The Interprofessional Education (IPE) Quagmire: Pragmatic Approaches for Success

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Objectives
1. Discuss the IPE learning continuum and relationship to IPE trajectory in PNP curricula
2. Identify strategies for avoiding common IPE pitfalls in case development and deployment
3. Describe successful strategies to engage and sustain administrators and faculty in IPE
4. Describe essential faculty development opportunities for participation in or implementation of IPE
5. Summarize evaluation approaches for IPE

With which do you most identify?
- Clinician and/or Preceptor
- Faculty - primarily clinical
- Faculty - tenure-eligible
- Program Director/Administrator
- Other

Level of IPE Experience
- Novice
- Some experience
- Intermediate
- Seasoned

What is Interprofessional Education (IPE)?
Occasions when two or more professions learn with, from and about each other to improve collaborative practice and the quality of care. (CAIPE, 2002)

Interprofessional Education: Why Bother?
- Medical errors are 3rd leading cause of death
  - Account for nearly 250,000 deaths in US annually
- Direct cost of medical errors = $38 Billion annually
  - Indirect = $835-980 Billion
- Overwhelming source of medical errors?
  - MISCOMMUNICATION

Why IPE Cont.

- Evidence from literature – high functioning teams improve outcomes of care
  - 70% of errors related to poor communication within and across teams
  - 85% of providers report that one or more adverse outcomes have resulted from uncoordinated care

What does collaborative practice look like?

We can learn a lot from children...

What does interprofessional practice look like?

- Utilize both the individual and collective skills and experience of team members
  (RWJF Position Statement)
- “Triple Aim” (Goal of IOM Global Forum)
  - To achieve better patient care
  - To achieve better public health
  - To achieve a more efficient and affordable healthcare system (lower costs)


Educational Silos

- Team-based skills are learned, not intuitive
- We educate students in silos with no opportunity to learn and practice together

Background

- 2010 Lancet Commission
- 2011 Interprofessional Education Collaborative Competencies
- 2013 IOM report on Interprofessional Education for Collaboration

Frenk et al. (2010). Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. The Lancet. IPE-competencies IOM Interprofessional Education for Collaboration
Interprofessional Collaborative Practice Competency Domains (2011)

- Competency Domain 1: Values/Ethics for Interprofessional Practice
- Competency Domain 2: Roles/Responsibilities
- Competency Domain 3: Interprofessional Communication
- Competency Domain 4: Teams and Teamwork


Incorporate past education and experiences
Match participants on spectrum of knowledge, attitudes, and skills

IPE AT UW

Health Science Schools at UW

Interprofessional Learning Continuum Model

- IPLC model scaffolds meeting IPEC competencies across PNP program
- Incorporate past education and experiences
- Match participants on spectrum of knowledge, attitudes, and skills


The greatest opportunity for collaborative practice is when students/trainees are working together in clinical practice, where relationships are formed and interdependence is readily evident.
What “Counts” as IPE?

- Team-building
- Case-based workshops
- Team-based rounds
- Web-based learning
- Peer coaching and mentoring
- Longitudinal programs
- Practice communities

Case-Based IPE

- Most common format used in IPE
- Lends credibility
- Consider implicit vs explicit focus of IPE opportunity to engage with other professions
- Caveats:
  - Must be relevant for all professions
  - Must be realistic

Case Development & Deployment: Logistical Details

- Case configuration
- Delivery Method
  - Vignettes
  - Standardized patient
  - Simulation, role play
  - Asynchronous
- Facilitators needed
- Materials
  - AV, specialized equipment
  - Participant & facilitator materials
- Space & scheduling
  - Rooms or virtual
Case Deployment

Pre-Session
- Scheduling
  - Rooms
  - IP groups
- Facilitator Training
  - Just in time
  - Facilitator guides
  - Logistics

Case Session
- Introduce activity
- Icebreaker
- Case activity
- Debrief
- Evaluation

Icebreakers

> Consider competencies and outcomes
  - Roles/Responsibilities; Attitudes & Perception
    > Elevator Speech
      - Misperceptions, Hot Button Issues
    - Teamwork/Communication; skills, collaboration
    - Paper chain

http://www.ipe.utoronto.ca/download/242/85251eew12/123eb_6b43a211d267e1b8123e1a24/1412121.pdf

Elevator Speech

> Concise synopsis of yourself
> Delivered in 30 seconds or less
> Opportunity to build important skill


Hot Button Issues

> Pair off
> Share the #1 misconception about your profession
  - What do you wish someone with this misconception knew?
  - How might this impact patient care?
  - Teamwork?
> Technique = impromptu networking

http://www.liberatingstructures.com/

Ice breakers: Paper Chain

> IP Groups provided envelope of supplies
  - Paper, scissors, tape
> Moderator advises they are to make longest paper chain in 2 minutes
> Works well in large groups
> 2 minutes – GO!
> Debrief
  - What worked well?
  - Did leader emerge?
  - How did you organize yourselves?

