

Implementing Clinical Interprofessional Education: Key Elements of Successful Clinical IPE Models

Begin with personal/social interprofessional team building time

Facilitators and preceptors of IPE teams have found that teams benefit greatly from “get to know you time” prior to working together with patients. This time is important for developing psychological safety for all members of the IPE team and results in improved communication in clinical settings. Please see [Orientation for Interprofessional Student Teams: Tips for IP Student Team Members](#) for a list of suggested activities.

Provide TeamSTEPPS training for all team members

Ideally, all student team members, preceptors and facilitators should receive TeamSTEPPS training. This may be accomplished by completing the [Orientation for Interprofessional Student Teams: TeamSTEPPS Group Activity](#). If in-person TeamSTEPPS training is preferred, this may be available via UNE; please contact Ian Imbert, MPH at iimberty@une.edu for information.

Clarify team roles, responsibilities and “ground rules”

Utilize the [Orientation for Interprofessional Student Teams: Tips for IP Student Team Members](#), and the resources listed below, to guide this process critical for a high-functioning and effective team.

- [Dentistry Role](#)
- [Physician Assistant Role](#)
- [Osteopathic Physician Role](#)
- [Social Work Role](#)
- [Pharmacy Role](#)
- [Conflict Resolution for IP Teams](#)
- [Families and Communities within IP Teams](#)

Those interested in and/or assuming the role of preceptor or facilitator will find helpful knowledge and tools via the following resources:

- [Interprofessional Collaboration in Practice](#) (Dalhousie University)
- [Interprofessional Facilitation Scale](#)
- [Interprofessional Mentoring Guide](#) (Alberta Health Services)
- [Nexus Interprofessional Preceptor Toolkit](#)
- [TOSCE Interprofessional Team Assessment Tool](#)

Select and define an interprofessional care model and workflow

Selection of an IPE model and workflow should be based on the professions that will make up your student team, and your practice’s clinical priorities.

UNE’s clinical partners have most experience to date with pairing medical and pharmacy students for care management activities. This student pair, joined by a social worker, social work student and/or registered nurse, has been effective at three sites in addressing complex patient needs in both office and in-home settings. A medical/pharmacy or medical/pharmacy/social work team can have an impact on key quality measures such as high or inappropriate ER utilization; admissions and readmissions; medication management; and chronic condition management measures such as BP, LDL and HbA1c.

IPE workflow development should include well-defined processes for:

- Patient identification
- Chart review by all team members prior to visits
- Pre-visit team briefing to set visit agenda and goals, and to establish roles (e.g. team leader)
- Structuring visits, including any assessment or care planning tools used
- Team debriefing and self-reflection, including tools used
- Patient follow-up, such as call back, home visit or referral

IPE models have also been developed outside UNE in areas such as geriatrics/functional status, chronic pain/substance use, oral-systemic health, and wound care. Such care teams might include physical therapy, occupational therapy, nursing, dental, dental hygiene and/or nutrition students in addition to medical, pharmacy and social work students. Additional IPE care models, workflows and resources are listed below:

- [Integrating Oral Health and Primary Care](#) (Smiles for Life)
- [IPE Home Visit Orientation Folder](#) (Eastern Maine Medical Center, developed in partnership with Beacon Health Community Care Team)
- [Interprofessional Fall Risk Assessment](#) (Creighton University)
- [Interprofessional Medication Reconciliation](#) (University of British Columbia)
- [IPE Oral Health Success Stories](#) (New York University)
- [National Center for Interprofessional Practice and Education](#) (University of Minnesota)

Assess your clinical IPE activities

As your practice gains experience with IPE, a “Plan Do Study Act” approach can be used to improve your program based on evaluation data (qualitative and/or quantitative) as well as participant perceptions of IPE challenges and successes. Questions about assessing your IPE program can be directed to Ruth Dufresne, S.M. at rdufresne@une.edu. Several validated assessment tools are also available from the National Center for Interprofessional Practice and Education.