

Interprofessional Education in Healthcare

Lisa Norsen, ACNP-BC, PhD
Associate Dean, Innovation and Community
Director, Master's Programs
Director, Sovie Institute for Advanced Practice
University of Rochester

Goals for Presentation

- Clarify **language**
- Brief history of attention to **collaborative care** in US
 - Why?
- Brief history of **interdisciplinary education** efforts in US
- Where we are: 1990s to present
- Core Competencies

Multidisciplinary Education and Practice

Education: “Occasions when two or more professions **learn side by side**”

Practice: A group composed of members with varied but complimentary experience, qualifications, and skills formed to achieve a specific goal.

Multidisciplinary: this is our legacy

- Key points
 - Effort is side by side
 - Communication is often unidirectional
 - Interaction is on an “as needed” basis
 - Collaboration is not mission critical
 - Individual expertise and accountability
 - common goal (positive interdependence)
 - Value of all members
 - Interpersonal skills and communication

Clarifying the Language

Language: Are these the same?

interdisciplinary=interprofessional

Interdisciplinary- more common in U.S.

Interprofessional- more common in Canada,
UK- has more cache now

Interdisciplinary Care

“...[integration] of observations, bodies of expertise, and spheres of decision making to coordinate, collaborate, and communicate with one another [across disciplines] in order to optimize care for a patient or group of patients” (Greiner & Knebel, IOM, 2003)

Interprofessional Practice

- When multiple health care workers from different professional backgrounds work together with patients, families, caregivers and communities to deliver the highest quality care (WHO, 1010)

Interprofessional Teamwork

- interdisciplinary **team** is a group of health care professionals from diverse fields who work in a coordinated fashion toward a common goal for the patient.
- Interprofessional teamwork reflects the levels of cooperation, coordination and collaboration characterizing relationships between professions in delivering patient centered care

Interprofessional Team Based Care

- Care delivered by intentionally created, usually relatively small work groups in health care, who are recognized by others as well as by themselves, as having a collective identity and shared responsibility for a patient or group of patients.

Interprofessional Education

- When students from two or more professions learn about, from and with each other to enable effective collaboration to improve health outcomes (WHO, 2010).

Brief History: Interdisciplinary Care

Interdisciplinary care:

- **Cycles from late 40's to present - rehab/chronic care, family health, primary care, psychiatry, intensive care, geriatrics, end-of-life care**

- **Demonstration funding from foundations and federal government/ legislation to fund initiatives**

Brief History: Interdisciplinary Care

- Why did it fail?
 - Repeated calls for *evidence* of better outcomes
 - Few studies/ rigorous evaluations
 - Little widespread advocacy
 - Lack of system support
 - Incentives were not aligned
 - Funding was for start up and there were not dollars to sustain

New Priority on Interdisciplinary Practice

What has changed?

- Language of interest has changed from narrow to broad
 - e.g., rehab, geriatrics-> patient safety, safety, quality of care
- Identifying problems as systems based- not individual
 - Therefore multiple people (read team) involved in analysis and resolution
 - Med errors- provider/ nurse/ pharmacist
 - safety/quality are systems properties- not the domain of one
- Re-conceptualization of teams as “microsystems”

New Priority on Interdisciplinary Practice

- External regulators (JCAHO, CARF) require it
- Framing collaborative practice as part of a broad health care reform agenda (Prez says)
 - Integrated health care systems (read health care teams) to improve access, enhance quality and reduce costs
 - Develop a comprehensive plan of care that follows the patient across the continuum, in multiple settings and across the lifespan

**QUALITY FIRST:
BETTER HEALTH CARE
FOR ALL AMERICANS**



**FINAL REPORT TO
THE PRESIDENT
OF THE UNITED STATES**

The President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry

- ✓ “Collaboration is a key tool for improvement”
- ✓ “Education and training of health care workers should provide those individuals with greater experience working in interdisciplinary teams”

There is now sufficient evidence that it works!

