



CASE WESTERN RESERVE  
UNIVERSITY EST. 1826

## **Creating Meaningful IPE Clinical Experiences for IP Student Teams in Clinic-based Practice Sites: ILEAP**

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- Scan your badge barcode or sign in to each workshop
- Complete workshop evaluations (paper) and end-of-Summit evaluation (electronic)

## **Those who purchase CE credit:**

- MUST sign in to receive credit
- Will be sent a certificate after the Summit

\*\*\*\*If you would like CE credit but have not purchased it, see Registration

# Objectives of Today's Workshop

- **Identify approaches to develop meaningful clinical IPE experiences for students**
- **Describe examples of collaborative approaches for clinical site readiness and engagement**
- **Identify barriers to clinical site engagement**

# Case Western Reserve ILEAP Team

## Macy Grant CO-Is

- Ellen Luebbbers, MD (CWRU MED)
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- Scott Wilkes, JD, PhD (CWRU MSSAS)
- Carol Savrin, RN, DNP (CWRU NURS)
- Prabalini Rajendram, MD / Rita Pappas, MD (CCLCM)



## Curriculum Committee

- Mary Franklin, MSN, CNM
- Erica Stovsky, MD, MPH
- Kristin Victoroff, DDS, PhD
- Cynthia Lord, MHS, PA-C
- Debbie Lindell, RN, DNP
- Kris Semrad, BS
- Jesse Honsky, MPH, DNP



# Interprofessional Learning Exchange and Development (ILEAP)

**To Refine, implement and test a scalable model for interprofessional clinical education**

- ❖ Early learner student teams
- ❖ Clinical-based experiential learning opportunity to enhance collaborative healthcare team skills
- ❖ Adding value to the clinic site

# ILEAP Partners

## 5 School Partners

- School of Dental Medicine
- School of Medicine
- Physician Assistant Program
- FPB School of Nursing
- Mandel School of Applied Social Sciences

## 5 Clinical Partners

- Children's Hospital – CCF
- MICU - CCF
- Emergency Department - CCF
- Care Alliance – FQHC
- Neighborhood Family Practice FQHC



CCF= Cleveland Clinic Foundation  
FQHC = Federally Qualified



# ILEAP Model Components



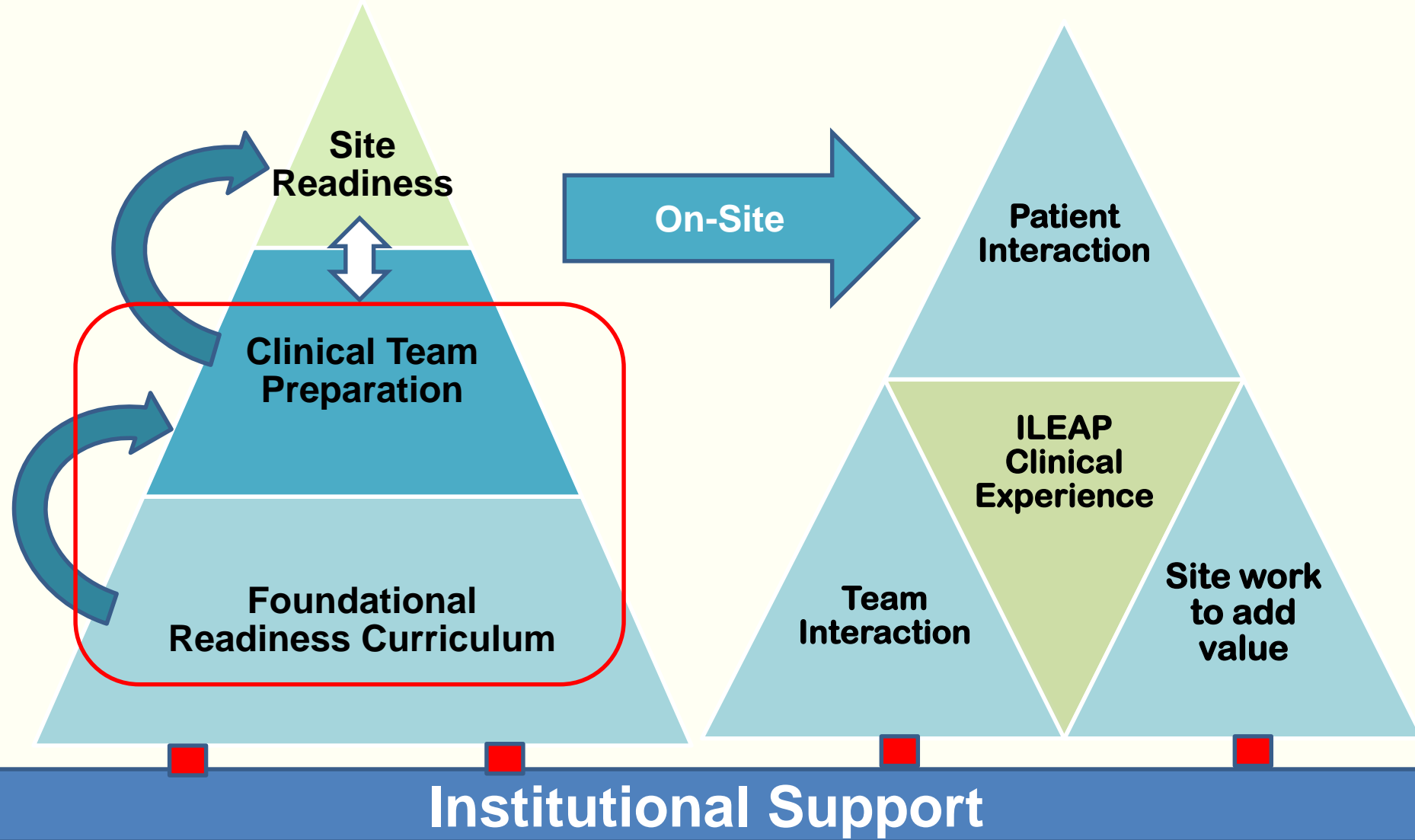
1. Readiness: students and clinical sites
2. Collaborative design with clinical site
3. Consistent team skills learning and practice at all clinical sites
4. Students add value to clinical care
5. Evaluation – multi-level, mixed methods

