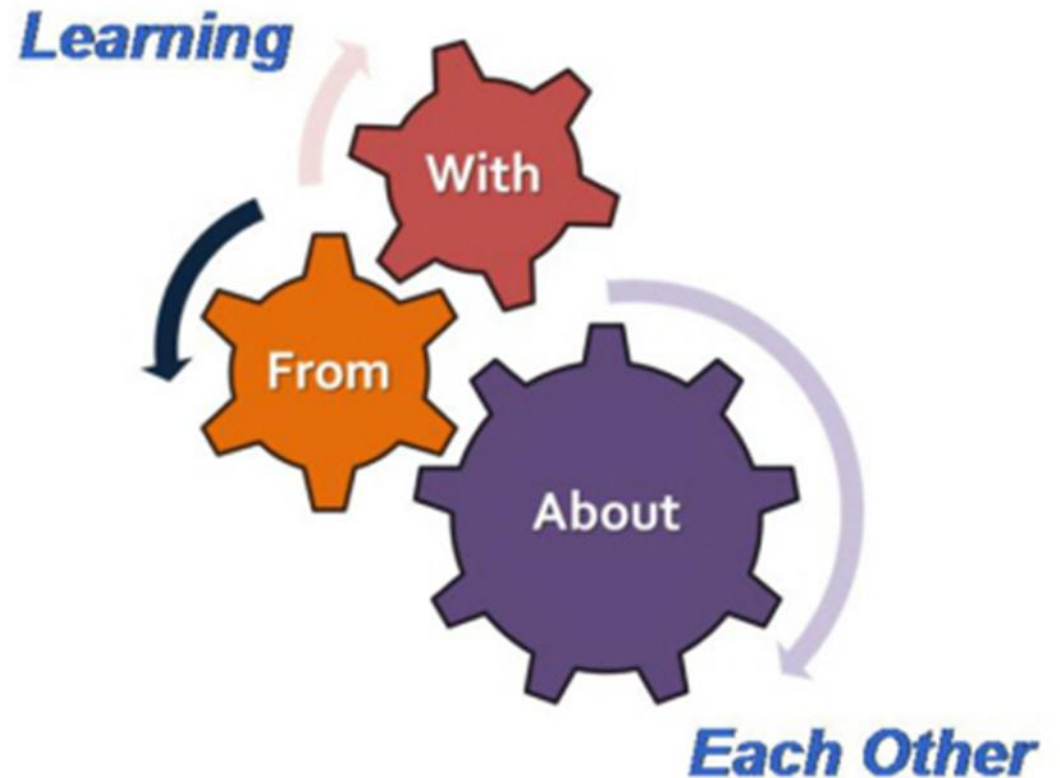


IPEC Competency Review



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

STEVEN SPIELBERG PRESENTS



BACK TO THE FUTURE

PG

A ROBERT ZEMECKIS FILM

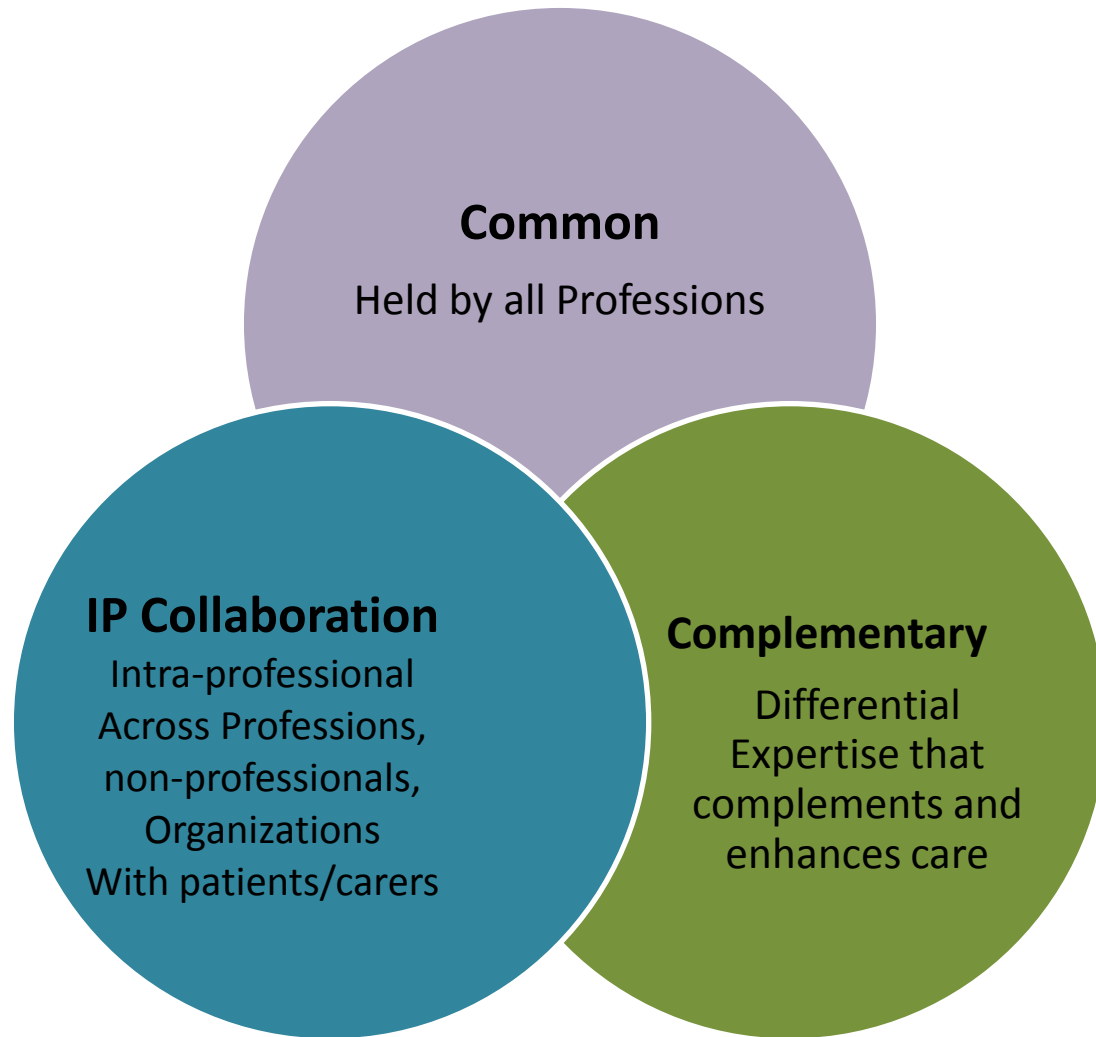


Institute of Medicine 1972

- 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)

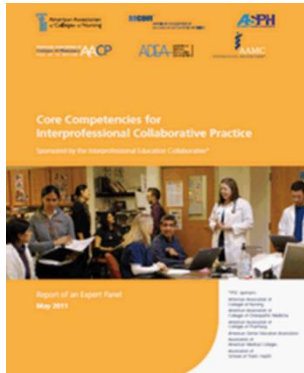
Types of Competencies



Barr, H. (1998). Competent to collaborate: towards a competency-based model for interprofessional education. J of Interprofessional Care, 12(2).



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.

