Learning from Bud: The Bright Future of IPE

Barbara F. Brandt, Director

National Center for Interprofessional Practice and Education

May 15, 2014

Delivered at the Dedication of the

DeWitt C. Baldwin Institute of Interprofessional Education

Thank you for inviting me to be a part of this very special day honoring Dr. DeWitt "Bud" Baldwin as a pioneer of interprofessional education and collaborative practice, or what I like to call interprofessional practice and education, the new IPE. Rosalind Franklin University, a health science university with a commitment to interprofessional education and innovation, is to be commended for creating the DeWitt C. Baldwin Institute for Interprofessional Education. This pavilion is a very visible recognition to Dr. Baldwin's – or Bud's – pioneer contributions to our field. It is a special honor for me to be invited to participate in this celebration.

When I was asked to submit a title for my remarks for this special occasion, frankly I thought long and hard about what I could contribute at all. After reflecting upon the task at hand, I decided I'd share with you how much I have learned from Bud -- really in the short period of time -- I've known him. And importantly, what I see as the bright future of interprofessional education and collaborative practice not only in the United States but in the world.

Today, we build upon the foundational work of Bud and other pioneers such as Dr. Madeline Schmitt who is here today to embrace and nurture interprofessional work. In other words, they were interprofessional when interprofessional, it wasn't "cool". The arrival to where we are today in the field and looking toward the future of the changing health care landscape hasn't been easy. It's been a journey – a marathon toward the goal line – one of which I think about as each of us carrying the baton or maybe the torch during our leg of the race toward health through better practice and education. And, there have been many times when the baton has nearly been dropped along the way.

Learning from Bud

During my remarks today I decided to tell stories -- stories about me, Bud, and even Minnesota. Finally, as a teacher, I will assign you a reading along the way. . . .

Why start with me? Meeting Bud and learning from his work and experiences have had deep and profound meaning for me. You see, in the 1970s and early 1980s – Bud and I lived in parallel universes in two different regions of the United States and at newly created medical schools. It was a very exciting and heady time in the United States in both health care and health professions education. The 1970s decade was the time of implementation of the Great Society Programs. There was expansion of not only medical education but also health professions education (including nurse practitioners, clinical pharmacy, physicians assistants), around

The National Center for Interprofessional Practice and Education is supported by a Health Resources and Services Administration Cooperative Agreement Award No. UE5HP25067. © 2014 Regents of the University of Minnesota, All Rights Reserved

what was then called interdisciplinary and community-based principles. It was a time of great innovation. In fact, requirements for interdisciplinary collaboration were written into the Public Health Service federal legislation that created federally qualified community health centers, the National Health Service Corps, the Area Health Education Centers, and many other programs still housed in the Health Services and Resources Administration today. The Institute of Medicine "Educating the Health Team" was published in 1972 – Dr. Roger Bulger staffed the committee and went on to become the first Executive Director of the Association of Academic Health Center to focus on interdisciplinary education, practice and research in newly formed organizations called academic health centers to house multiple health professions schools aligned with medical schools.

The late 1970s was the early imprint time for my academic professional life while at the University of Illinois-Urbana Medical School just as the early 1950s were for Bud in Seattle after finishing his residency at the University of Minnesota and fellowship at Yale. Bud beautifully describes his career in his chapter, "Confessions of a Battered Humanist" in Drs. Linda Headrick and Debra Litzelman's book, *Educators' Stories of Creating Enduring Change*.

To bring the context home, here are quotes from documents of the day – many of which read like reports of the last decade, calling for teams, interprofessional education, and the like. Folks, that was over 40 years ago.

To further demonstrate our parallel universes, when I was at Illinois, at the time, we were building programs that were community-based to graduate primary care health professionals for rural areas. Bud, on the other hand, was busy in Reno creating an innovative undergraduate program in health sciences and a new two-year medical school with a very small academic faculty. Students studied together in small groups and clinical problem-solving from Day One; much learning occurred in real-life community inter-cultural settings with Native Americans. Bud describes the simulated clinical learning environments that even included his wife, Michelle. But you need to read the book chapter to learn the spicy details.

