How to Enhance Interprofessional Clinical Learning Environments Through Transformation of Regularly Scheduled Series

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All workshop participants:

- 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

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Objectives

As a result of participating in this workshop, participants will:

- Recognize strategies to gain leadership support for continuing interprofessional education (CIPE)

- Identify opportunities at their home institutions to enhance existing IP RSS or to transform existing RSS into IP RSS

- Increase ability to define the role of RSS in relation to IP clinical learning environment

- Enhance skills in planning and evaluation of IP RSS

The Continuum of Collaborative Practice

Careau E, et al. *Disabil Rehabil*. 2015;37(4):372-378
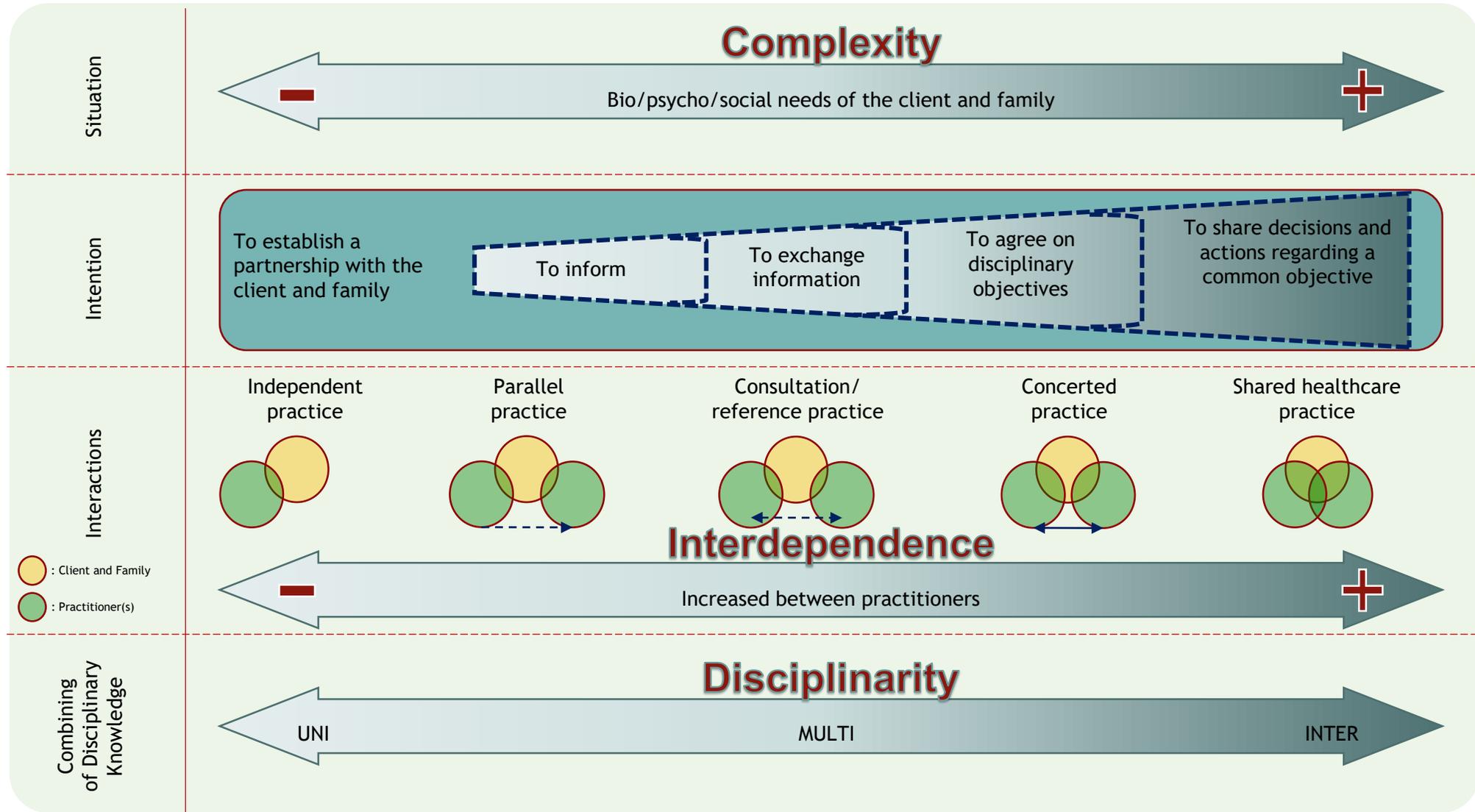
Definitions

