Guidance on Developing Quality Interprofessional Education for the Health Professions

https://healthprofessionsaccreditors.org/ipe-guidance/

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Moderator

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Director, National Center for Interprofessional Practice and Education; Associate Vice President, University of Minnesota Academic Health Center

Presenters

Joseph A. Zorek, PharmD, BCGP - Associate Professor & Director of Interprofessional Education, University of Wisconsin-Madison School of Pharmacy; Consultant, National Center for Interprofessional Practice and Education

Peter H. Vlasses, PharmD, DSc (Hon.), FCCP - Executive Director, Accreditation Council for Pharmacy Education (ACPE); Health Professions Accreditors Collaborative

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Historical barriers to interprofessional education and interprofessional collaborative practice

- Resistance to change/Where's the evidence?
- Lack of leadership (administrative and faculty)
- Crowded curricula
- Cost factors and few incentives
- Separation of professional programs within a campus and across universities
- Treating IPE as an "add on" rather than a change in curricular philosophy
- **Lack of accreditation IPE expectations**

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Literature pointing to accreditation as a barrier and/or potential facilitator for IPE

- Gelmon, Sherril. (1997) Can Educational Accreditation Drive Interdisciplinary Learning in the Health Professions? Journal of Quality Improvement. Volume 22. Issue 3. Pp. 213-222. Journal of the Joint Commission on Accreditation of Health Organizations.
- Institute of Medicine (1999). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academy Press.
- Institute of Medicine (2003). Health Professions Education: A Bridge to Quality. Washington, DC: National Academy Press.
- Royeen, C.B., Walsh, S.R., Terhaar, E. (2011) Interprofessional education: History, review, and recommendations for professional accreditation agencies. In Royeen, CB, Jensen, GM, and Harvan, RA. *Leadership in Interprofessional Health Education and Practice*. Boston: Jones and Bartlett Publishers.
- Zorek, J, Raehl C. Interprofessional education accreditation standards in the USA: a comparative analysis. *J Interprof Care.* 2013;27(2):123-130.
- Cox, M., A. S. Blouin, P. Cuff, M. Paniagua, S. Phillips, and P. H. Vlasses. 2017. The role of accreditation in achieving the quadruple aim for health. *NAM Perspectives*. National Academy of Medicine, Washington, DC. doi: 10.31478/201710a

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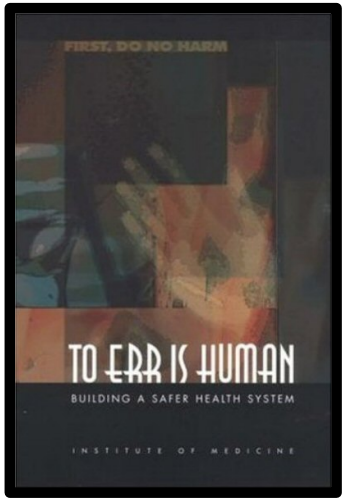
1999
To Err Is Human

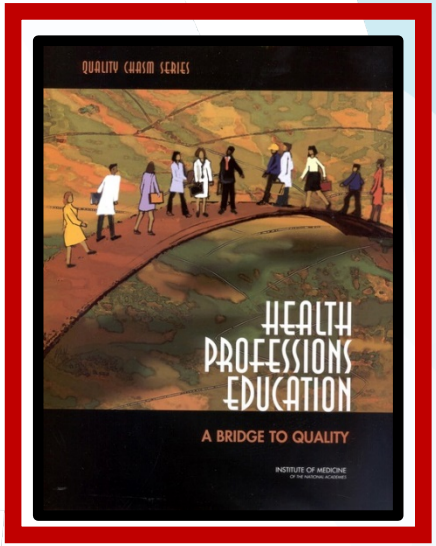


Poor teamwork leads to increased errors, morbidity, and mortality

2001
Crossing the Quality Chasm

Train in teams those who are expected to work in teams

2003
A Bridge to Quality



Teamwork is a core competency for all health professional students

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Chapter 5

Health Professions Oversight Processes: What They Do and Do Not Do, and What They Could Do

- Accreditation as a leverage point
- Descriptive *vs.* outcomes-based models
- Extensive collaboration across accreditation organizations is needed

IOM (2003). Health Professions Education: A Bridge to Quality.