**Training for Readiness and Competence in Collaborative Care Teams**

# ILEAP: Readiness

and

# Experience



# Student Readiness Foundational Learning: Course

- **All students**  
7 programs/>600 students  
Groups/2 semesters
- **Classroom, on-line, simulation**  
Knowledge  
Attitudes  
Introduction to skills
- **Skills based (DOTI):**  
Ready for ILEAP
- **Institutional support**



# Clinical Team Readiness: ILEAP teams

## ➤ *Just-in-time* learning

- Team Formation
- Skill building

## ➤ **Clinical site introduction**

- Understand environment/population
- Onboarding ;EHR
- Site work

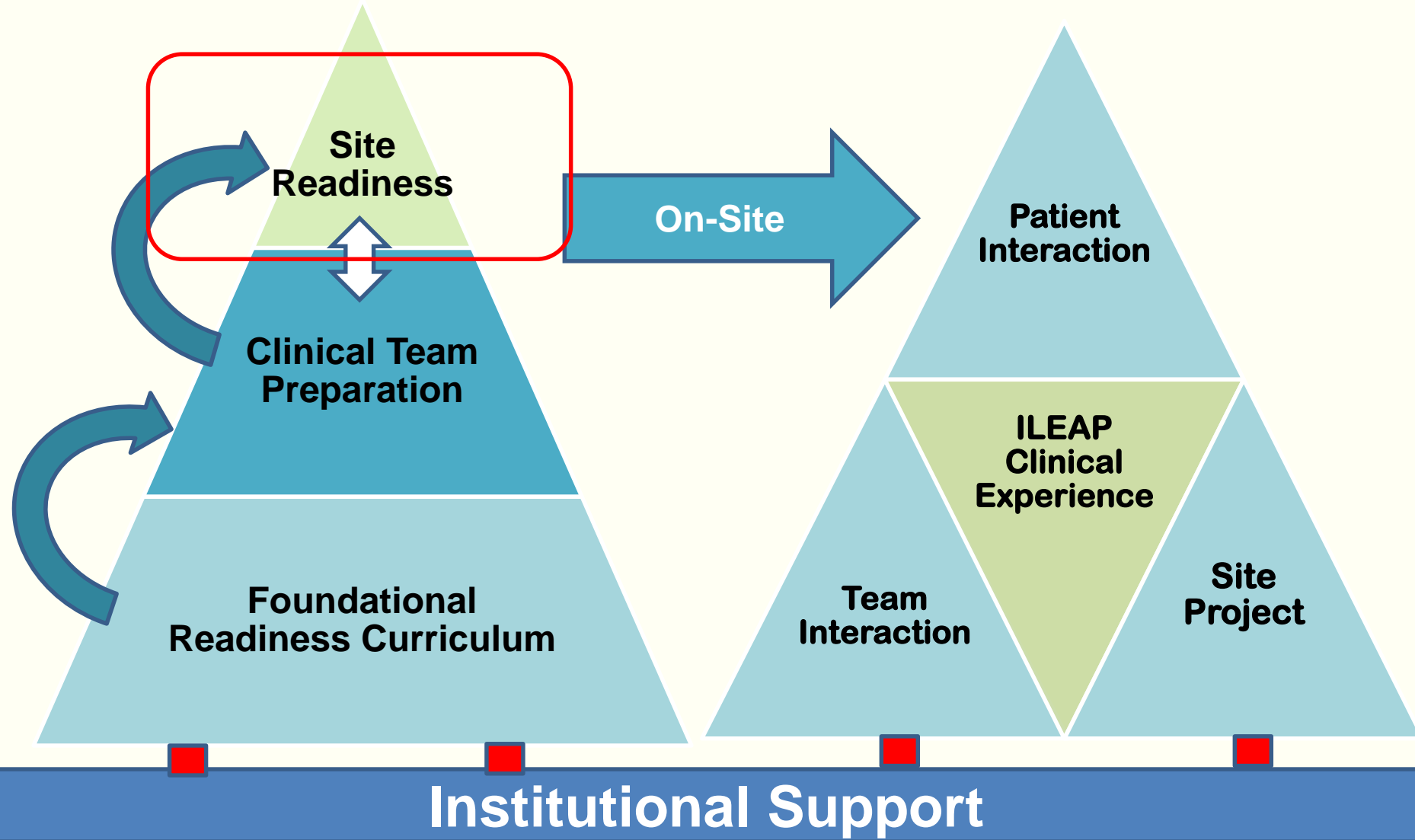
## ➤ **Coaches**



# ILEAP: Readiness

and

# Experience



# Site Readiness

1. **Paradigm Shift\***
2. **Identification of:**
  - **Clinical preceptor (IPE Champion)**
  - Administrative contact – on-boarding
  - Evaluation contact – IRB, data
3. **Schedules for patient contact**
4. **Space**