CIHC Competencies

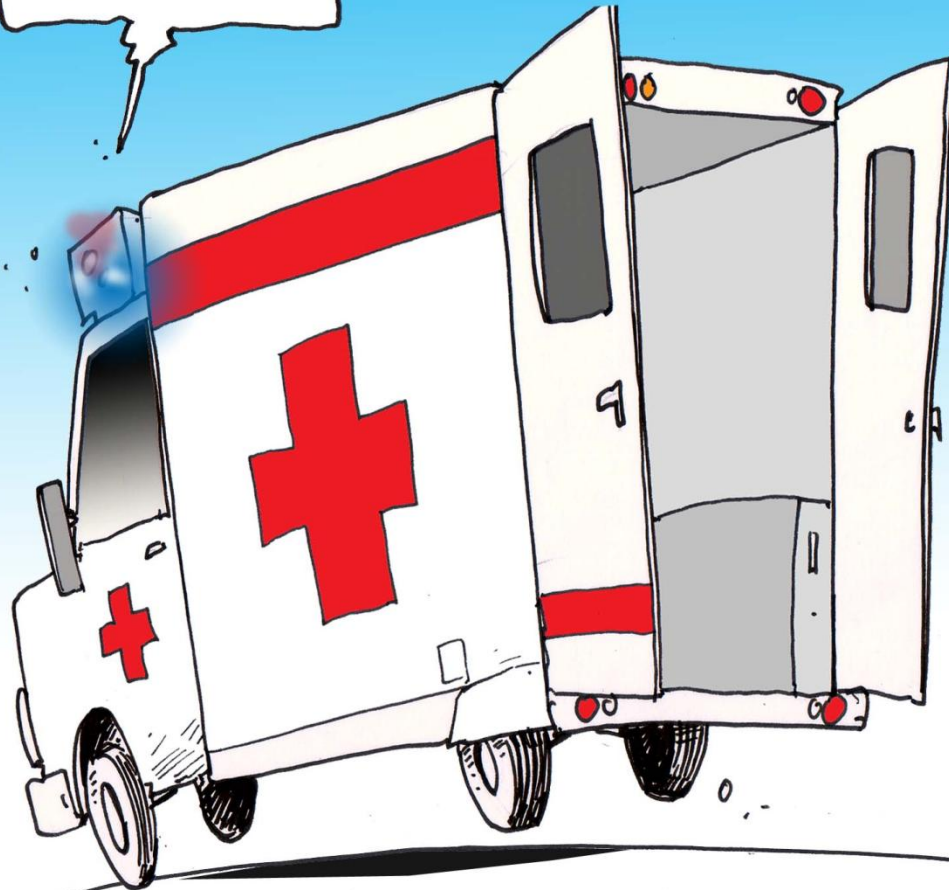


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ROLE CLARITY

... NO...
IT'S YOUR
JOB TO CLOSE
THE DOORS...



