

IPEC Strategic Plan 2018-2023

Background

"IPEC is a pillar of the UNE community."¹

UNE's commitment to interprofessional education began in 2000 with an interdisciplinary health and healing initiative (I2H2), which brought students together for common learning experiences. In 2010 the Interprofessional Education Collaborative (IPEC) was established, solidifying UNE's stake in IPE academic and community-based practice education.

In June 2012 UNE leadership designated IPEC as a Center for Excellence. While in operation the IPE Center for Excellence received the very first grants awarded to UNE from the Arthur Vining Davis Foundation and the Josiah Macy Jr. Foundation (President's Award). The Macy President's award set the stage for a second, larger Macy Board grant received in 2014. Other awards generated by the Center included those from the Bingham Program Foundation and the Maine Cancer Foundation. The Center also collaborated with UNE's Nursing Department on the HRSA Funded CHANNELS Project and with the School of Social Work and AHEC on their respective HRSA grant awards. The Center designation ended in 2015.

IPEC has provided leadership for and facilitation of a continuum of programming across the University and community. From undergraduate to graduate; on campus to clinical clerkships; in hospitals and at the jail, IPEC has been able to build and sustain relevant programs based on relevance, evidence, and best practice. At the heart of its accomplishments, IPEC has invigorated a collegial and collaborative culture across clinical colleges and amongst its students. The benefits to this cultural shift are many but perhaps most importantly, students observe and experience teamness in the implicit curriculum, which they are then able to translate into their roles as health and service providers and organizational leaders.

Building and enhancing students' skills for the contemporary workplace are foundational goals of IPEC. Working closely with faculty and community stakeholders, we endeavor to stay abreast of the myriad of changes in healthcare (physical, oral, and behavioral) and public health (prevention, education, and population health) systems. Staying current is increasingly important as health systems and practices are constantly evolving; they are reorganizing, joining or being absorbed by larger systems, and seeking to remain competitive in the marketplace (Earnest & Brandt, 2014). Practice protocols are also in flux; health systems are leaning towards team-based care and bundled payments, with aims to improve quality and patient safety and include financial and performance accountability.

Trends in health education parallel those in health care. Learning outcomes, competencies and accreditation standards across health disciplines are mandating that curricula include "knowledge and skills in teamwork, communication, health information systems, quality and process improvement, social determinants of health, and population health" (Earnest & Brandt, 2014). Students graduating from programs that emphasize such foundational knowledge and skills go to the front of the employability line (Dow, Blue, Cohen Konrad, et al, 2012).

¹Quotes are drawn from strategic planning focus groups and interviews conducted April-July 2017.

Contemporary values and skills for health and social care practices align with competencies initially established in 2011 by the IPEC and revised in 2016 (IPEC, 2011/2016). Competencies include knowledge, skills, and attitudes to:

- Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice)
- Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations. (Roles/Responsibilities)
- Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease. (Interprofessional Communication)
- Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care, and population health programs and policies that are safe, timely, efficient, effective, and equitable. (Teams and Teamwork) (IPEC, 2016).

IPEC's response to workplace and education trends has been to create a continuum of interconnected, interactive learning streams whereby students and trainees are exposed to, demonstrate, experience and apply competencies through strategic and sequential learning experiences. We believe that effective communication skills and team-based skills are best taught sequentially, through the scaffolding of learning activities, including exposure to desired competencies, classroom instruction, demonstration in pre-clinical simulation-based settings, and application of and reflection upon knowledge and proficiency in clinical settings (Dow et al, 2013).

Longitudinal, developmental, and interconnected learning depends upon the exchange of ideas between campus-based and clinical systems; transparency and collaboration within existing and parallel university entities, and initiation of common practices between clinical sites and campus educators.

2018-2023 IPEC Strategic Plan

What follows is IPEC's re-envisioned five-year strategic plan for 2018-2023, which includes updated vision, mission, and values statements, as well as goals and objectives for six key planning domains, keeping in mind that changes in these key areas may be revised based on the University's Vision 2027. The strategic planning process was inclusive of all constituents and was fully vetted by the IPEC Advisory Group and IPEC stakeholder.

"UNE has an opportunity to be THE leader across the country on how to effectively do this."

IPEC Vision:

IPEC will be a nationally recognized leader in campus-based and community-responsive interprofessional education, practice, scholarship, and research.

Mission:

IPEC transforms health care education by preparing future health professionals with contextual knowledge, intercultural proficiency, and readiness to participate as members and leaders of dynamic interprofessional clinical and community health and social care teams.

Values:

UNE IPEC values shared learning environments that prepare students to be competent and collaborative health professionals and leaders in their fields:

Safety and Quality: Alignment with Triple/Quadruple Aim goals in campus and clinical curriculum and programming.

Commitment to Population Health: Concepts of social determinants of health, early adversity, material inequities, cultural competence, and health literacy taught and highlighted in all programming and activities.

Social Inclusion: Commitment to improving participation of diverse individuals and groups in their respective communities and in the broader society and enhancing the ability, opportunity, and dignity of those disadvantaged on the basis of their identity. (World Bank, 2013)

Person-Centered, Relational Practice: Cultivation and support of attitudes and skills that empower healthcare recipients to participate in their health, wellness, and social care reflective of their individual perspectives and circumstantial needs and respectful of mutually-determined shared decision-making processes.

Collaborative Leadership: Leadership and facilitation based on and conducted through respectful communication, inclusion of diverse groups, acknowledgment of differing views and opinions, and assuring leveled participation of all members of the team.

Student Empowerment: Students are viewed as both learners and leaders charged with transforming healthcare practice, policy, and the greater good.