# Clinical Site Readiness: Paradigm Shift

## New Paradigm

1. Student teams
2. Students adding value
3. Team 'work'
4. Not shadowing



## Process to Readiness

1. Finding the Champion; Relationship Building
2. Brain storming; Identify work - 'gap in care', continuous process improvement
3. Support: ILEAP team available, coaches

## **Process to Clinical Site Readiness**

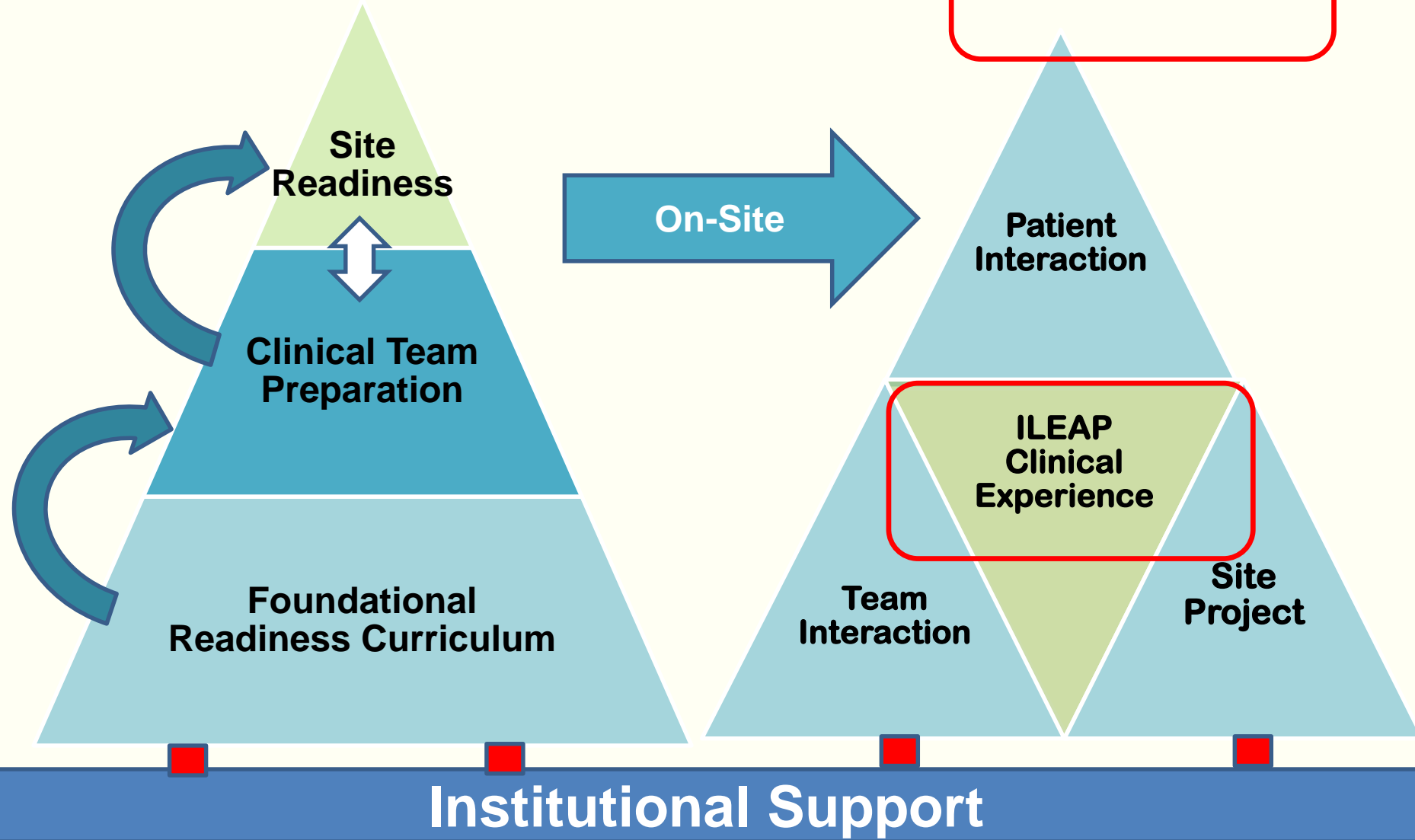
- 1. Identify possible clinical sites locally**
- 2. Find a clinical champion at the site**
- 3. Create the paradigm shift**
- 4. Identify 'gap in care'**
- 5. Develop continuous process improvement plan that includes:**
  - 1. Support: ILEAP team available, coaches**
  - 2. Feedback from evaluation**