Values & Ethics = Respect



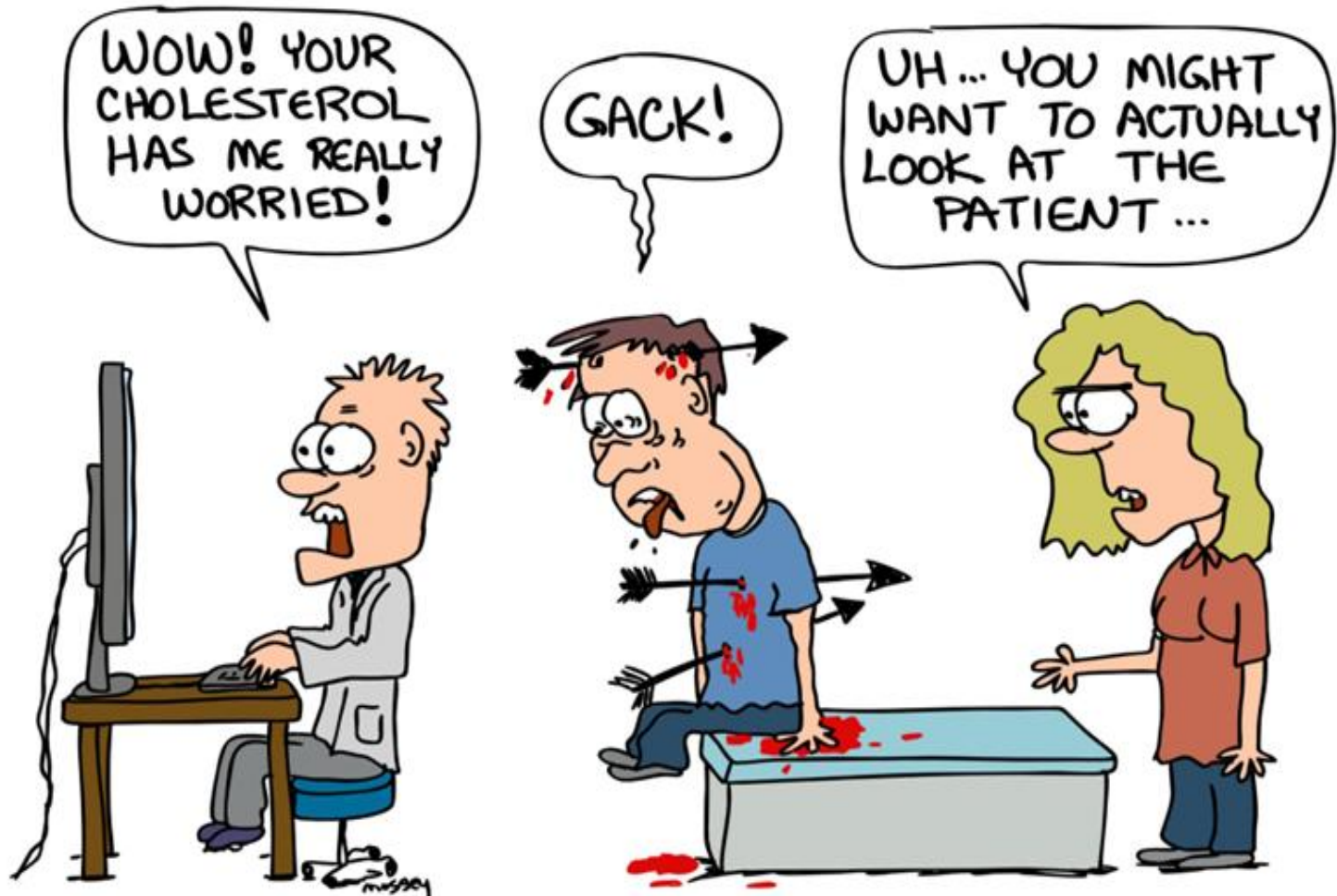
"I'd like you to check my
core values."

Communication Innovations





Person-centered Care



IPE at UNE

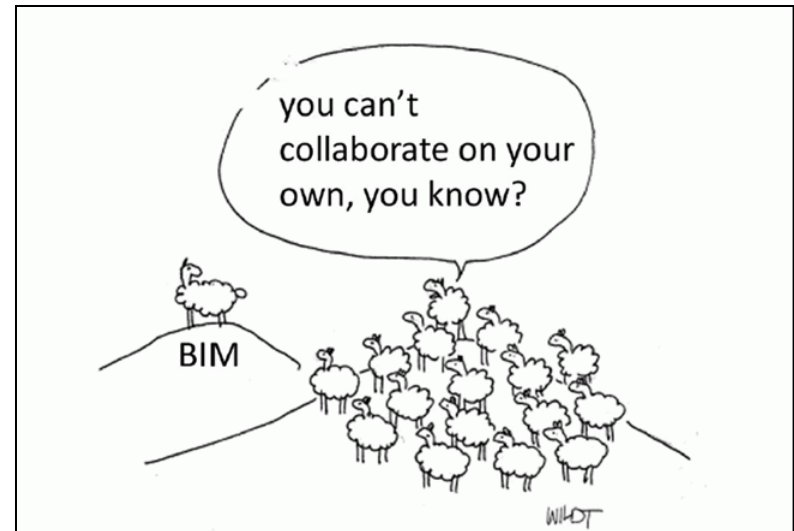
<https://www.youtube.com/watch?v=jl1uoTJnG4Y>



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

ANOTHER STICKMAN COMIC...



