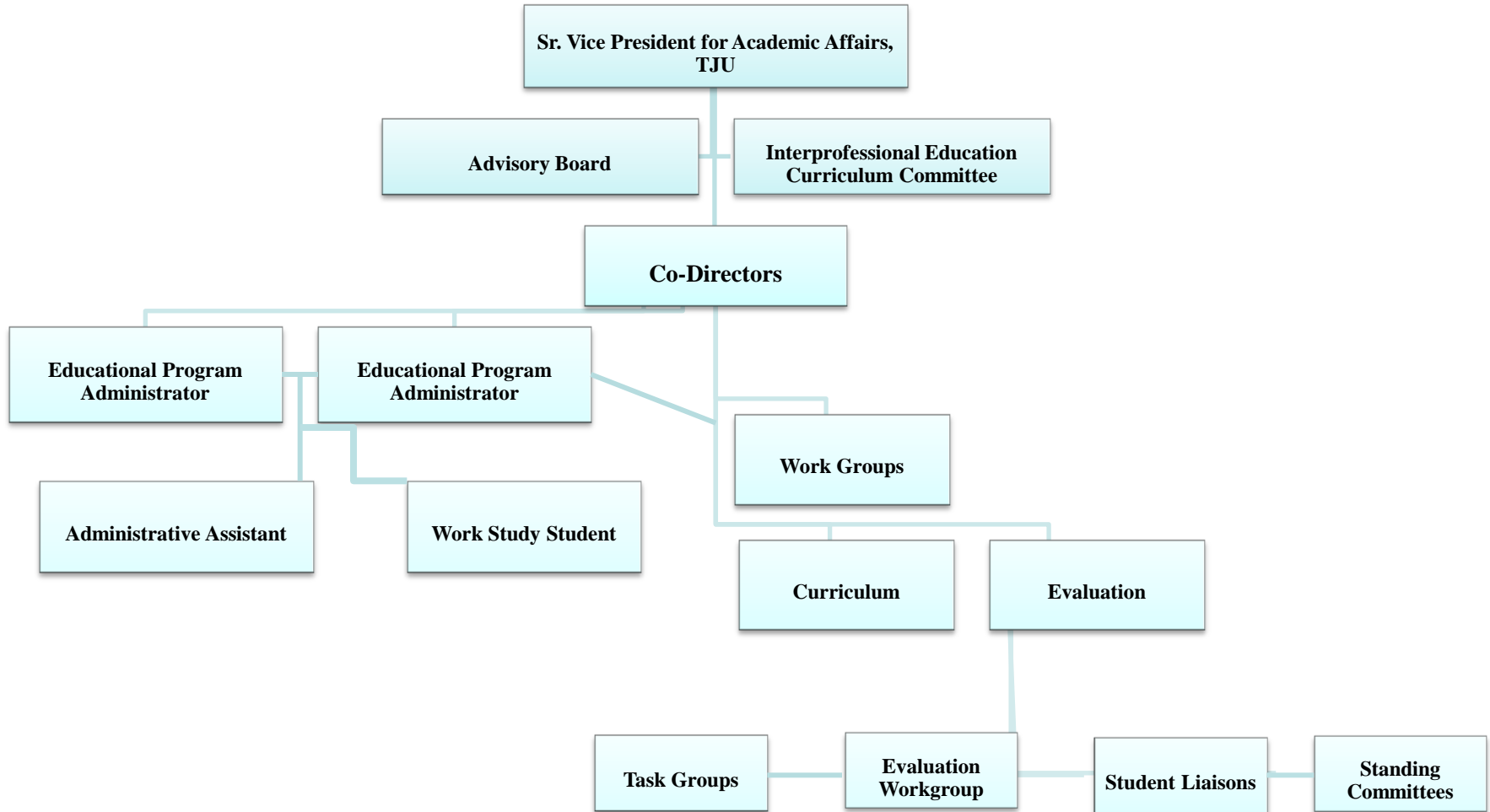
# Center Development and Scope

- **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

# JCIPE Organization Chart



# **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:** 3<sup>rd</sup>/4<sup>th</sup> year medicine, junior/senior level BSN-nursing and 4<sup>th</sup> year pharmacy

Wednesdays at 3pm	Number of sessions
Spring 2012	6 sessions
Fall 2012	9 sessions
Spring 2013	12 sessions

# 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'

Reference: Lyons KJ; Isenberg G; Speakman E; Antony R. "Jefferson Interprofessional Clinical Rounding Project: An Innovative Approach to Patient Care," *Population Health Matters (Formerly Health Policy Newsletter)*: 2013;26: 1(4). Available at: <http://jdc.jefferson.edu/hpn/vol26/iss1/4>

# Operationalize the IPE Competency Framework

- **Systematic Curricular Plan and Program Evaluation Framework**
- **A visual matrix to strengthen program implementation and evaluation of curricular activities**

