IPEC Competency Review
The patient, a 15-year-old boy named Kevin, has been in and out of the hospital 30 or 40 times for treatment of short bowel syndrome, a condition in which nutrients are not absorbed properly and is commonly caused by the need for surgical removal of the small intestine. This veteran of the health care system says he’s been very happy with the care he has received over the years, but, when pressed, says this:

I have great doctors and nurses here—but can you please talk to each other?”

Told by Dr. Donald Berwick, IHI
Institute of Medicine 1972

- Educational institutions are responsible to prepare a responsive, team-ready and patient-centered workforce
- Team-based practice ensures providers practice to the full scope of their expertise
- Cooperative efforts include sharing common goals and incorporating the patient, family, and/or community as teams members
- Cooperation improves health care safety and reduces costs

(Educating for the Health Team, IOM, 1972)
Types of Competencies

Common
Held by all Professions

IP Collaboration
Intra-professional
Across Professions, non-professionals, Organizations
With patients/carers

Complementary
Differential Expertise that complements and enhances care

Interprofessional Practice

"... the process by which professionals reflect on and develop ways of practicing that provides an integrated and cohesive answer to the needs of the client/family/population."

(D'Amour & Oandasan, 2005)

Core Competencies for Interprofessional Collaborative Practice

- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities for Collaborative Practice
- Interprofessional Communication
- Interprofessional Teamwork and Team-based Care
- Collaborative Leadership
- Patient-Centeredness

http://www.aacn.nche.edu/education-resources/ipecreport.pdf
IPEC Competencies 2011

Interprofessional Ethics and Values
Moral obligation to work together to improve care for patients and populations.

Roles and Responsibilities
Shared acknowledgement of each participating member’s roles and abilities without which adverse outcomes may arise or not be prevented.

Interprofessional Communication
Openness, style, and expression of feelings and thoughts directed at improving team interactions, organization, and functioning.

Teamwork
Intentional preparation for interprofessional collaborative practice is seen as key to safe, effective care.

Leaders facilitate contributions from all team members and build support for working together.

Patient/Person Centeredness

Respect for complementary expertise of clients/patients as a vital and valuable contributor to the healthcare team.

How can they work together if they don’t learn together?
...NO...
IT'S YOUR
JOB TO CLOSE
THE DOORS...

ROLE CLARITY
Values & Ethics = Respect

"I'd like you to check my core values."
Communication Innovations
Person-centered Care
IPE at UNE

https://www.youtube.com/watch?v=jl1uoTJnG4Y
Interprofessionality is not

- Learners hearing a lecture about or by another profession
- Reporting out at IDT or rounds
- Co-location without intentional collaboration
- Talking about rather than with other professions/clients
IPE Teaching and Learning

- Core Curriculum
- IPEC Event Series
- CLARION Competition
- IP Clinical Experience
- Global IPE Learning
- IPE and the Arts
Simulation
Symposia
IP Courses

Student–led Research
Shared Field Experience
Service Learning

ACA impact: http://youtu.be/6JAEKmNFTyA; Shared rotation: http://youtu.be/2zkQ0f3sluk
Culture Change
Change

When asked “would you rather work for change, or just complain?” 81% of the respondents replied, “Do I have to pick? This is hard.”
Institutional not Individual
People will engage in change only if they understand **what** they need to do and **why** they need to do it.

"Teams that perform well hold shared mental models."

(Rouse, Cannon-Bowers, and Salas 1992)
“People don’t learn by looking in the mirror. They learn by talking with people who have different points of view.” Heifetz (1994)
Culture Change

Step 1: Promote ideas that are meaningful to the workplace; set common goals
Step 2: Form an Inclusive Coalition; invite meaningful change
Step 3: Create a Common Vision for achievable change
Step 4: Walk the Talk – reach out to colleagues
Step 5: Appreciate small successes and build on them
Step 6: Remove obstacles & sidestep barriers
Step 7: Sustain momentum – establish a domino effect
Step 8: Anchor change in the workplace

(Modified from Kotter’s 8-Step Change Model)
Experiencing

learn by doing.
Pat’s Story

https://www.youtube.com/watch?v=Fm8RAHY8W_4
Patricia (Pat) Chalmers is a 31-year-old from Jackman, Maine. She is a self-sufficient and resourceful woman. She works part-time as a bookkeeper and gets paid to take care of her aging grandmother with whom she lives. She has a boyfriend and is close with her mother and sister. Pat describes herself as being a family caretaker since adolescence. It is therefore difficult for her to acknowledge her own needs or to seek others for help.

Pat is tired of people commenting on her weight, diet, and need to exercise. She was bullied in middle school, which she says made her stronger. She avoids healthcare because she knows she’ll be told to lose weight or be blamed for “being fat” (her words). “I know what risks I face” she says. “I’ve accepted my size and others should respect that or leave me alone.”