Continuing Interprofessional Education (CIPE)

When members from two or more professions learn with, from, and about each other to enable effective *interprofessional collaborative practice* and improve health outcomes.[1,2]

Regularly Scheduled Series (RSS)

An educational series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the accredited organization's professional staff. [3]
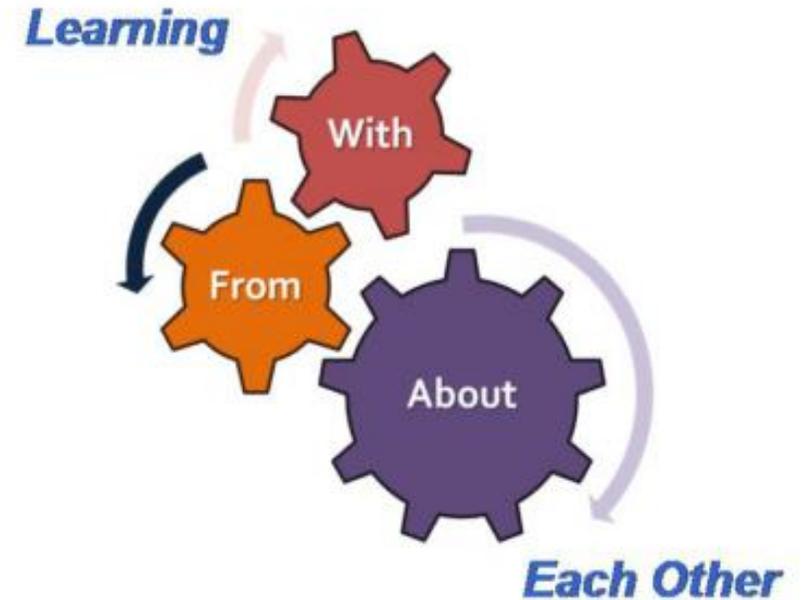
Image: http://www.aippen.net/what-is-ipe-ipl-ipp

1. Interprofessional Education Collaborative Expert Panel. 2011.
2. World Health Organization. 2010.
3. http://www.accme.org/faq/how-regularly-scheduled-series-defined

Interprofessional RSS Planning

- Practice gaps in ***teamwork*** and ***team-based care***

- Outcome-oriented objectives that
  - Develop interprofessional competencies
  - Focus on care delivery process
  - Describe changes in team-based practice performance
  - Encourage knowledge sharing

- ***Competency-based***
  - Values/Ethic for Interprofessional Practice
  - Roles and Responsibilities
  - Interprofessional Communication
  - Teams and Teamwork

- All learners assessed for the same purpose and to the same standard

How many of you are involved in planning CIPE?

How many of you are involved in planning RSS?