# ILEAP: Readiness

and

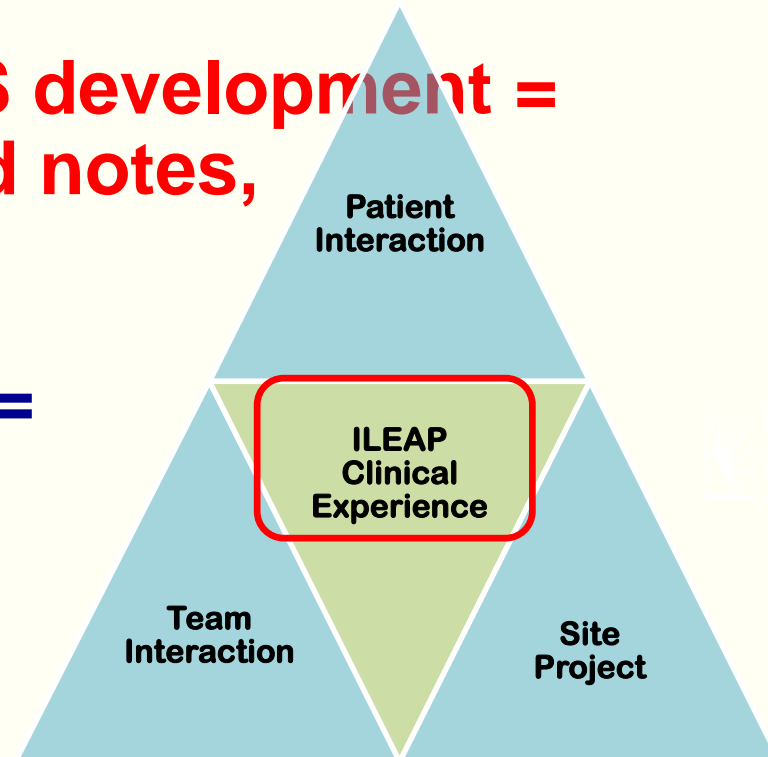
# Experience



# ILEAP Core Experiences

1. **Patient interaction = sufficient/meaningful patient contact. 'Real Work' to add value**
2. **Consistent TEAM SKILLS development = DOTI Work, debriefs, field notes, logs, reflection**
3. **Measurable OUTCOMES = Added value**

Site placement; 4 hrs/week; 6 weeks at site; 2 weeks offsite



# Typical ILEAP Day

- Team of students (4) and coach
- Clinical site preceptor
- Pre-brief; patient assignments/team skills
- See patients in student pairs
- Huddle; share experiences; develop team skills; learn from each other
- Collect data about patients and process
- De-brief; Evaluate themselves as a team (DOTI)

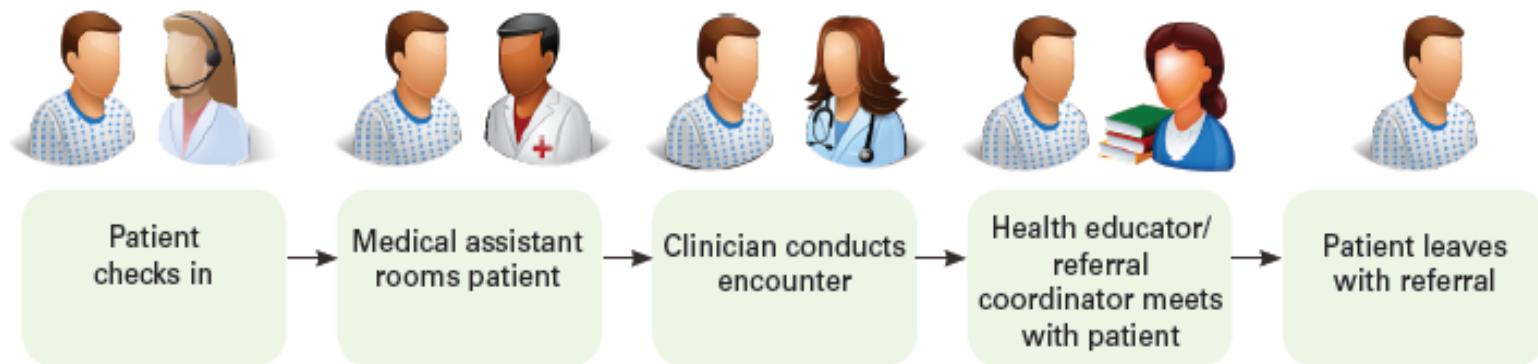
## CLINIC 1 Project

**TEAM  
Role 1**

**TEAM  
Role 2**

**TEAM  
Role 3**

Figure 4: Workflow Example for a Primary Care Team with a Health educator and referral coordinator



In addition to usual care tasks:

- Ask oral health risk assessment and screening questions
- Order and pend dental referral if screening questions positive

In addition to usual care tasks:

- Review answers to oral health questions
- Examine mouth
- Sign referral
- Enter additional oral health orders
- Update problem list for oral health
- Print after visit summary with oral health information

Tasks include:

- Dietary counseling
- Oral hygiene training
- Referral coordination
- Fluoride varnish