- Improves access to care
- Enhances appropriate use of specialty care
- Improves health outcomes of people with chronic disease
 - Sx management
 - Disease progression
- Enhances patient safety
 - Primarily through fewer errors

It works!!

- Enhances quality of care
 - Reduces complications
 - Reduces mortality
 - Improves patient satisfaction
- Reduces cost of care
 - Fewer tests
 - Less costly options
 - Reduced (or fewer) LOS and ED visits
- Positive outcomes in mental health settings as well

Brief History: Interdisciplinary Education (1970 to 2000)

- Pattern of demonstration projects funded by government (HRSA) and foundations (RWJ, PEW) paralleled cycles of interest in specialized areas of care
- Many projects weak on evaluation data and sustainability (heard that before?)

The Context: History of IPE New Millennium, New Drivers

- Two IOM reports on safety and quality
 - To Err is Human Building a Safer Health Care System
 - Focused on patient safety
 - Errors can be prevented
 - Through safer health care systems
 - Crossing the Quality Chasm
 - Focused more broadly on quality
 - Encouraged innovative models of practice

To Err is Human

- ✓ “Most care is delivered by teams”
- ✓ “People make fewer errors when they work in teams”
- ✓ “We should train in teams those who are expected to work in teams” - both current practitioners and those in training

(IOM, To Err is Human)

Crossing the Quality Chasm

- The current system shows too little cooperation and teamwork...the role trumps the system...under the new rule cooperation in patient care is more important than professional perogatives and roles”
(IOM, Crossing the Quality Chasm, p. 83)
- Recommends an ID summit to reform education

Health Professions Education: A Bridge to Quality (IOM, 2003)

- Five competencies for all health professions to ensure safer, higher quality health systems:
 - patient-centered care
 - interdisciplinary teams
 - evidence-based practice
 - quality improvement
 - informatics

Health Professions Education: A Bridge to Quality (IOM, 2003)

- Interdisciplinary education has yet to become the norm in health professions education despite compelling evidence that team based care and IPP result in superior patient care

New Push from Practice for Better Teamwork in Health Care and IPE Approaches

- ✓ Role of IHI
 - ✓ Introduction of aviation models, e.g., crew resource management, business models
- ✓ Involvement of medicine
 - ✓ Don Berwick and others
- ✓ Role of JCAHO standards of care and IPE Summit follow-up
- ✓ Foundation re-investment, Macy, RWJ

Evidence for Positive Outcomes of IPE

- 2005: Hugh Barr et al. (2005) *Effective Interprofessional Education: Argument, Assumption and Evidence*. Blackwell.
 - 353 studies (107 used in final analysis)
- 2007: M. Hammick et al. A best evidence systematic review of interprofessional education. BEME Guide no. 9. *Medical Teacher*, 29(8), 735-51.