And, he and colleagues were actively conducting sophisticated research and evaluation as foundational to learning about communication skills and outcomes of the programs. For example, Bud and his colleagues could document that from 1977 to 1980 of the 61 medical students who had participated as preprofessionals or professions in their IPE program during those years, 80% (n=49) later selected a primary care specialty, while only 44% (n = 51) of the 115 students from the traditional pre-medical sciences backgrounds made such a selection. They were on to something. . . .

Poof! It's 1981. Bud and I had another parallel experience when nationally the new U.S. President, and administration brought a new philosophy for the country changed. We both experienced the price one can pay for innovation when the dominant culture does not support it. Overnight, the funding that supported all of the innovation dried up. Bud's programs and mine closed in a blink of an eye. Learning about Bud's experience has led me to often use the phrase: "You are just one Provost away from not having an IPE program".

At the same time, I was out of a job in an instance – I called it the Pac Man phenomenon after a popular video game of the day. The innovative office funded by federal investments was swallowed up by the big university office. Few seemed interested in the new approaches or outcomes we had achieved – we were changing to business models – societal good seemed to be passé. The dean of the University of Illinois-Urbana Medical

The National Center for Interprofessional Practice and Education is supported by a Health Resources and Services Administration Cooperative Agreement Award No. UE5HP25067. © 2014 Regents of the University of Minnesota, All Rights Reserved

School went on to write a book about this era that he called "Keys to the Asylum". When I presented this story last year at the Collaborating Across Borders conference in Vancouver, one participant wrote on the evaluation form that I sucked the air out of the room. I will try to do better today.

Bud and I have another trait in common – we both are survivors and forge on, carrying our experience into our future work. As you read the "Confessions of a Battered Humanist" chapter – you will learn about Bud and Mattie and their colleagues who are passionate about IPE – went on to host Interdisciplinary Healthcare Team Conferences for 23 years. No organization to convene this group – they just did it! Bud estimates that over 500 papers were written and presented at these conferences and were never published. Only the converted carried the torch onward during this time.

Losing a job presented me with the opportunity to start my PhD program in adult and continuing education, focused on health professions and research in faculty development in medical education at the University of Illinois. For several years, I was a faculty member, teaching a course that reviewed the philosophical underpinnings of education and how these could be actively used to design educational programs to use different approaches and for different outcomes. Esoteric to say the least.

Soon after meeting Bud in 2006 as I learned more about his work and life, I felt an instant affinity with him, well beyond the IPE story. As he described in the chapter, he told me about his upbringing as a child and teen:

- As missionaries, his parents taught him about adult learning theory and the teaching methodology known as "andragogy"; A Humanist philosophy later espoused and made popular by Malcolm Knowles in the 1960s and 1970s;
- They used learning methodologies from the National Training Laboratories Institute in Bethel, Maine founded by Kurt Lewin, one of the founders of social, organizational and applied psychology;
- Bud's father was a contemporary of John Dewey, the famous progressive educator who promoted experiential learning; Bud also met Paulo Freire, whose philosophy of education was considered radical – he was the author of "Pedagogy of the Oppressed", known for a radical approach to education – all three, Bud's father, John Dewey and Paulo Freiro are noted as the "fathers of service learning", a teaching methodology common in higher education today;
- Bud hosted Ivan Illich in Reno – author of *Medical Nemesis* and *Deschooling Society*. These are additional radical approaches to education – calling out iatrogenic diseases created by health professionals with misplaced scientific solutions to health problems.

These are all educational philosophers and social science researchers -- authors that I have not only studied but taught in my own courses and workshops for years – this is really touchy feely stuff. I could better understand that all of Bud's background as a humanist, has colored his background, medical and interprofessional practice, and approaches to education and ultimately IPE. Through Bud, I feel like I have touched my heroes who had made such an impression on me and shaped my world view. In my 30+ year career, I knew that very few have translated these philosophies into the health professions or health professions education. Much less a physician!!! He is a very different animal. I was and am in awe. Today, we both hold the batons to carry these philosophies and IPE forward –

The National Center for Interprofessional Practice and Education is supported by a Health Resources and Services Administration Cooperative Agreement Award No. UE5HP25067. © 2014 Regents of the University of Minnesota, All Rights Reserved

