Interprofessional Education and Practice

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Session Objectives

• Describe efforts contributing to the IPEC Interprofessional Collaborative Competencies

• Discuss current needs in interprofessional education and practice
Take Home Messages

- IPE is here; IP practice occurring
- Get involved and be the change you want to see
IPE Over Time (Kind of)
“Interprofessional education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.” CAIPE 2002
Interprofessional Education Is…

"Interprofessional education occurs when two or more professions learn about, from and with each other to improve collaboration and the quality of care."

(WHO 2010)
Interprofessional Collaborative Practice

Happens when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care.

(WHO 2010)
A National Interprofessional Competency Framework

FEBRUARY 2010
Figure 1: The National Competency Framework

Goal: Interprofessional Collaboration
A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.

- Role Clarification
  Learners/practitioners seek out, integrate and value, as a partner, the input and the engagement of patient/client/family/community in designing and implementing care services.

- Interprofessional Conflict Resolution
  Learners/practitioners actively engage self and others, including the patient/client/family, in dealing effectively with interprofessional conflict.

- Team Functioning
  Learners/practitioners understand the principles of team dynamics and group processes to enable effective interprofessional team collaboration.

- Collaborative Leadership
  Learners and practitioners work together with all participants, including patients/clients/families, to formulate, implement and evaluate care/services to enhance health outcomes.

- Contextual Issues
  Quality Improvement
  A National Interprofessional Competency Framework
In the U.S.?
• IOM 1972 Report: Educating for the Health Team
• “How should we educate students of health professions in order that they might work in teams..”
Calls for IPE

2000

2003
This is Personal

Lewis Blackman

Sebastian Ferrero

Josie's Story
A Mother's Inspiring Crusade to Make Medical Care Safe
Sorrel King

Includes a Resource Guide for Patients, Families, and Health Care Providers
“The safety issues have made clear that knowledge and skills in the *processes of care delivery* are as important as clinical knowledge and skills.”

(M. Schmitt)
IPEC Core Competencies

Core Competencies for Interprofessional Collaborative Practice
Sponsored by the Interprofessional Education Collaborative*

Report of an Expert Panel
May 2011

*PEC sponsors:
American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy
American Dental Education Association
Association of American Medical Colleges
Association of Schools of Public Health

May, 2011
Guiding Principles

- Patient/family centered (patient-centered)
- Community/population oriented
- Relationship focused
- Process oriented
- Linked to learning activities, educational strategies, and behavioral assessments developmentally appropriate
Principles, cont.

- Able to be integrated across learning continuum
- Sensitive to systems context/applicable across practice settings
- Applicable across professions
- Stated in language common/meaningful across professions
- Outcome driven
IOM Influence

- Safer
- Timelier
- Effective
- Efficient
- Equitable
- Patient-centered
Informed by IOM recommendations – 2003 Bridge to Quality
Context for IP Core Competencies

The Learning Continuum pre-licensure through practice trajectory
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Values and Ethics

• Work with individuals of other professions to maintain a climate of mutual respect and shared values
Roles and Responsibilities

• Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.
Interprofessional Communication

• Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.
Teams and Teamwork

• Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.
Does IPC Make a Difference?

- Some evidence for positive impact on delivery of care and patient outcomes
  - Improved organizational practices (use of guidelines, protocols, shared records)
  - Changes in infection rates
  - Decreased length of patient stay
  - Improved patient satisfaction

(Zwarenstein et al, 2009; Reeves et al 2010)
Does IPE Make a Difference?

• IPE appears to positively impact attitudes and knowledge/skills
  – Value IP experience, change in perceptions of other professions, change in views of IP collaboration
  – Enhanced understanding of other professions, knowledge of IP collaboration and development of associated skills

  (Lapkin et al 2011; Reeves et al 2010)
Switching Gears
Education

• Intentional program designs
  – End in mind – what should graduates know, do/behave, value?
  – Longitudinal development; across learning continuum
  – Be inclusive of professions across the health care delivery continuum
Creating Collaborative Care

ACT as team member

PRACTICE as team member

THINK as team member

PREPARE self as team member

Contextual knowing

Independent knowing

Transitional knowing

Absolute knowing

Building Team Work Competencies

Transforming Ways of Knowing

Acquisition

Demonstration

Application
Learn *About, From and With*

- Students learn more from each other (than us as “teachers”)
- Our role as teachers is to *create* the learning context, *facilitate* interaction, *promote* reflection
- Content is the vehicle for learning process skills
Learner Assessment

• Build this from start
• Multiple measures, over time
  – Include behavioral assessments
• Milestones approach
Making IPE Stick in Education

- Institutional commitment
- Centralized resources/office
- Local champions
- Involve students
- Faculty development
- Working groups that model collaborative process
Practice Environment

• Models of interprofessional collaboration
• Focus on patient safety; community/population health
• Issues of hierarchy in medicine
• Issues of lateral/horizontal violence
• Other challenges (regulatory, reimbursement, etc.)
Teamwork Resource Examples

Crew Resource Management in Healthcare
To Make IPC Stick

• Leadership Commitment
• Local champions
• Education and training
• Inclusiveness of team – lab technicians, assistants, patients, families, community, etc.
• Leadership Commitment
IPE In Accreditation Standards

- Accreditation Council for Pharmacy Education
- Accreditation Council for Occupational Therapy Education
- Accreditation Council for Physical Therapy Education
- Accreditation Review Commission on Education for the Physician Assistant
- Commission on Collegiate Nursing Education
- Council on Dental Accreditation
- Liaison Committee on Medical Education
IPE/IPC Resources

http://www.aihc-us.org/
http://www.ahceducation.umn.edu/nexus-ipe/

https://ipecollaborative.org/IPEC.html
http://www.cihc.ca/
Remember….  

- IPE is here in education; increasing in practice  
- Get involved; be the change you want to see
References