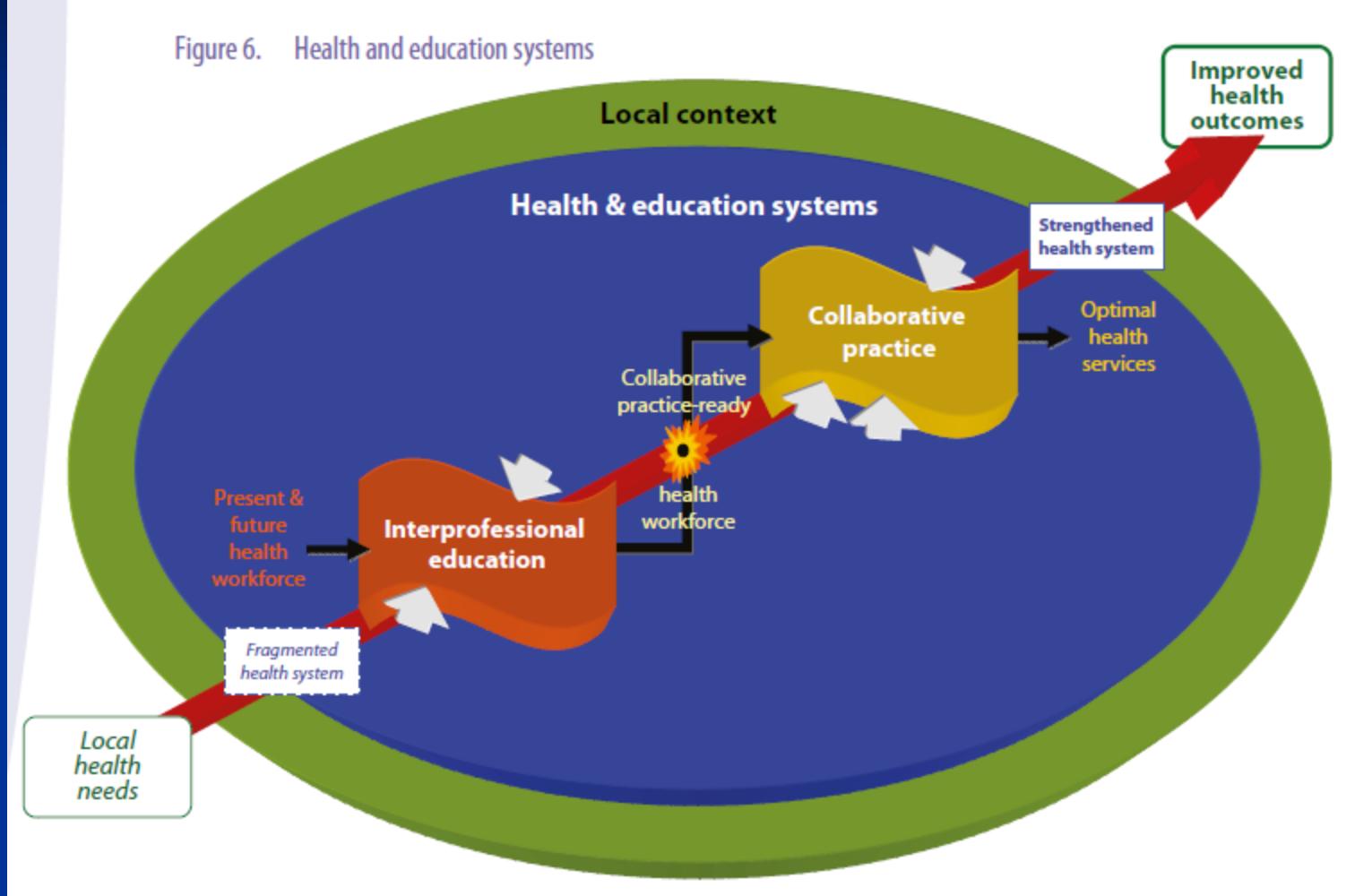
Evidence for Positive Outcomes of IPE

- (2009) Reeves, et al, (2009).
Interprofessional Education: Effects on Practice and Health Care Outcomes. Wiley and Sons, New York.

Current state

- WHO conducted a study of IPE in healthcare (2009):
 - 392 respondents
 - A majority reported IPE for some of its professionals
 - No consistency in requirement across disciplines
 - Nurses: 16% (includes NPs)
 - PAs: 2.2%
 - MDs: 10.2%
 - Occurred most commonly at the undergraduate level
 - Usually occurred face to face
 - Many programs are moving to on-line

Figure 6. Health and education systems



The Challenge: Nationally

- Weak in faculty/preceptor development and IPE pedagogy
- Tomorrow is here and we are playing catch up.
- Are all professions being considered?
- “Add-on” vs integrated approach
 - Funding
 - National bodies
- Lack of linkage to worldwide movement in IPE

The Challenge: Nationally

■ IPE in the U.S.