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Recommendation 1: DHHS and leading foundations should support an interdisciplinary effort focused on developing a common language, with the ultimate aim of achieving consensus across the health professions on a core set of competencies that includes patient-centered care, interdisciplinary teams, evidence-based practice, quality improvement, and informatics.

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IOM (2003). Health Professions Education: A Bridge to Quality.

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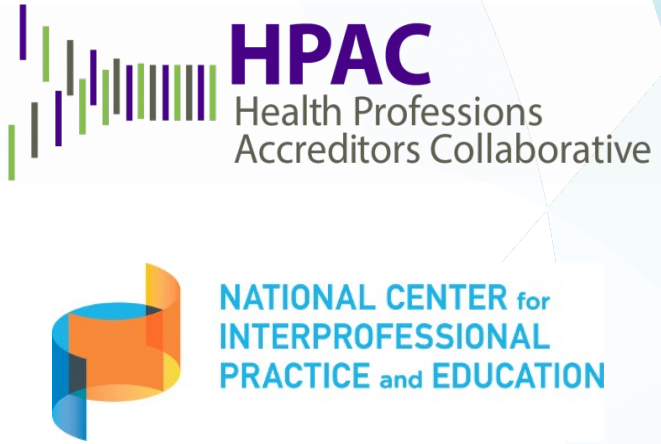
Recommendation 3: Building upon previous efforts, accreditation bodies should move forward expeditiously to revise their standards so that programs are required to demonstrate—through process and outcome measures—that they educate students in both academic and continuing education programs in how to deliver patient care using a core set of competencies. In so doing, these bodies should coordinate their efforts.



IOM (2003). Health Professions Education: A Bridge to Quality.

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History of HPAC

- Six founding accreditors in 2014:
  - Accreditation Council for Pharmacy Education (ACPE)
  - Commission on Collegiate Nursing Education (CCNE)
  - Commission on Dental Accreditation (CODA)
  - Commission on Osteopathic College Accreditation (COCA)
  - Council on Education for Public Health (CEPH)
  - Liaison Committee on Medical Education (LCME)

Agreed that the definition of IPE and competency domains for health profession students identified in the Interprofessional Education Collaborative (IPEC) are fundamental to educational programs accredited by the HPAC members

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HPAC Expansion: New members 2017 to present (Total n=25)

- Accrediting Bureau of Health Education Schools (ABHES)
- Accreditation Commission for Education in Nursing (ACEN)
- Accreditation Commission for Midwifery Education (ACME)
- Accreditation Council for Education in Nutrition and Dietetics (ACEND)
- Accreditation Council on Optometric Education (ACOE)
- Accreditation Council for Occupational Education (ACOTE)
- Accreditation Review Commission on Education for the Physician Assistant (ACR-PA)
- American Psychological Association Commission on Accreditation (APA-CoA)
- Commission on Accreditation of Allied Health Education Programs (CAAHEP)
- Commission on Accreditation of Athletic Training Education (CAATE)
- Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM)
- Commission on Accreditation in Physical Therapy Education (CAPTE)
- Commission on Accreditation for Respiratory Care (CoARC)
- Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAAASLP)
- Council on Accreditation of Nurse Anesthesia Educational Programs (CANAEP)
- Council on Chiropractic Education (CCE)
- Council on Podiatric Medical Education (CPME)
- Council on Social Work Education Commission on Accreditation (CSWE-COA)

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History of the National Center for Interprofessional Practice and Education (Founded in 2012)

- Unique public-private partnership charged by its founding funders to provide the leadership, evidence and resources needed to guide the nation on the use of interprofessional education and collaborative practice as a way to enhance the experience of health care, improve population health and reduce the overall cost of care.
- The founding and current funding members of the National Center are the Health Resources and Services Administration, the Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation, the Gordon and Betty Moore Foundation, the John A. Hartford Foundation and the University of Minnesota.
- **As required in HRSA FOA, the National Center serves as unbiased, expert, neutral convener and consultant on matters of IPE and IPCP.**

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Goals of HPAC-National Center IPE Guidance Document