**1 Gather Information**  
**Assess Caries Risk**  
**Assess Health Literacy**

**2 Health education**  
**Oral hygiene, eating habits, dental visits**

**3 Improve process**  
**Referral coordination**

### Findings reported back to site

#### Most common medications that affect dry mouth:

1. Omeprazole
2. Pravastatin
3. Amlodipine
4. Lipitor
5. Xanax
6. Lisinopril
7. Acetaminophen
8. Amlodipine

- 20 patients are taking at least one medication that causes dry mouth: **58%**
- 15 patients are taking 2 or more medications: **44%**
- 7 patients are taking 3 or more medications: **21%**

# Impact on care process

## Health Promotion & Referrals

- At risk patients were provided “Rethink Your Drink” from Delta Dental
- Referrals to Dental Dept
- Provided “warm handoff” by walking them to make an appointment
- Data:
  - 8 confirmed appointments
  - 2 referred patients did not make appointments
- Education materials were provided to patients declining a referral



# Clinic 2 Project

# In- Patient sites

- Site 1
- Site 2
- Site 3



# Case study of an ILEAP site – In-Patient

- Cohort 1– **VIDEO? - Feedback**
- Cohorts 2 & 3 – results from eval data.

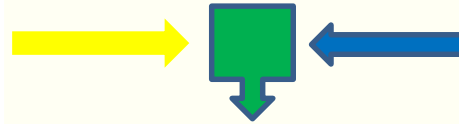
- ***What happened??***

Sheet with steps from previous slides for them to go through as a table.

# Overview of ILEAP Evaluation: Mixed Methods

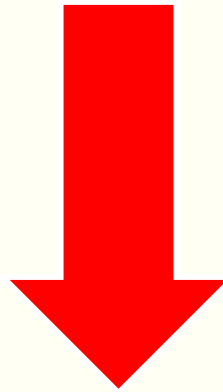
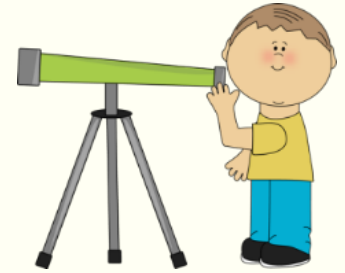
Quantitative  
(How much change)  
Surveys  
Skill Assessments  
**Direct Observation**

Qualitative  
(How/Why Change)  
OE Questions  
Reflections  
Interviews  
**Direct Observation**



Outcomes  
Attitudes  
Knowledge  
IP Skills  
**Clinic Process**  
**Added Value**  
**Patient**

# Direct Observation



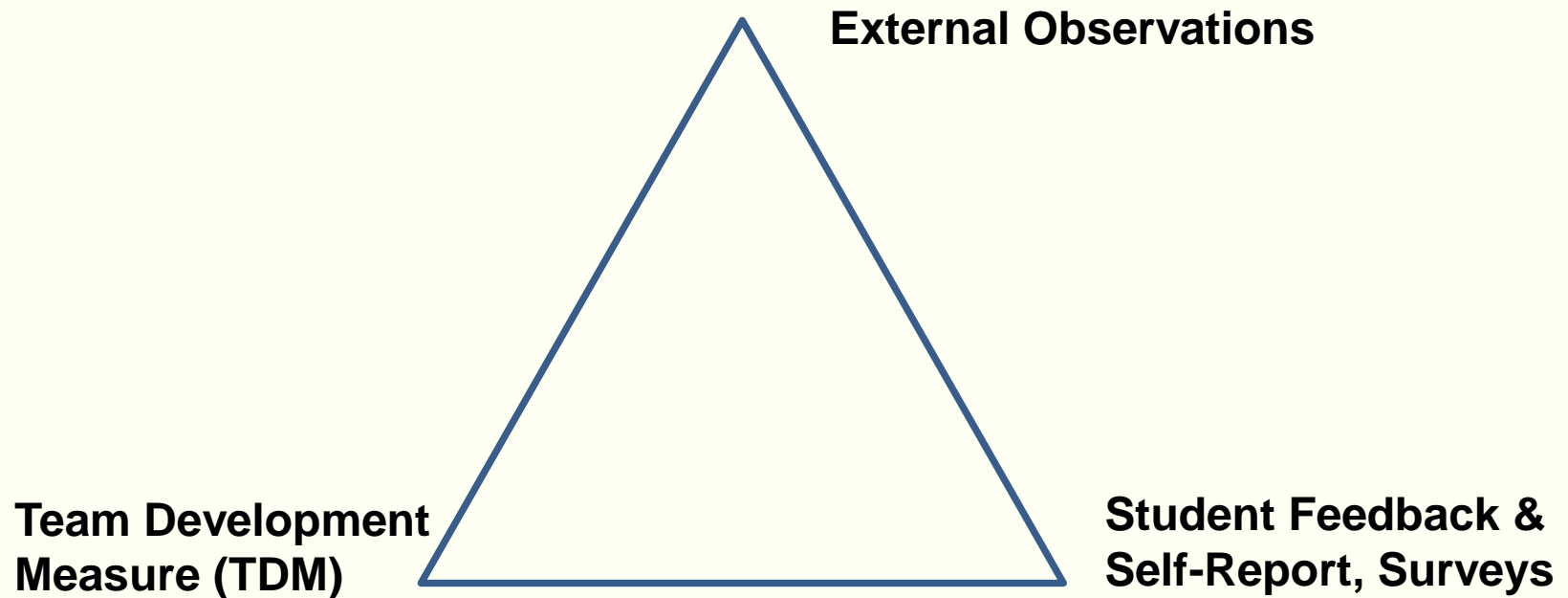
Reliability  
Training  
Staff Intense  
Performance  
Bias