IPE in Action



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



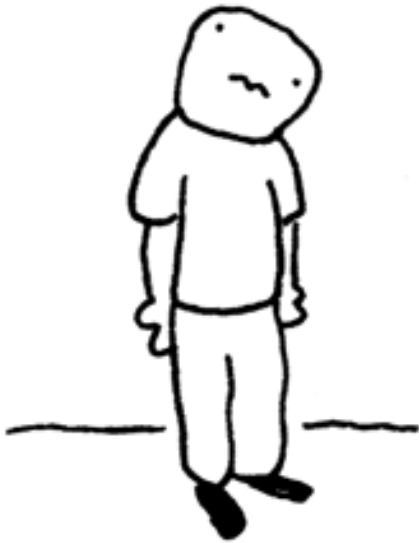
Service Learning



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

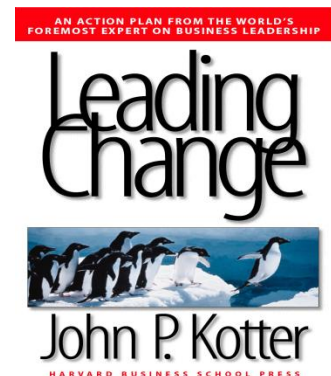
Step 5: Appreciate small successes and build on them

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

Situation & Background

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>

To Do List

Check When Completed	Task	Deadline
<input type="checkbox"/>	Are two or more professions involved?	
<input type="checkbox"/>		
<input type="checkbox"/>	Are you capitalizing on learning moments?	
<input type="checkbox"/>		
<input type="checkbox"/>	Is the session interactive?	
<input type="checkbox"/>		
<input type="checkbox"/>	Are contributions of different team members acknowledged?	
<input type="checkbox"/>		
<input type="checkbox"/>	Are IP communication strategies discussed?	
<input type="checkbox"/>		
<input type="checkbox"/>	Who's doing most of the talking, you or the learners?	
<input type="checkbox"/>		

templatehive.com

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

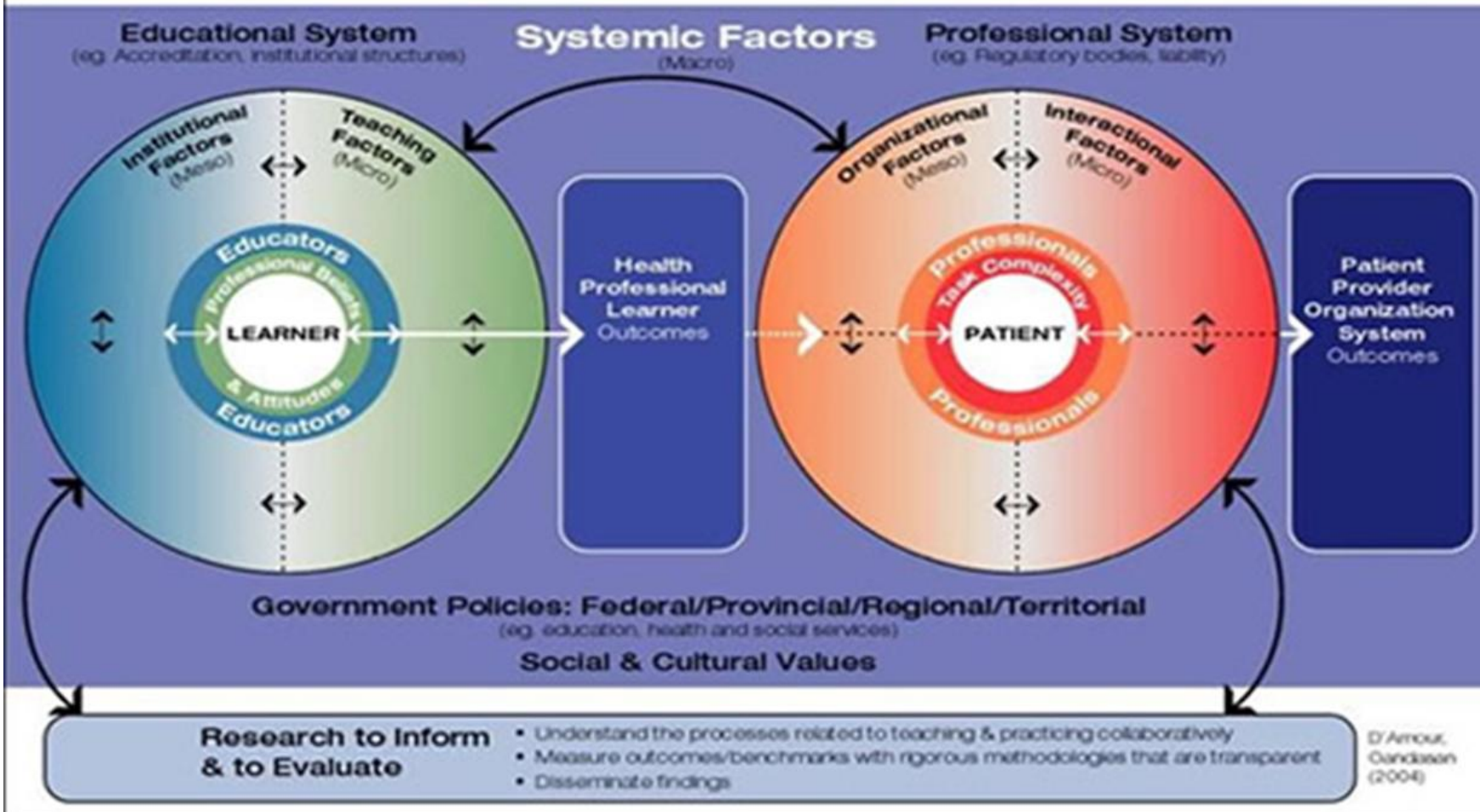
Interprofessional Education for Collaborative Patient-centred Practice: An Evolving Framework