Leadership Support for CIPE
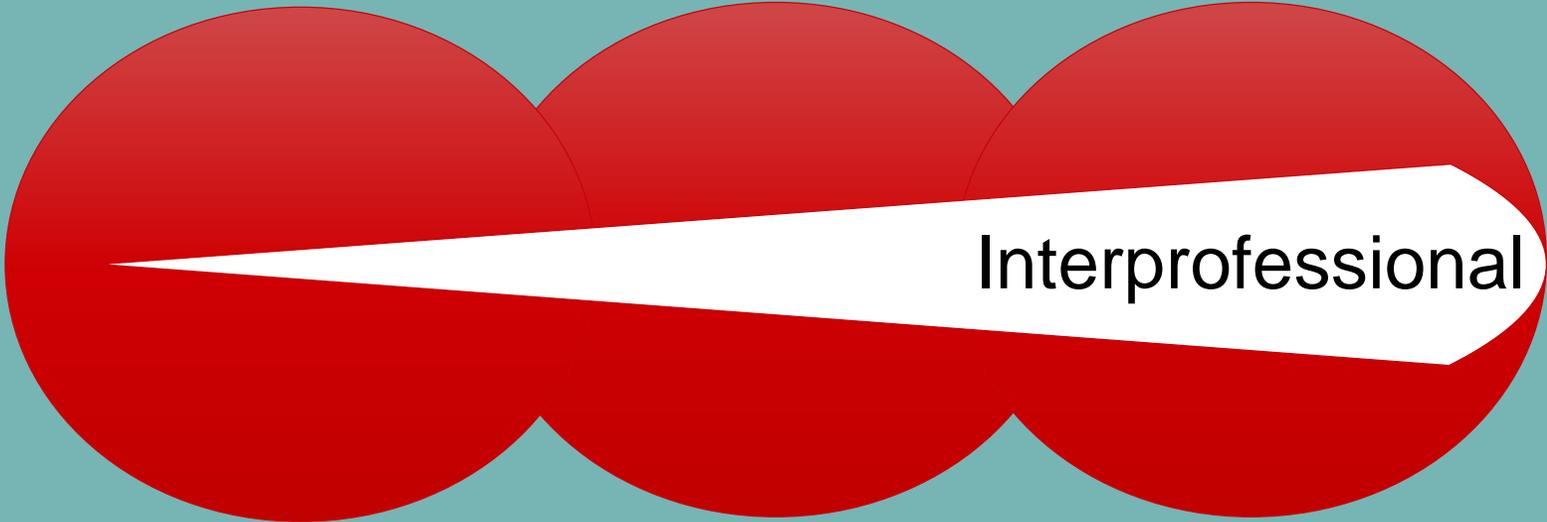
Making the Case for CIPE

Learning Continuum

Undergraduate Education

Graduate Education

Continuing Education

Interprofessional

Adapted from Institute of Medicine. Washington, DC: The National Academies Press, 2015 (p. 29).

Making the Case for CIPE (Cont.)

Health System

- Culture Supports Collaborative Practice
- Quadruple Aim[1]
    - Enhancing patient experience
    - Improving population health
    - Reducing costs

    Improving the work life of health care clinicians and staff in order to support the delivery of patient centered care

Academic Institution

- ACPE Standard 11 prepares students to provide patient-centered care in a variety of practice settings as a member of the interprofessional team.
- CCNE Essentials for Nursing Practice at every level - All health professions are challenged to educate future clinicians to deliver patient centered care as members of an interprofessional team, emphasizing communication, evidence-based practice, quality improvement approaches, and informatics
- LCME Standards - prepares medical students to function collaboratively on health care teams

1. Bodenheimer T, Sinsky C. *Ann Fam Med.* 2014; 12(6): 573–576.

Leadership Support for CIPE

- Leadership Support Efforts to Achieve Joint Accreditation
  - Encouragement from Health Sciences Deans
  - Support from CE Unit Leadership
- Organic CIPE
- Growing Partnership with Health System
  - Merger of Health System and Provider Group
  - CME/MOC Partnership with SMPH and UW Health
  - UW Health Nursing/SoN Academic Practice Partnership

What does CIPE look like at your institution?

How does leadership support for CIPE look like?

Joint Accreditation

Joint Accreditation…

…establishes the standards for education providers to deliver continuing education **planned by the healthcare team for the healthcare team and promotes interprofessional education** activities specifically designed to improve interprofessional collaborative practice in health care delivery.

http://www.jointaccreditation.org/

JAC 4

The provider incorporates the educational needs (knowledge, skills/strategy, or performance) that underlie the practice gaps of the ==healthcare team and/or the individual members of the healthcare team== into CE activities

Role of the IP Planning Committee Members

- **Leadership:** Value all members as experts

- **Content Experts:** Share knowledge specific to their discipline

- **Scope of Practice:** Bring data and resources to identify the practice gaps of the health care team in order to determine educational needs