- **Seemingly scattered and unconnected responses to practice imperatives (IOM, IHI, JACHO) from high level change to discrete initiatives**
- **Unawareness of existing evidence: “reinventing the wheel”**
- **Weak in generating evidence/outcomes (what outcomes do we expect of these initiatives- can we agree?)**
- **A common language to unite IPE and IPP**

- To this point, interdisciplinary practice has been driving changes in education.....but that paradigm needs to shift- and rapidly
 - The mandate for a collaborative practice ready workforce cannot be overstated.
 - Attracting new students to the profession requires transformation of the curriculum.
 - There is not enough money to educate professions in siloes

Interprofessional Education Collaborative

- Formed to carry out the recommendations of the ID educational summit recommended by IOM:

Health Professions Education: A Bridge to Quality

Interprofessional Education Collaborative

- Published Core Competencies in 2011
 - American Association of Colleges of Nursing
 - American Association of Colleges of Osteopathic Medicine
 - American Association of Colleges of Pharmacy
 - American Dental Association
 - American Association of Medical Colleges
 - Association of Schools of Public Health

Why Core Competencies?

- Create a coordinated effort across professions to imbed content in all curricula
- To encourage common curricular development of pedagogy and assessment strategies
- develop foundation for LLL trajectory
- Strengthen research in this area
- Prompt “fit” discussions between practice and education

Why Core Competencies?

- Integrate content consistent with accreditation requirements of all disciplines
- Provide info for accreditors
- Inform professional licensing and certification bodies of standards

By profession

- Nursing: interprofessional collaboration competencies are included in its essentials documents for UG, masters and doctoral educational programs
- AAMC: has identified IPE as one of two “horizon” issues for action.
 - ACGME : general competencies for professionalism, IP communication and team based participation and leadership skills

By profession

- PA: 2010 Accreditation review commission for the education of PAs: The curriculum *must* include instruction to prepare students to work collaboratively in interprofessional patient centered teams.
 - Delineates roles and responsibilities of various health care professionals
 - Emphasizes team approach to patient centered care
 - Assists students in learning the principles of interprofessional practice
 - Includes *opportunities* for students to apply these principles in interprofessional teams.



Competency

- Enactment of knowledge, skills and attitudes that define the domains of work of a health professional in a particular context
- using above, the ability to problem solve through the use of clinical judgment

Interprofessional Competency

- Integrated enactment knowledge, skills and attitudes that defines working together across disciplines, with other health care workers, and with patients, families and communities to improve health outcomes.

Interprofessional Competency Domain

- An identified cluster of specific interprofessional competencies that are conceptually linked and serve as theoretical constructs

Principles of the Core Competencies

- Patient- family centered
- Community- population oriented
- Relationship focused
- Process oriented
- Linked to learning activities and strategies
- Usable across the care continuum and professions
- System sensitive
- Common taxonomy
- Outcome driven

Core Competencies

- Goal: prepare all health profession students for deliberatively working together with the common goal of building a safer and better patient centered and community oriented health care system in the US

Core Competency Domains

- Values and ethics for interprofessional practice
- Roles/ responsibilities
- Interprofessional communication
- Teams and teamwork

Values and ethics

- Background: professionals should be grounded in a sense of common purpose to support the common good in health care, reflects a shared commitment of creating a safer more effective and efficient health care system.

General competency

- Work with individuals of other professions to maintain a climate of mutual respect and shared values
 - Place patients and populations at center of care delivery
 - Respect the dignity and privacy of patients
 - Embrace cultural diversity that characterize patients and the health care team

- Respect other health professions
- Work in cooperation with those who receive and provide care
- Develop a trusting relationship(s)
- Demonstrate high standards of ethical conduct
- Manage ethical dilemmas
- Act with honesty and integrity
- Maintain competence in own profession

Roles and Responsibilities

- Background: must understand your own role and those of others to work effectively in a team. Complexity of health care and health care delivery calls for recognizing the limits of your own expertise and highlights the need for cooperation, communication and coordination of care. Safe and effective care requires “crisply defined roles and responsibilities”