14/05/04

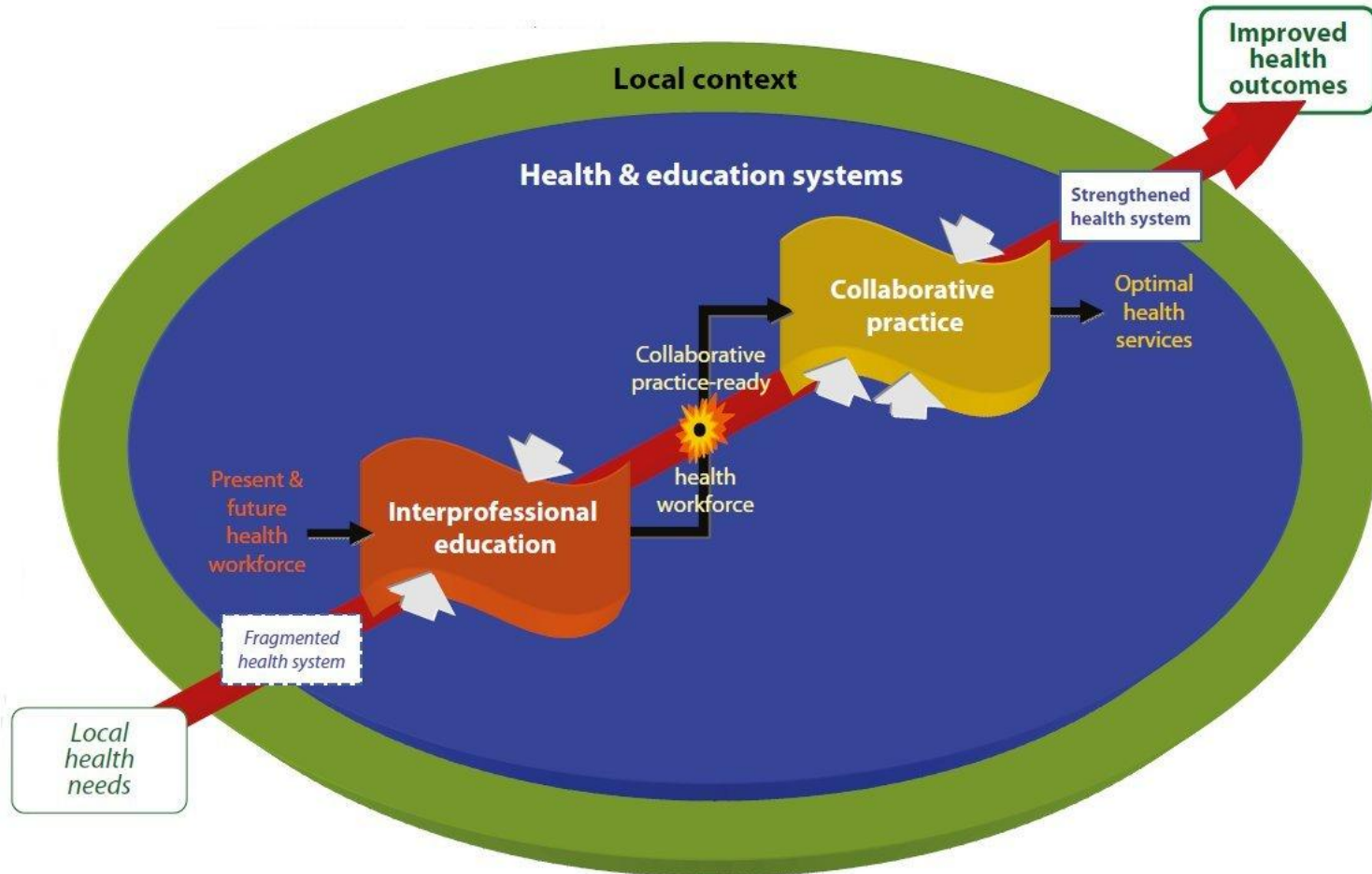
Interprofessional Education
to Enhance **Learner** Outcomes