Individuals  
Team Interactions  
Context & Content  
Mechanism of  
Change



# Triangulation of Ratings: ILEAP Clinical Teams



# Direct Observation of Team Interactions

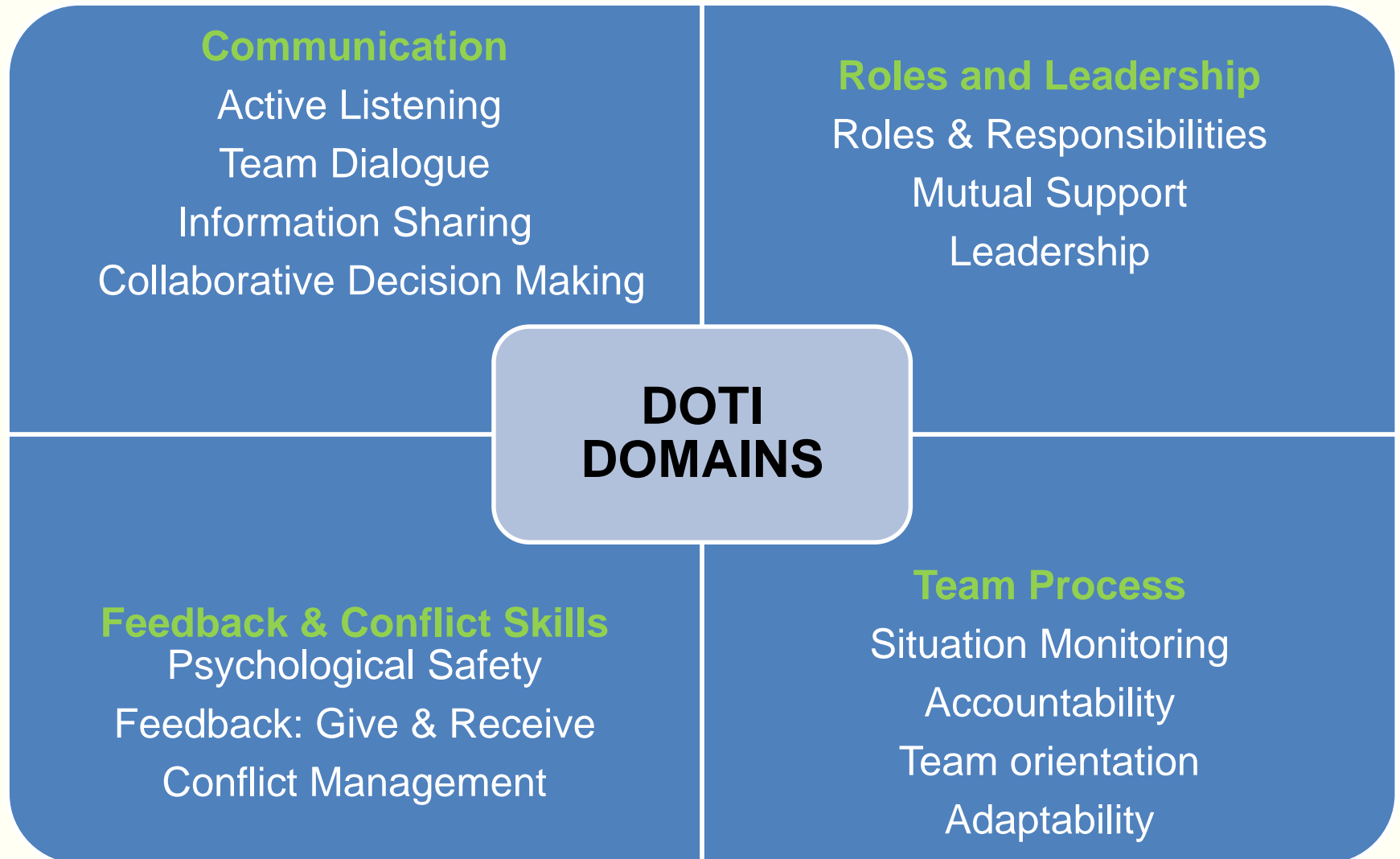
## Developing DOTI

- ❖ Identify observable behaviors from IPEC sub-competencies, Salas et al\* and VA PACT Communication in Teams Survey\*\*;
- ❖ Operationalize behavior definitions
- ❖ 15-items; [10-point scale] 5-point scale
- ❖ Project staff review and revise for pilot form
- ❖ Trained school faculty for workshop observation; project faculty for clinic team observations