**Thomas Jefferson University: Jefferson InterProfessional Education Center -  
Systematic Curricular Plan of Interprofessional Education and Collaborative Practice Activities (draft 11-21-12)**

Health Profession Program	Level of Learner	Didactic				Forums				Clinical Experiences			
		Values/Ethics	Roles/ Responsibilities	Interprofessional Communication	Team/Teamwork	Values/Ethics	Roles/ Responsibilities	Interprofessional Communication	Team/Teamwork	Values/Ethics	Roles/ Responsibilities	Interprofessional Communication	Team/Teamwork
Biosciences	1												
	2					FACT ACE Day - Roles	FACT ACE Day - SBAR	FACT ACE Day - SBAR					
Rad Sciences	1												
	2					FACT ACE Day - Roles	FACT ACE Day - SBAR	FACT ACE Day - SBAR					
BSN - Nursing	3		HMP	HMP	HMP						Clinical Rounding - Colorectal	Clinical Rounding - Colorectal	Clinical Rounding - Colorectal
	4		HMP	HMP	HMP								
BSN - Nursing (FACT)	4					FACT ACE Day - Roles	FACT ACE Day - SBAR	FACT ACE Day - SBAR					
Medicine	1		HMP	HMP	HMP								
	2		HMP	HMP	HMP								
	3										Clinical Rounding - Colorectal	Clinical Rounding - Colorectal	Clinical Rounding - Colorectal
	4												
Pharmacy	1		HMP	HMP	HMP								
	2		HMP	HMP	HMP								
	3												
	4												
Physical Therapy	1		HMP	HMP	HMP								
	2		HMP	HMP	HMP								
	3												
	4												
Occupational Therapy	1		HMP	HMP	HMP								
	2		HMP	HMP	HMP								
	3												
Couple & Family Therapy	1		HMP	HMP	HMP								
	2		HMP	HMP	HMP								

**Core Competencies for Interprofessional Collaborative Practice**

- 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 and 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).

**Operational Definitions**

**Didactic** - students participate in a recurring interprofessional education program/course with team/individual grading assignments (i.e. Health Mentors Program, CCPIC course)

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

**Simulation** - students participate in a simulated team-based interprofessional education learning activity (i.e. Discharge Planning OSCE)

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

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

**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**

<b>Didactic – Health Mentors Program</b>						<b>Evaluation Measures</b>
<b>Health Profession Program</b>	<b>Learner’s Level</b>	<b>V/E</b>	<b>R/R</b>	<b>IP Comm</b>	<b>TT</b>	<ul style="list-style-type: none"> <li>• SSRQ</li> <li>• IEPS</li> <li>• ATHCT</li> <li>• Roles of HP</li> <li>• Peer/Self Evals</li> <li>• TPS</li> </ul>
<b>BSN – Nursing</b>	<b>3 &amp; 4</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	
<b>CFT</b>	<b>1 &amp; 2</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	
<b>Medicine</b>	<b>1 &amp; 2</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	
<b>Pharmacy</b>	<b>1 &amp; 2</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	
<b>PT</b>	<b>1 &amp; 2</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	
<b>OT</b>	<b>1 &amp; 2</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	

# Collaborative Practice Initiative

Colorectal Service Clinical Rounding						Evaluation Measures
Health Profession Program	Learner's Level	V/E	R/R	IP Comm	TT	• Observation Guide
Medicine	3 & 4	X	X	X	X	
Nursing	3 & 4	X	X	X	X	
Pharmacy	4	X	X	X	X	



# **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) (Heineman et al)**
- **Jefferson Survey of Attitudes Toward Physician-Nurse Collaboration (Hojat 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)**

<b>Profession/Year</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
<b>Medicine</b>	<b>3.94</b>	<b>3.92</b>	<b>3.89</b>
<b>Nursing</b>	<b>3.85</b>	<b>3.81</b>	<b>3.84</b>
<b>Occupational Therapy</b>	<b>3.99</b>	<b>4.04</b>	<b>3.88</b>
<b>Pharmacy</b>	<b>4.06</b>	<b>3.99</b>	<b>4.09</b>
<b>Physical Therapy</b>	<b>4.08</b>	<b>4.17</b>	<b>4.06</b>
<b>Health Professions faculty</b>		<b>3.96</b>	
<b>Medical School faculty</b>		<b>3.93</b>	

# 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.

\*[Kezar and Eckel based their change strategy framework on Lindquist's work on change in higher education] Lindquist, J. (1978). *Strategies for change*. Washington, D.C.: Council for Independent Colleges.

# 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 21<sup>st</sup> 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 21<sup>st</sup> 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/](http://www.jeffline.jefferson.edu/jcipe/)) for a listing of references



# Jefferson InterProfessional Education Center

*To promote excellence in health through  
interprofessional education and scholarship.*

**[www.jeffline.jefferson.edu/jcipe](http://www.jeffline.jefferson.edu/jcipe)**