Roles and Responsibilities

- General Competency: Use the knowledge of one's own role and those of other professionals to appropriately assess and address the healthcare needs of patients and populations served.
 - Communicate your own role accurately
 - Recognize your own limitations
 - Engage diverse professionals who complement your skill set to meet patient needs

Roles and Responsibilities

- Explain to others how your team works
- Use full scope of all team members to provide efficient, safe, timely, effective and equitable
- Communicate to clarify team member responsibility
- Forge interdependent relationships
- Engage in LLL

Interprofessional Communication

- Background: While basic communication is often part of the health care curriculum IP communication is lacking, but is the most fundamental requirement for care providers. Dysfunctional communication results from discipline specific jargon, poor health literacy skills, and antiquated hierarchical structures that discourage professional discourse and problem solving.

Interprofessional Communication

- General competency: Communicate with patients, families, communities and other health care professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and treatment of disease.
 - Choose effective techniques, information systems and technology, to support team.
 - Organize and communicate info that is understandable

- Express knowledge and opinions confidently, clearly and respectfully.
- Listen actively- encourage ideas and opinions of others
- Give timely, constructive feedback
- Use respectful language in difficult situations
- Understand your own place (expertise, culture, power) and use it to promote team communication.

- Communicate consistently the importance of teamwork

Teams and Teamwork

- Background: IPP means knowing how to be a good team member. Becoming a part of a team means “giving up” some autonomy and willingly sharing expertise. It means recognizing others and cooperating to share accountability, share problem solving and share decision making.

Teams and Teamwork

- General Competency: Apply relationship building values and principles of team dynamics to perform effectively in different team roles to plan and deliver care that is safe, timely, efficient, effective and equitable.
 - Describe the process of team development
 - Develop consensus on ethical principles that guide patient care
 - Engage other professionals in problem solving

- Integrate the knowledge of other professionals in decision making
- Apply leadership practices that support collaborative practice
- Manage disagreements within team and with patients/ families
- Share accountability
- Reflect in individual and team performance

- Use PI strategies to improve team based care
- Use evidence to inform effective teamwork
- Assume easily various team roles

Challenges in IPE

- What opportunities do we have to add meaningful didactic and clinical IPE at all levels of nursing education?
- How can preceptors help in exposing nursing students to interprofessional practice experiences in community and institutional settings?

Integrating Core Competencies

- Much remains to be learned about how to do this
- Many traditional barriers exist
- But there are exemplars.....

Jefferson Health Mentors Program

- IPE program where “students teams” from medicine, nursing, pharm PT, OT, family therapy are assigned a “health mentor” (usually an older adult with many chronic illnesses) becomes the teacher.
 - Goals: role understanding; POV of patient
 - 8 learning sessions

University of Washington

- Educational modules focused on error reduction through effective IP communication:
 - IP student groups participate in a one day session
 - Mixed ed methods- didactic, simulation, case based learning.
 - Focus of all sessions:
 - Effective communication and messaging
 - To reduce errors
 - How to communicate when errors occur (to each other and to patients)

UConn

- Urban Health Scholars program: open to med students, nsg students, SW interested in underserved populations, history of volunteerism, commitment to ideals of IPP.
- 2 year placement in a federally qualified community health center with a mentor to work as “student”

University of Wisconsin

- The Health Sciences Learning Center (HSLC) at the University of Wisconsin-Madison is the site of classroom instruction and clinical skills training for the University of Wisconsin School of Medicine and Public Health and UW School of Nursing.

How do we do this

- In the classroom:
 - Interprofessional simulation experiences- Goal is all about teamwork
 - Interprofessional programs (usually not discipline specific)
 - On line learning
 - Discreet courses about it
 - Discreet courses using it
 - Curriculum mapping
 - Role modeling (faculty assignment and behaviors)

How do we do this? Clinical experiences

- As a preceptor, know the competencies
- Expose students to examples (good and bad)
- Use reflective learning

SOVIE INSTITUTE FOR ADVANCED PRACTICE, INNOVATION AND SCHOLARSHIP

Organizational Structure and Functions