\*NEXUS Practical Guide 1

\*\*VAIL, ViSN 22 Greater Los Angeles

# Organizing DOTI



# METHODS

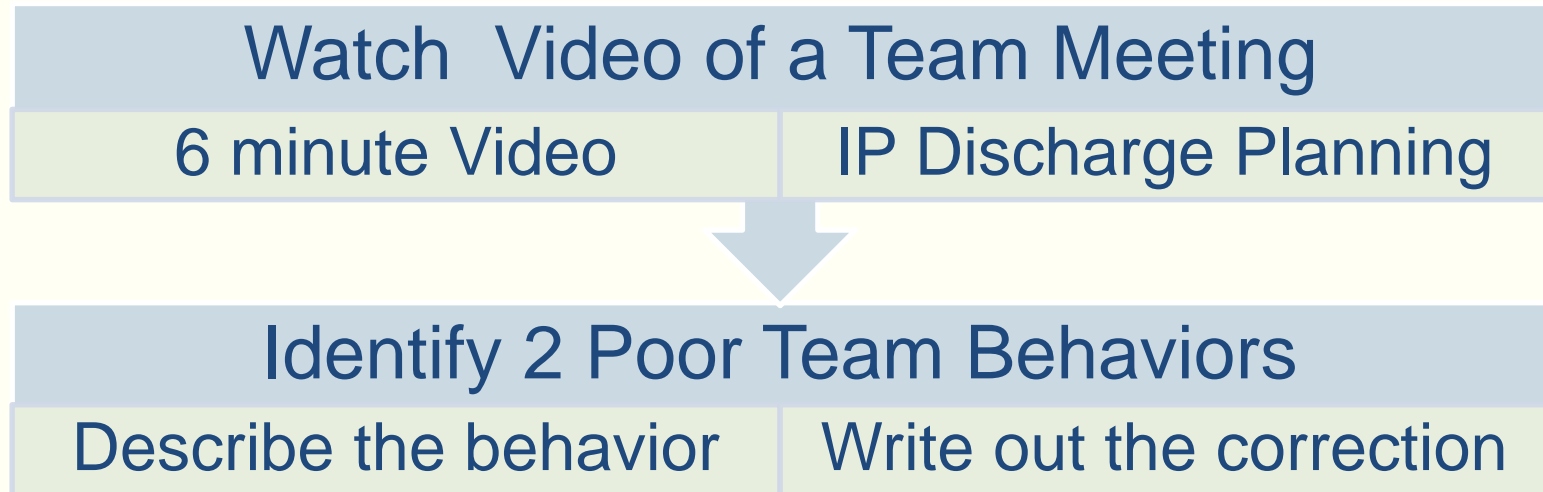
## Using/Testing DOTI

1. Faculty inter-rater reliability
2. Foundational Readiness Team observations
3. Clinical Team observation
4. Students observe video

# RESULTS



# Individual Skill Building/Assessment with DOTI: Students Rating a Video



## RESULTS

- 70+% could recognize poor behaviors
- 50% could make a general recommendation for correction
- 20% could articulate specific words for correction