How the Future of IPE is Bright

Bud also sets the tone for why I think that there is a solid foundation for IPE that none of us could imagine a short few years ago. Let me begin with a passage from Bud's chapter as he reflects upon his career and his work to make IPE and behavioral and social sciences mainstream in health professions education:

> "The fact that both innovative efforts still remain to be fully realized after over a half a century reinforces the importance of an expanded application of Kuhn's thesis; that efforts at transformative, innovative reform in fields other than science also require fundamental, paradigmatic shifts in conceptual thinking before they can be fully understood, realized, and accepted. Kuhn's lesson for innovators may be that such paradigm shifts occur rarely and only after sufficient buildup of supportive thinking and experience enable such a paradigmatic shifts to burst through the limitations of established ways of thinking and conceptualizing." (page 217)

To pick up on why I think the future of IPE is bright, Fast forward to 2006 – London, All Together Better Health. For the handful of United States representatives, including Bud, Mattie and me at this every other year international IPE meeting, we thought it was the last gasp of IPE in the United States. The Canadians were rising as a result of significant Health Canada funding in IPE and the formation of Canadian Interprofessional Health Collaborative. After more than thirty years of U.S. funding, programs and attempts to implement IPE in the US, few permanent programs seemed to be taking hold. In fact, some prominent programs had closed– slowly but surely many of us saw IPE in the U.S.slipping away.

At that meeting, Mattie, Bud and John Gilbert of the University of British Columbia were interested in convening the Canadians with the remaining interested Americans to re-energize the field in the U.S. Mattie and John talked me – perhaps coerced me -- into hosting the first Collaborating Across Border conference in Minneapolis in October 2007. In less than ten months of planning of which Bud was an active participant and cheerleader, the meeting drew close to 300 participants. The rest is history – the CAB conferences as they are now known are offered every other year on the "off year" of All Together Better Health.

In June 2013, CAB IV attracted over 750 participants in Vancouver, and in June the University of Pittsburgh will host All Together Better Health for the first time in the United States. So what is behind the exponential interest and growth? And, after forty plus years, could interprofessional education and collaborative practice in the U.S. have found its way? Has it moved from the margins to the core? I think it has.

As Bud states in his chapter: "The more things change; the more they stay the same".

As I note, the time between 1981 and 2010 were rocky ones for IPE – there were many ebbs and flows; many funded programs nationally and internationally came and went. It was typical that once grant funding ended, programs were not sustained or adopted and, therefore, not mainstreamed. At the University of Minnesota in 1990 an evaluation of whether the Academic Health Center had fulfilled its twenty year promise of interprofessionalism was titled: "Missed Opportunities". Hall and Weaver in 2001 referred to this as "The Long and Winding Road of IPE".

The National Center for Interprofessional Practice and Education is supported by a Health Resources and Services Administration Cooperative Agreement Award No. UE5HP25067. © 2014 Regents of the University of Minnesota, All Rights Reserved

IPE is truly at a crossroads – Looking at Kuhn's conditions for a "paradigm shift" – Today, we are seeing sufficient buildup of supportive thinking and experience PERHAPS enabling such a shift to burst through the limitations of established ways of thinking and conceptualizing." What are they?

- Quality, patient safety and systems improvement

Clearly the IOM Reports on To Err is Human and Crossing the Quality Chasm in 2000 and 2001 stimulated a movement in patient safety and quality that has lasted to this day. ACGME has done its part to codify the importance of these principles in their accreditation processes – most recently the CLER program.

- Institute for Healthcare Improvement "Triple Aim"
    - Improving the patient experience of care;
    - Improving the health of populations; and
    - Reducing the per capita cost of health care.

Don Berwick and his colleagues promoted the Triple Aim and The Institute for Healthcare Improvement continues to strengthen the message – endorsed as an imperative in health systems to today. Other movements of today include:

- Collaborative practice and care coordination
- Patient-centered medical homes
- Major policy discussions: Affordable Care Act
- New payment and incentive models for health care – bundled or value-based
- New accreditation models, for education, requiring interprofessional and teams such as the Liaison Committee on Medical Education

The National Center for Interprofessional Practice and Education is supported by a Health Resources and Services Administration Cooperative Agreement Award No. UE5HP25067. © 2014 Regents of the University of Minnesota, All Rights Reserved