- To facilitate the preparation of health professional students in the United States for interprofessional collaborative practice through accreditor collaboration

- To provide consensus guidance to enable academic institutions in the United States to develop, implement, and evaluate systematic IPE approaches and IPE plans that are consistent with endorsing HPAC member accreditation expectations

Process to reach consensus and endorsement of the guidance document

MONTH	YEAR	ACTIVITY
April	2017	HPAC meeting to expand membership, approve plan for development of guidance document, and approve volunteer HPAC/National Center writing team
June-July	2017	Guidance outline drafted by writing team
August	2017	National Center Conversation Café presentation with reactions/feedback to outline
September	2017	HPAC meeting to address Conversation Café presentation reactions/feedback and to reach consensus on outline
October	2017	Outline finalized by writing team and sent to HPAC boards/commissions for feedback and approval to draft guidance document
March	2018	Guidance document drafted by writing team incorporating feedback on the outline from HPAC boards/commissions
April	2018	HPAC meeting to discuss and provide feedback on draft guidance document
May	2018	Final feedback from HPAC members sent to writing team for incorporation into guidance document
June	2018	Guidance document finalized by writing team and sent to HPAC boards/commissions for endorsement
January	2019	List of endorsing HPAC members finalized
February	2019	Guidance document released to the public.

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Guidance Document Writing Team

- Health Professions Accreditors Collaborative
  - Barbara Barzansky, PhD, MHPE Liaison Committee on Medical Education, American Medical Association
  - Stacey Borasky, EdD, MSW Council on Social Work Education;
  - Jacqueline Remondet Wall, PhD Education Directorate, American Psychological Association
  - Peter H. Vlasses, PharmD, DSc (Hon), FCCP Accreditation Council for Pharmacy Education

- National Center for Interprofessional Practice and Education:
  - Joseph A. Zorek, PharmD, BCGP University of Wisconsin–Madison School of Pharmacy (consultant)
  - Barbara F. Brandt, PhD, FNAP National Center for Interprofessional Practice and Education, University of Minnesota

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Organization of HPAC-National Center IPE Guidance Document

- **Executive Summary**
- **Introduction**
- **General Guidance**
  - Terminology
  - Interprofessional Education Environment
- **Audience-specific guidance**
  - Institutional Leaders
  - Program-specific Leaders and Faculty
  - Accreditation Boards/Commissions/Evaluators
- **Conclusion**

General Guidance

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Consensus terminology

- Goal: A shared understanding of IPE terminology, learning, and measurement will guide more uniform expectations for the development, implementation and evaluation of quality IPE.
- Definitions from in the published literature:
  - Interprofessional Education
  - Interprofessional Collaborative Practice
  - Interprofessional Teamwork
  - Interprofessional Team-Based Care
- Definitions are coupled with endorsing HPAC members' interpretation of key elements related to "about, from, and with" aspects of IPE

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Interprofessional Education Environment

- Collaboration and coordination across academic institutions and with health system and community partners are ***required to implement a longitudinal, sequenced series of classroom, extracurricular, and clinical IPE learning activities as recommended by this guidance.***
- Endorsing HPAC members ***recognize the complexities involved*** and ***acknowledge that IPE environments vary based on local circumstances***.
- It is with this complexity in mind that this section of the guidance document ***recognizes the importance of creating supportive environments and opportunities for collaboration with the explicit goal of fostering and facilitating the successful implementation of coordinated program-specific IPE plans.***

Institutional Leaders

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Guidance for Institutional Leaders

- Institutional leaders can help stimulate and/or drive ***the creation of a systematic IPE approach, fostering a collaborative environment and negotiating important relationships for IPE within and, if necessary, outside the institution.***
- Examples of guidance on institutional IPE commitment
  - strategic direction
  - provision of resources
  - dedicated leader and/or team of leaders with sufficient protected time, responsibility and accountability for IPE at the institutional level
  - identification and development of solutions for institutional policies that may hinder interprofessional collaboration
  - formal recognition of faculty effort toward successful implementation of IPE

Program-Specific Leaders

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Framework for IPE Plan Design

- **Rationale**: Articulates a vision, framework, and justification for the IPE plan
- **Outcome-based Goals**: Stated in terms that will allow the assessment of students' achievement of objectives and interprofessional competencies for collaborative practice
- **Deliberate Design**: Intentionally designed and sequenced series of classroom, extracurricular, and clinical learning activities integrated into the existing professional curriculum and longitudinal in nature, spanning the entire length of the program and including content and instructional formats appropriate to the level of the learner and to the outcome-based goals
- **Assessment and Evaluation**: Methods to assess individual learners' mastery of interprofessional competencies and to evaluate the IPE plan for quality improvement purposes; and if appropriate, education and practice outcomes research and scholarship.