# Team Skill Building with DOTI: Clinical Team Work

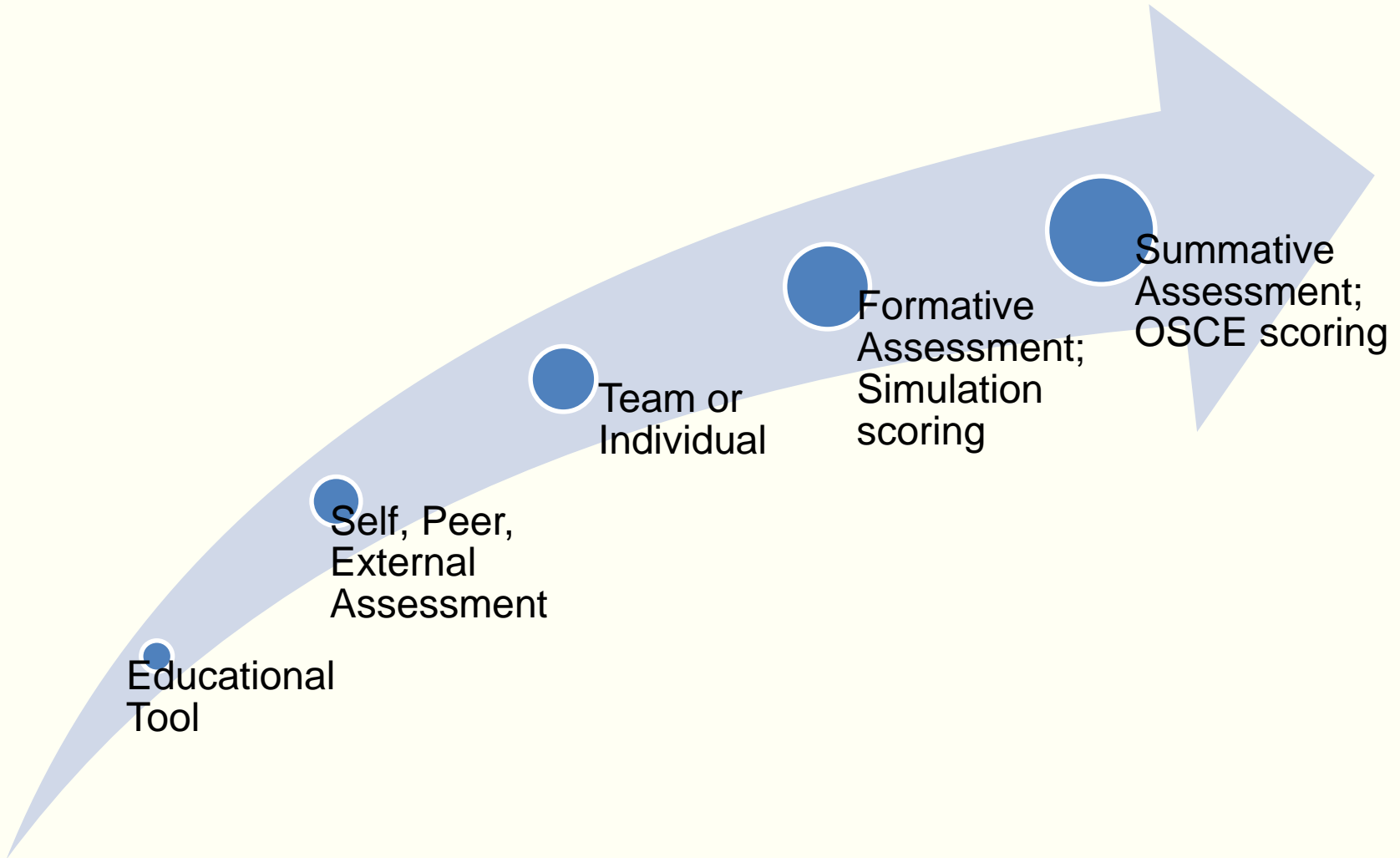
## TEAMS

- Weekly choice of DOTI Domain
- Assess status
- Follow-up with self-reported improvement
- Work through all domains/behaviors
- Receive project faculty feedback

## COACHES

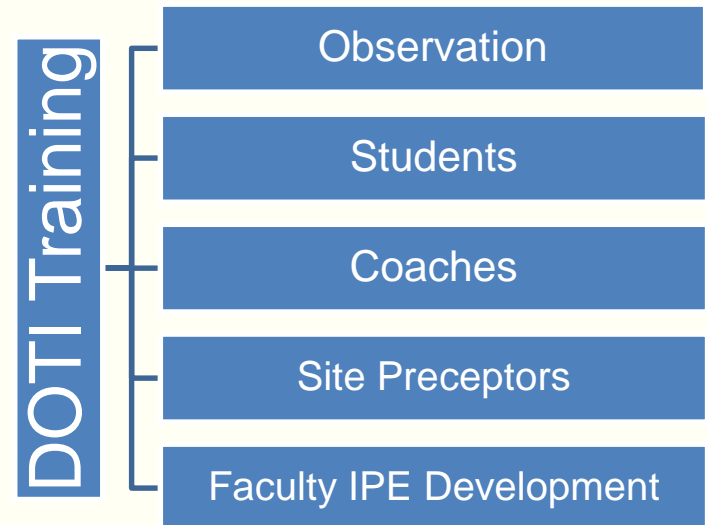
- Weekly observation and log
- Feedback and facilitation

# Connecting the DOTs with DOTI



# Next Steps for DOTI

1. Revisions/refinement of scale
2. Increased use as an educational tool
3. Rating OSCE
4. Compare to other instruments
5. Compare to self-assessment



# Activity –

- **What clinical/community sites might work for you?**
- **Recruitment; how do you describe added value? How do you elicit their gap in care?**
- **Worksheets (Handouts) link back to ILEAP model triangles:**
  - **What do you have? What do you need? From Foundational Readiness, Clinical Team Readiness, Site Readiness**
  - **Questions will lead you through completing the table**

	HAVE	NEED
Foundational Readiness		
Clinical Team Readiness		
Site Readiness		
Patient Interaction		
Team INteraction		
Added Value (Gap in Care)		

# Barriers

- **Institutional support**
  - Student schedules and requirements
  - Opportunity to offer support to clinical sites
  - Faculty time
- **Student Readiness**
  - Attitude (required vs elective)
  - Level of the learner
  - Schedules
  - Need for coaches
- **Clinical site readiness**
  - Paradigm shift
  - Preceptor commitment to CIP
  - Patient availability
  - space

# Handout #1

1. What is the student level?
2. What does student readiness look like? Design the intro to team skills
  1. Who will teach team skills? How will you train faculty
3. Identify a clinical site
  1. What is the gap in care?
    1. What will the students do?
    2. What data will students collect
  2. Who is the champion?
  3. Where will the students meet?
  4. Who are your coaches and how will you train them?
  5. How will you have enough patients?
  6. How will you on-board and train for EMR if needed?
  7. Who will be responsible for the IRB and oversee data collection?

# Handout #2 - Link back to triangles

1. What institutional support do you need? And how will you get it?
  1. Money
  2. Time for students
  3. Coaches
  4. Faculty time
2. How will you get clinical sites ready?
  1. Who can do spend the time to go meet with people
  2. How to support preceptors



# Report Out

# Acknowledgements

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- ❖ Cleveland Clinic Lerner College of Medicine(CCLCM)

## THANK YOU QUESTIONS?

Approved by CWRU IRB Protocol  
#2016-1660