< Interdependent >

Collaborative Practice
to Enhance **Patient Care** Outcomes

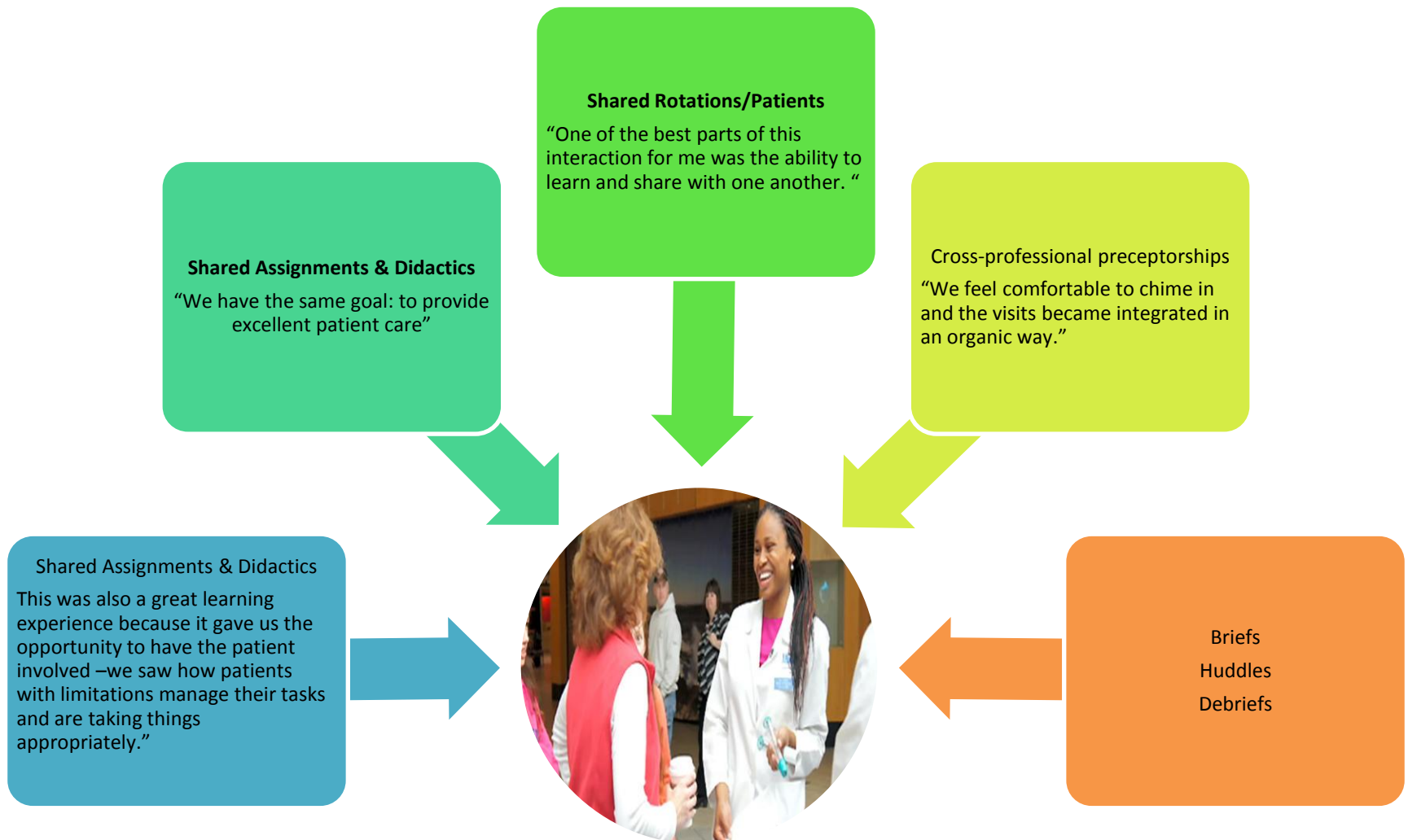


“Let the Community speak to you about what they want” (B. Pilon, 2015)



WHO (2010)

Collaborative Clinical Education





SO WHAT?

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+

*Stevenson K, Baker R, Farooqi A, et al. Features of primary health care teams associated with successful quality improvement of diabetes care. *Fam Pract* 2001;18:21-26.

† Campbell SM, Hann M, Hacker J, et al. Identifying predictors of high-quality care in English general practice: observational study. *BMJ* 2001;323:1-6.

‡ Bower P, Campbell S, Bojke C, et al. Team structure, team climate, and the quality of care in primary care: an observational study. *Qual Saf Health Care* 2003;12:273-9.