http://www.uwhealth.org/ucmc/nursing/departments/pnpipe/training/trainingplanworksheet.pdf

UW PNP IPE Trajectory

DNP Year 1
- Knowledge & Skills: Roles, communication, teamwork; i-TEETH; TeamSTEPPS; IP Panels
- Reaction, Attitudes and Perceptions: Roles, Values, Ethics; Foster student identity in DNP and PNP

Collaborative Practice
- Clinical evaluations incorporate IP
Year 1 PNP DNP Program

IPEC Competency focus:
- Roles, Responsibilities

Outcomes:
- Reaction, attitudes, perceptions

Activity:
- Interprofessional Pictionary

Interprofessional Pictionary

Groups given a description of a profession
- Draw profession based on description
- Others identify profession

What Profession is This?

Training Requirements:
- Doctoral Degree

Usual Practice settings:
- Hospitals (inpatient and outpatient care)
- Community Settings, Clinics

Scope of Practice includes:
- Health and medication education
- Treatment consultation
- Prescribe under protocol
- Administer medications, provide immunizations

Unusual Practice setting:
- NASA

And What Profession is This?

Training Requirements
- Doctoral degree

Usual Practice Setting
- Outpatient clinic/office

Scope of Practice
- Minimally invasive procedures
- Prescribe medication
- Provide preventative care

Unusual Practice Setting
- Acute care setting

Reflect for a moment...

- What assumptions am I making?
- Where did I learn these values?
- What values/beliefs orient me?
- How might someone whose role is different than mine look at this?
- Why do I feel threatened when I am challenged on this?
- What are the biases and stereotypes about the profession?

(McKee, 2003)

What do people think of OUR profession?
What do people think of OUR profession?

UW PNP IPE Trajectory

DNP Year 1  DNP Year 2  DNP Year 3

Knowledge & Skills
- Roles, communication, teamwork
- i-TEETH
- TeamSTEPPS
- IP Panels

Reaction, Attitudes and Perceptions
- Roles
- Values, ethics
- Foster student identity as DNP and PNP

i-TEETH: Interprofessional Teams Engaged in Education and Training for Optimal Health

- Goal: Introduce oral health, growth and development essentials to Dental, PNP, Social work trainees

https://www.mededportal.org/publication/10249

Year 2 PNP DNP Program

> IPEC Competency Focus:
- Roles, Responsibilities
- Interprofessional Communication

> Outcomes
- Knowledge/skills
- Teamwork, communication

> Activity
- i-TEETH
- TeamSTEPPS
- IP Panel

i-TEETH

- Bridging education to practice:
  - Didactic
  - Clinical seminar
  - Clinical immersion

https://www.mededportal.org/publication/10249
i-TEETH Evaluation

TeamSTEPPS

- Goal: optimize outcomes via communication and teamwork skills
- Ready-to-use curriculum:
  - In-person training
  - Online training
  - Office-based care

https://www.ahrq.gov/teamstepps/index.html

IP Panel

- Less formalized
- Population or condition-specific
- Experts highlight priorities from professional perspectives

UW PNP IPE Trajectory

DNP Year 1
- Knowledge & Skills
  - Roles, communication, teamwork
  - i-TEETH

DNP Year 2
- Roles
- Values, ethics
- Foster student identity as DNP and PNP

DNP Year 3
- Foster clinical evaluations incorporate IP

Barriers & Facilitators to IPE


Year 3 PNP DNP Program

- Focus on community-based practice
- Goals: students integrate collaborative practice into clinical education
  - Course objectives
  - Clinical evaluations (preceptor and faculty)
  - Student self-evaluations
- All HS schools have adopted
- Longitudinal tracking
Which of the following is the most significant barrier to IPE in your institution?

- Lack of perceived value
- Lack of support or buy-in
- Resources – staff and financial
- Scheduling/logistics
- Workload

Barriers to IPE

**Institutional**
- Financial limitations
  - Faculty
  - Staff
  - Materials
- Logistics
- Rigid curricula

**Individual**
- Workload
- Lack of perceived value
- Limited IPE expertise
- Professional biases

Breaking Down IPE Barriers: Institutional

- Administrative buy-in
- Comparison of HS Schools IPE Accreditation Requirements

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<th>Themes</th>
<th>Dentistry</th>
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Addressing Rigid Curricula

- Identify IPE champions in various professions
- Discuss where IPE competencies currently addressed or would fit well
  - Where are there overlaps?
  - What assignments could be adapted?
  - Integration in core curriculum is key to sustainability

Breaking Down IPE Barriers: Personal

- Curricular integration offsets workload
- Content and assignment development
  - Outcomes-based activities
  - What is available? MedEdPORTAL
- IPE Expertise
  - Faculty development
  - Interprofessional faculty teams

Lessons Learned

- Engage administrative support and leadership
- Use interprofessional faculty
  - Collaborative, shared decision-making
- Clear objectives
- Competencies scaffold initiatives
- Experiential learning emphasis
- Share the work!
Faculty Development


Faculty Development

Why bother with faculty development?