Relevance: Commitment to stay current with trends in health and social care and health professions education; assuring that activities and programming is meaningful and purposeful for those who participate.

Key Strategic Domains:**1) Infrastructure**

“The challenge lies currently in creating a seamless model for sustainable collaboration across multiple disciplines within the university.”

Goal: IPEC will be institutionalized as a hub to support faculty, provide community training, enhance recruitment, and promote student initiatives.

Objectives:

- Employ diverse staff to carry out key elements of the strategic plan, including program management, program coordination, curriculum development, clinical/community liaison, grant expertise, and assessment.
- Determine workload release time for identified IPE/IPP faculty leaders across the university.
- Expand IPEC visibility on both Maine campuses and online platforms
- Procure institutional funding streams to support infrastructure and faculty workload relief
- Increase grant and foundation award funding
- Develop revenue-generating opportunities
- Work with admissions and marketing to enhance and advertise UNE's IPE niche and excellence in IPE
- Encourage and engage student participation in IPEC governance and programming through the Interprofessional Student Advisory Team (IPSAT) and IPE Student Club on the Biddeford Campus

2) Continuing Education and Training

"One of the reasons I came to the University of New England was because of all the IPE opportunities."

Goal: Provide ongoing IPE and Interprofessional Practice (IPP) training for campus and clinical faculty and community partners

Objectives:

- Assure that all campus and community faculty are exposed to IPEC competencies and team-based skill development
- Provide IP orientation to all incoming faculty and staff
- Engage community partners in curriculum development to maintain content relevancy and transferability to health and social care practice
- Identify community training needs
- Develop community training package to include face-to-face, webinar, and learning modules based on community need
- Develop Continuing Education using the Interprofessional Simulation and Innovation Center

3) Curriculum Development

"I cannot say enough about the IPEC team and truly believe that they are one of the most valuable aspects of UNE's future."

Goal: Create, implement, and assess common curriculum across colleges and programs guided by IPEC competencies (communication; teamwork; roles and responsibilities; values, ethics, and population health).

Objectives:

- Advocate for protected IPE time built into curriculum
- Establish an IPE common curriculum committee with representatives from all colleges

- Pair relevant health professions in learning activities
- Develop and implement IPE core and elective courses, including those that integrate health and humanities; health and business; health and the arts
- Develop an IP leadership course
- Establish a Dean-led monthly seminar series
- Develop common IPE simulation case studies and assessment models
- Expand use of IP asynchronous learning models
- Refine and extend IPE honors certificate program/fellowship in collaboration with CUP and AHEC Scholars

4) **Connect Campus Learning Environments with Clinical Settings**

“The campus-based work that IPEC has facilitated for the students at UNE is invaluable and likely not fully appreciated by students until they enter the professional world and realize how advanced they are in their thinking.”

Goal: Establish bidirectional community learning partnerships reflective of community needs, patient voices, and core IP competencies.

Objectives:

- Create a natural bridge between campus and clinical learning
- Work more closely with clinical/community partners on curriculum development and skill building that meets the needs of the changing healthcare landscape
- Utilize “in house” clinics (e. g. Dental Hygiene, Dental Medicine, OMM, Community Therapy Center, Counseling Centers) as IPE pre-clinical learning environments
- Develop local clinical rotations in non-traditional health delivery settings, for example homeless shelters, rehabilitation programs, and behavioral health homes
- Initiate a community IPE advisory board with community partners, patients, and stakeholders

5) **Assessment and Evaluation**

“I think we need to strongly consider how we are assessing whether competencies are being met and determine the best path for achieving the competencies.”

Goal: Assure ongoing, systematic and rapid response processes for IPE/IPP curriculum, programming, and clinical education.

Objectives:

- Determine need for full-time evaluator for IPE campus initiatives
- Continue rapid cycle evaluation for all IP programming
- Measure student outcomes based on IPEC competencies
- Review and evaluate student curriculum (gap analysis), IPE activities, and internal processes
- Work with clinical/community sites to develop instruments to measure teamwork and patient outcomes
- Determine return on investment for IPE and IPP programming

6: Research and Scholarship

“UNE IPE is creating change agents for a better future in healthcare.”

Goal: Faculty, Students, Staff, and Community Partners will disseminate IPE/IPP knowledge

Objectives:

- Publish collaborative articles with 2-3 publications per year in peer-reviewed journals
- Present at National and International conferences 2-3 times per year
- Mentor faculty in developing publications and attaining achievements for reappointment, promotion, and tenure
- Increase IP mini-grant opportunities
- Encourage student participation in national conferences
- Develop a UNE IPE/IPP publication
- Sponsor a regional/national IPE/IPP conference

“The health of our communities relies on creative partnerships that are accessible, affordable and sustainable.”

References

Dow, A., Konrad, S. C., Blue, A. V., Earnest, M., & Reeves, S. (2013). The Moving Target: Outcomes of Interprofessional Education, *Journal of Interprofessional Care*, 27(5), 353-355.

Dow, Alan & DiazGranados, Deborah & E Mazmanian, Paul & M Retchin, Sheldon. (2013). Applying Organizational Science to Health Care: A Framework for Collaborative Practice. *Academic medicine: journal of the Association of American Medical Colleges*, 88(7), 952–957. doi: 10.1097/ACM.0b013e31829523d1

Earnest, M. & Brandt, B. (2014). Aligning practice redesign and interprofessional education to advance triple aim outcomes. *Journal of Interprofessional Care*, 28(6), 497–500. doi: 10.3109/13561820.2014.933650

Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative.

World Bank. 2013. Inclusion Matters: The Foundation for Shared Prosperity (Advance Edition). Washington, DC: World Bank. License: Creative Commons Attribution CC BY 3.0.