+ Iezzoni, LI. Make no assumptions: Communication between persons with disabilities and clinicians. *Assist Tech* 2006; 18(2): 212-219.

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?

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?

CHRONIC CONDITIONS

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

NEW ROLES

2 Locations – Does allowing individuals to practice at the top of his or her license create a positive experience for both staff and patients?

CARE TRANSITIONS

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

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.

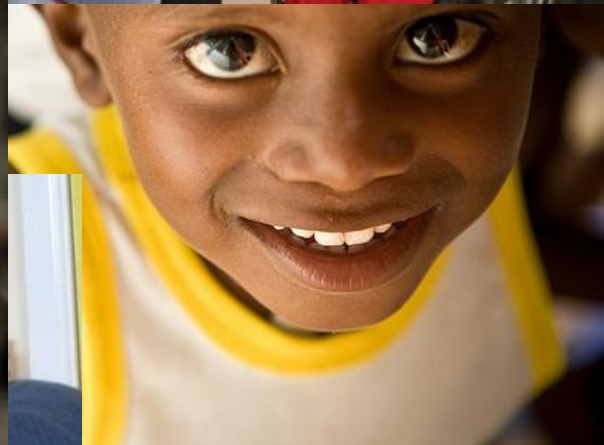
Locations of research: Hospitals, Clinics, Community Services, Health Systems, Academic Institutions

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

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

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