"IPE plans require a coordinated strategy for assessing learners on their development and mastery of interprofessional collaborative practice competencies, and for evaluating the implementation and immediate impact of the IPE plan."

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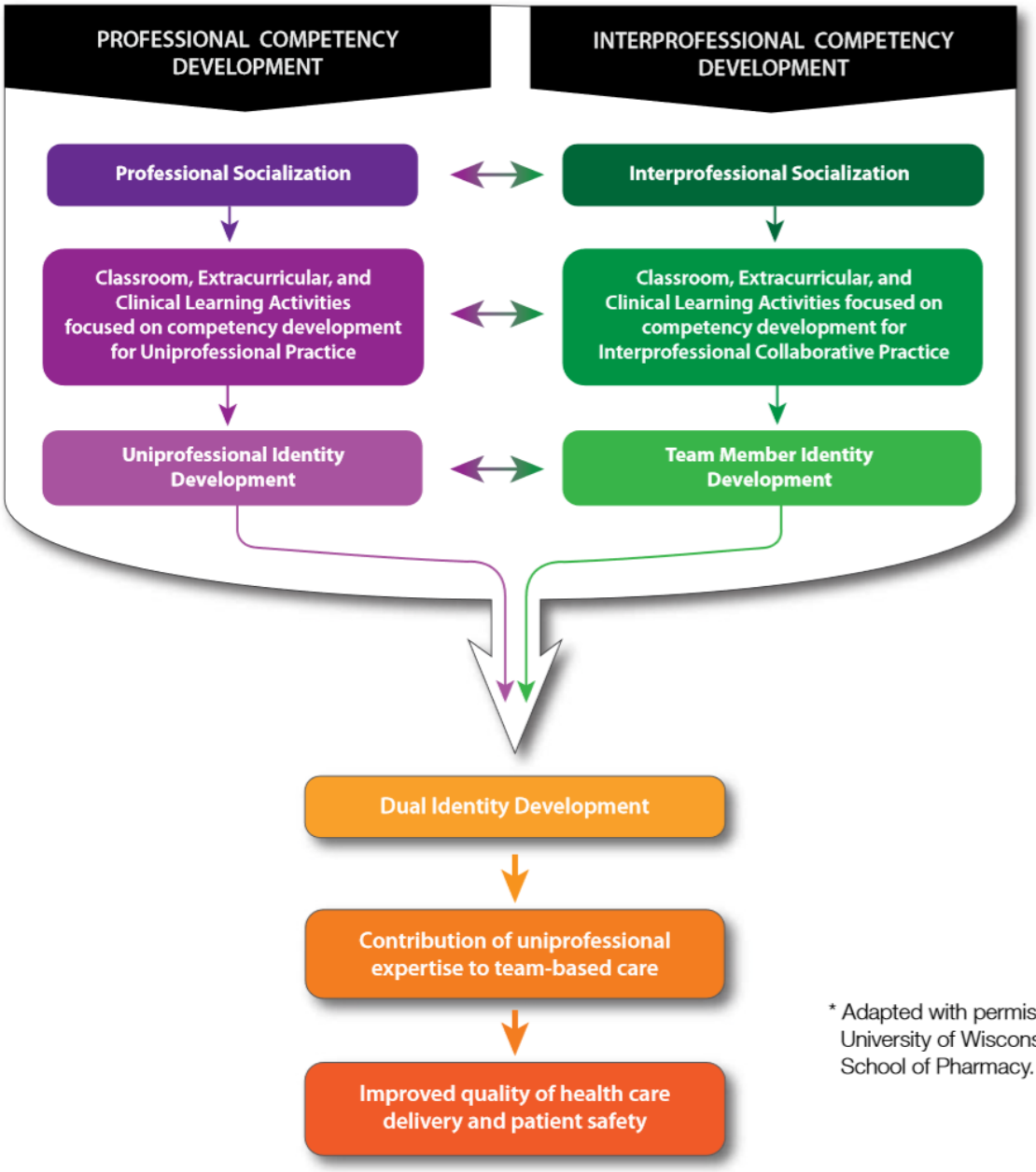
HPAC-Recognized Interprofessional Education Learning Modalities