Pat found herself in the Emergency Department two months ago with a broken ankle. The break was significant enough to require surgery. Surgery was temporarily delayed because Pat’s labs revealed high glucose levels with implications for Diabetes Adult Type II. When asked about this possibility, Pat reacted strongly. “I don’t have the time or money for Diabetes.”

https://www.youtube.com/watch?v=4zwv3ASdguk
https://www.youtube.com/watch?v=Puc0XSxEHmU
Interprofessional Facilitation

Interprofessional learning is interactive and takes place when individuals from two or more professions learn about, from and with each other to enhance practice and improve the quality of patient care.

http://lilac.une.edu/search/?searchtype=t&searcharg=facilitating%20interprofessional%20collaboration

<table>
<thead>
<tr>
<th>Task</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Are two or more professions involved?</td>
<td></td>
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<tr>
<td>Are you capitalizing on learning moments?</td>
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<tr>
<td>Is the session interactive?</td>
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<tr>
<td>Are contributions of different team members acknowledged?</td>
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<tr>
<td>Are IP communication strategies discussed?</td>
<td></td>
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<tr>
<td>Who’s doing most of the talking, you or the learners?</td>
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</table>
Team Exercise: Learning with, from and about

1. What do we know about Pat?
2. How might you engage Pat in a discussion of her health needs?
3. What barriers might you encounter in building a connection with Pat?
4. What characteristics and skills might you deploy to reduce those barriers?
5. What roles and professions benefit Pat’s team?
6. What aspirations would you want for yourself as a member of Pat’s health team?
7. How can you use this team exercise with students in campus and clinical learning?
Campus to Community - Nexus
The next step forward is to increase the link between future healthcare employers and campus-based interprofessional educational initiatives. Bringing both sectors together is the right approach.
do small things.
No “One Size Fits All”

- Promote ideas that are meaningful and achievable
- Reach out to colleagues in other programs
- Remove known obstacles & sidestep barriers
- Begin with small successes and expand
- Actualize student input
- Evaluate
Interprofessional Education for Patient-centred Practice: An Evolving Framework

Educational System
- Institutional Factors (Meso)
- Teaching Factors (Micro)

Systemic Factors
- Health Professional Learner Outcomes
- Organizational Factors (Meso)
- Interactional Factors (Micro)

Professional System
- Professionals
- Patient Provider Organization System Outcomes

Government Policies: Federal/Provincial/Regional/Territorial
- Social & Cultural Values

Research to Inform & to Evaluate
- Understand the processes related to teaching & practicing collaboratively
- Measure outcomes/benchmarks with rigorous methodologies that are transparent
- Disseminate findings

D'Amour, Gandesean (2004)
“Let the Community speak to you about what they want” (B. Pilon, 2015)
Collaborative Clinical Education

Shared Assignments & Didactics
“Shared Assignments & Didactics
“We have the same goal: to provide excellent patient care”

Shared Rotations/Patients
“One of the best parts of this interaction for me was the ability to learn and share with one another.”

Cross-professional preceptorships
“We feel comfortable to chime in and the visits became integrated in an organic way.”

Shared Assignments & Didactics
This was also a great learning experience because it gave us the opportunity to have the patient involved—we saw how patients with limitations manage their tasks and are taking things appropriately.”

Briefs
Huddles
Debriefs
SO WHAT?
Evidence for Teamwork

- Better continuity of care, access to care, and patient satisfaction*
- Higher patient-perceived quality of care†
- Superior care for diabetes patients‡
- Improved blood pressure control
- Reduction in medication side effects and improved adherence+


Nexus Innovations Incubator Network

**ELECTRONIC HEALTH RECORDS (EHR)**

1. Location — How can the EHR screen design and user training enhance collaborative care and outcomes in an intensive care unit?

**EDUCATION**

9. Locations — What role do teams play in improving education for patients, faculty, preceptors and/or students?

**NEW ROLES**

2. Locations — Does allowing individuals to practice at the top of their license create a positive experience for both staff and patients?

**PRIMARY CARE**

4. Locations — Does enhancing the team in a primary care setting improve patient outcomes?

**QUALITY AND SAFETY**

4. Locations — Does team training, including students, improve quality and safety outcomes in clinical settings?

**CARE TRANSITIONS**

5. Locations — Do students play a meaningful role in the transition of acute patients from one caregiver to another?

**CHRONIC CONDITIONS**

3. Locations — Can team-based education and practice help patients better manage their health?

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23 projects underway

11 states currently participating

15,000 licensed health professionals employed by incubator hospitals and clinics

92 different occupations involved in projects, including students and professionals in: Behavioral Health, Complementary and Alternative Medicine, Dentistry, Dietetics, Language Interpretation, Law, Medicine, Nursing, Occupational Therapy, Pharmacy, Physical Therapy, Physician Assistants, Respiratory Therapy, Speech Pathology and Social Work.

Data from these projects will be shared broadly, increasing the availability of evidence about the potential effectiveness of IPECP in achieving the Triple Aim.

Locations of research: Hospitals, Clinics, Community Services, Health Systems, Academic Institutions

Data as of Jan. 21, 2015
It Begins with You

1. What common learning outcomes do you want for your students? Practitioners? System?

2. How will IPE Core Competencies inform the development of your IPCP clinical education/practice plan?

3. Consider team make-up. Who are the IPE champions?

4. Identify one IPE/Collaboration-ready site in your health setting.

5. What resources are needed to move forward?
WHY IT MATTERS
References

• Kotter, J. Online: http://www.kotterinternational.com/the-8-step-process-for-leading-change/