- Most IPE offerings are case-based
  - Faculty may doubt expertise
- IPEC Competencies not familiar
  - How do I teach what I don’t know?
- Facilitation vs teaching focus
  - Facilitation is learned skill
  - IP Learning goals may be unfamiliar

Faculty Development at UW

Every IPE event has JIT training
- Formalized Faculty Development
  - Technique-specific events
  - Workshops

Just in Time Training

- Narrow training objectives
  - Web-based, in-person, etc
- Advantages
  - Trainees are familiar, don’t need refresher
  - Learners receive training when they need it
  - Motivated learners
- Disadvantages
  - Limited objectives
  - May not contribute to overall facilitation growth

JIT Features

- Primer on WHY IPE
- Review objectives, case summary, activity
- Review faculty guide
  - Case details
  - Discussion points (from interprofessional experts)
  - Agenda with time schedule
  - Facilitation tips
  - Debrief questions

Formalized Training

T3 Train-the-Trainer Interprofessional Faculty Development Program
- TeamSTEPPS Master Training Course
  - http://www.teamstepsportal.org/teamstepps-master-training-course
- IPE Facilitation Training Toolkit
IPE Success...what does it look like?

- Engage all trainees in discussion
- Trainees develop skills in domain of focus
- Trainees leave session with relevant take-home points
- Trainees consider how own skills could be further developed
- Hear perspectives of others in non-judgmental fashion

Facilitation Tips

1. One student dominates conversation
2. Reluctant or quiet participants
3. Personal or war stories as distractions
4. Challenging comment(s) from participant
5. Sidetracked by discussions about “my profession”
6. Avoid digression
7. Use good facilitation skills (active listening)
8. Avoid hierarchical language and terminology
9. Take advantage of opportunities
10. Prep beforehand
11. Have fun

Preceptor Interprofessional Training

- Clinical preceptors/mentors are critical to preparing collaborative practice-ready clinicians
- Preceptors need training too!
  - UW Center for Health Sciences Interprofessional Education Research and Practice
    - Preceptor Toolkit development is underway!
      - Getting started with precepting
      - Teaching strategies for preceptors
      - Feedback & Evaluations
    - https://depts.washington.edu/chsierp/
  - NONPF Preceptor Portal
    - http://www.nonpf.org/default.asp?page=preceptorportal_main

Formative and Summative Assessment


Kirkpatrick Model of Evaluation

“The greatest opportunity for collaborative practice is when students/trainees are working together in clinical practice, where relationships are formed and interdependence is readily evident.”

How Assessment and Evaluation Need to Change

- Teamwork
- Change in practice
- Team Communication
- Behavior Change
- Roles/Responsibilities
- Acquisition of knowledge and skills
- Modify perceptions
- Change in practice

- Values/Ethics

Event-Based Evaluation

- Tie to objectives
- Move beyond satisfaction and learning about professional roles
  - At minimum: “please share something that you learned today that you plan to apply to your future practice”

Methods Used at UW

“The complexity of the problem doesn’t lend itself to simple solutions” — Doug Brock

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<th>Method</th>
<th>Measures</th>
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<td>Embedded metrics</td>
<td>Who, what, where, when, why</td>
</tr>
<tr>
<td>Longitudinal assessment</td>
<td>Who, how much, what works</td>
</tr>
<tr>
<td>Clinical Evaluation</td>
<td>Who, where, when, how, what works</td>
</tr>
</tbody>
</table>

Embedded Metrics

- Who: Level of learner/trainee
- What: Activity
- Where: Location of training
- When: Timing in program
- Why: Include competencies and objectives

Longitudinal Assessment

- Tracking metrics over time
  - Developing competency?
  - Where is meaningful IPE happening in curriculum?
  - Are learners developing & exhibiting collaborative practice behaviors?
- What works?
  - Assess by reviewing competencies and patterns
  - Identify successful IPE integration, remove excess

Longitudinal Assessment Examples

- Quarterly or annual survey link
- Competency domain with Likert response
  - I am learning this
  - I am competent in this
  - Have not had opportunity
- Where have you learned/are you learning this behavior?
  - Classroom-based
  - Clinical practicum
  - Informally

12
Clinical Evaluations

Interprofessional education is critical to preparing collaborative practice-ready professionals.

Key elements
- Buy-in
- Meaningful learning activities
- Effective faculty
- Strategic assessment

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Questions?
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