Learning Modality	Description	Examples
In-Person Learning	Face-to-face, synchronous learning activities where students from one program learn with students from another program or with practitioners representing different professions from their own	• Case discussions • Simulations • Service learning • Clinical observations • Clinical rotations
Collaborative Online Learning	Online collaborative learning activities, completely synchronously or asynchronously, where students from one program learn with students from another program or with practitioners representing different professions from their own	• Video conference discussions • Mock electronic medical record collaborations • Interprofessional gaming • Chat room discussions • Simulations

Figure 2. Longitudinal integration of professional and interprofessional competencies



* Adapted with permission from the University of Wisconsin-Madison School of Pharmacy.

Accreditation Boards/ Commissions/ Evaluators

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Accreditation Boards/Commissions/Evaluators

- In their periodic revision of standards, policies and procedures, endorsing HPAC member boards and commissions, and hopefully other accreditors, will have the ***guidance document as an important reference***. Some HPAC member boards and commissions have already considered the concepts described in this guidance document in their standards revision processes.
- Endorsing HPAC member site visit teams are ***encouraged to consider the information in this guidance document in the context of their own profession's standards, policies, procedures and the desired professional outcomes***.
- Likewise, accreditors are ***encouraged to consider how to guide their site visit teams and decision makers about the assessment of both the presence of a systematic IPE approach from institutional leaders and program-specific IPE plans from program leaders, relative to the context of the standards of the specific profession or specialty.***

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Guidance on the Guidance

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How does the guidance document support current IPE accreditation standards?

- The guidance is ***not intended to replace or subsume individual HPAC members' accreditation standards for IPE, nor is it intended for accreditors to have identical IPE standards.***

- While maintaining individual accreditors' autonomy, ***the guidance document seeks to encourage increased communication and collaboration and to provide guidance on expectations related to quality IPE.***

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What the guidance document is:

As stated, a document that:

- Offers ***consensus terminology and definitions*** for interprofessional education (IPE) and related concepts to guide plans for developing, implementing and evaluating IPE;
- Encourages institutional leaders to develop a ***systematic approach to foster IPE*** in their own institution and, where appropriate, with partners at collaborating academic institutions, health systems, and community partners;
- Provides a ***framework*** (rationale, goals, deliberate design, and assessment and evaluation) for program leaders and faculty to develop a plan for quality IPE;
- Provides opportunities for HPAC member accreditation boards/commissions to ***utilize the guidance to assess their IPE standards and to train site visit teams regarding essential elements of quality IPE***.
- Facilitates ***collaborative efforts across professional programs to advance interprofessional education***

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What guidance document is not:

A document that:

- Offers mutual accreditation requirements
- Is Prescriptive
- Contains “must” or “should” expectations

Therefore, the word “encourage” is used frequently as opposed to “required.”

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What should health professions education programs and their parent institutions expect in the future?

- **Individual accreditor site visit teams will continue to function independently and will visit and review programs as in the past.** They will be learning with health professions education programs about IPE implementation, and will be encouraging use of the guidance document.
- **HPAC members** who endorse the guidance document **will continue to communicate and collaborate about IPE implementation**.
- Over time, as programs build IPE plans to meet their respective accreditor's expectations using this guidance document, **institutions should expect greater collaboration across programs as these IPE plans begin to articulate with one another**.

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How can institutions and programs use the guidance document to increase the quality of their IPE?

- **Becoming educated about IPE** is an important strategy for developing IPE plans within and across education and practice organizations.

- Take steps now to **increase collaboration and partnerships with other programs at your institution. This may require increased collaboration and partnerships with outside institutions for some**.

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National Center website: https://nexusipe.org/

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Questions?