- **Education Planning:** Identify intended outcomes, educational strategies and evaluation process

JAC 7

The provider chooses educational formats for activities/interventions appropriate for the setting, objectives, and desired results of the activity

JAC 8

The provider develops activities/educational interventions in the context of desirable attributes of the healthcare team values/ethics, roles and responsibilities, interprofessional communication, teams, and teamwork

JAC 12

The provider implements educational strategies to remove, overcome, or address barriers to change for the healthcare team

JAC 13

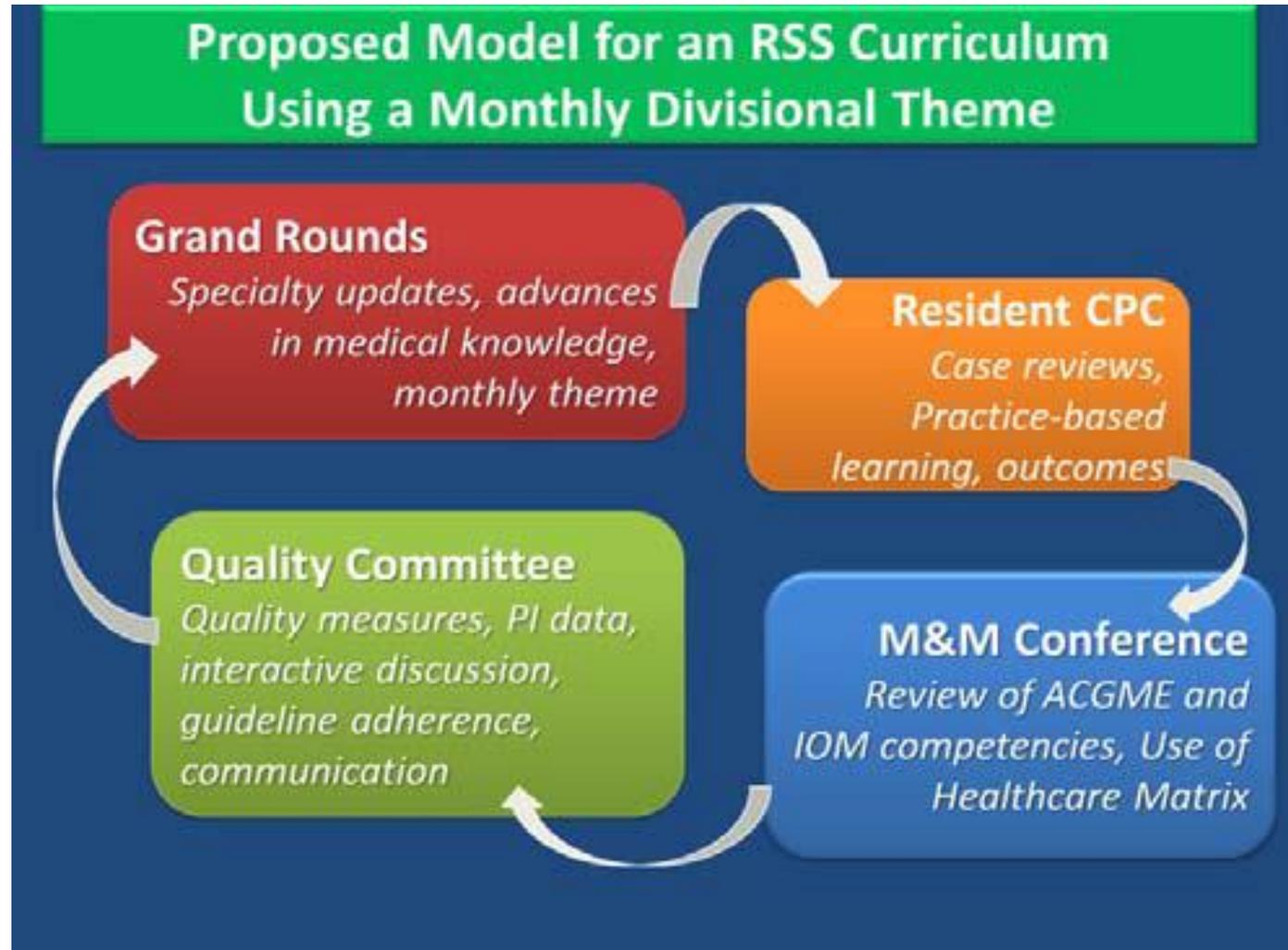The provider analyzes changes in the healthcare team (skills/strategy, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions

The Role of RSS in IP Clinical Learning Environment

Example

Olson CA, et al. Presented at the World Congress on CPD, San Diego, 2016.

RSS-in-transition from a Multi-professional Educational Activity to CIPE

Pediatric Grand Rounds—Last Cycle

JAC 6: The provider generates activities/educational interventions around valid content that matches the healthcare team's current or potential scope of professional activities.

Gap: "There is a lack of knowledge of new and/or developing, technology, and guidelines for practice in key areas of pediatric medicine as identified by the American Board of Pediatrics and department faculty. Many faculty are focused on clinical care or subspecialty areas so there is not much time to address knowledge gaps on the breadth of pediatric medicine required by the American Board of Pediatrics."

Target audience: "UW Department of Pediatrics faculty including general pediatricians, sub specialists and family practice physicians. Madison-based general pediatricians, sub specialists and family practice physicians. Madison-based primary care providers including physician extenders and other allied health professionals involved in the care of children and adolescents."

Sample topics

- o Update on Vaccines, with Emphasis on Special Need Patients
- o Eating Disorders: The Role of the Medical Provider
- o Adaptive Biking: Breaking Down Barriers to Exercise and Community Participation for Children with Disabilities

Pediatric Grand Rounds—Last Cycle (Cont.)

JAC 8: The provider develops activities/educational interventions in the context of desirable attributes of the healthcare team (e.g., Institute of Medicine competencies, professional competencies, healthcare team competencies: values/ethics, roles and responsibilities, interprofessional communication, teams, and teamwork)

Addresses

- o Values/Ethics for Interprofessional Practice
- o Roles/Responsibilities
- o Interprofessional Communication

Objectives

- o Increase knowledge of the scientific evidence influencing recent advances in the practice of pediatric medicine in order to recognize trends and how they might impact patient care
- o Based on the current evidence, independently and consistently identify sound medical practices and develop plans that include effective communication strategies to incorporate these practices into their team-based standard of care.

Supporting The Transition

- Brown bags for RSS chairs and coordinators
  - Topics included defining CIPE, educational design, evaluation
- RSS renewal workshop, focusing on IP RSS
- Building strong relationship with the health care system
- Revisions to the planning document for the new RSS cycle
- Revised strategies for RSS orientation meetings

Pediatric Grand Rounds Today

JAC 6

Gap: "The field of pediatric medicine is continually changing, resulting in practice gaps between current practice and best practice.

Educational need: Access to formal learning opportunities for the interdisciplinary team is critical to ongoing knowledge growth to ultimately impact optimal patient care. Gaps in knowledge in pediatric medicine have been identified broadly by the American Board of Pediatrics and specifically by surveying members of the Department.

Target audience: "This activity was designed to meet the needs of health care providers who participate in the care of the pediatric and adolescent patients. This includes, but not limited to: physicians (MD/DO), physician assistants, nurse practitioners, nurses and trainees (residents, fellows and medical students)."

Pediatric Grand Rounds Today (Cont.)

JAC 8

Addresses

- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

Objectives:

- Identify and discuss the interprofessional team trends in pediatric medicine and formulate plans to improve team-based practice.
- Be able to independently and consistently identify state-of-the art, evidence-based practices influencing the prevention, diagnosis and treatment in pediatric medicine.
- Increase knowledge of the scientific evidence influencing recent advances in the practice of pediatric medicine in order to recognize trends and how they might impact patient care

IP RSS: Educational Design

Interprofessional Education

D'Amour D, et al. *J Interprof Care*. 2005;19(Suppl 1):8-20.
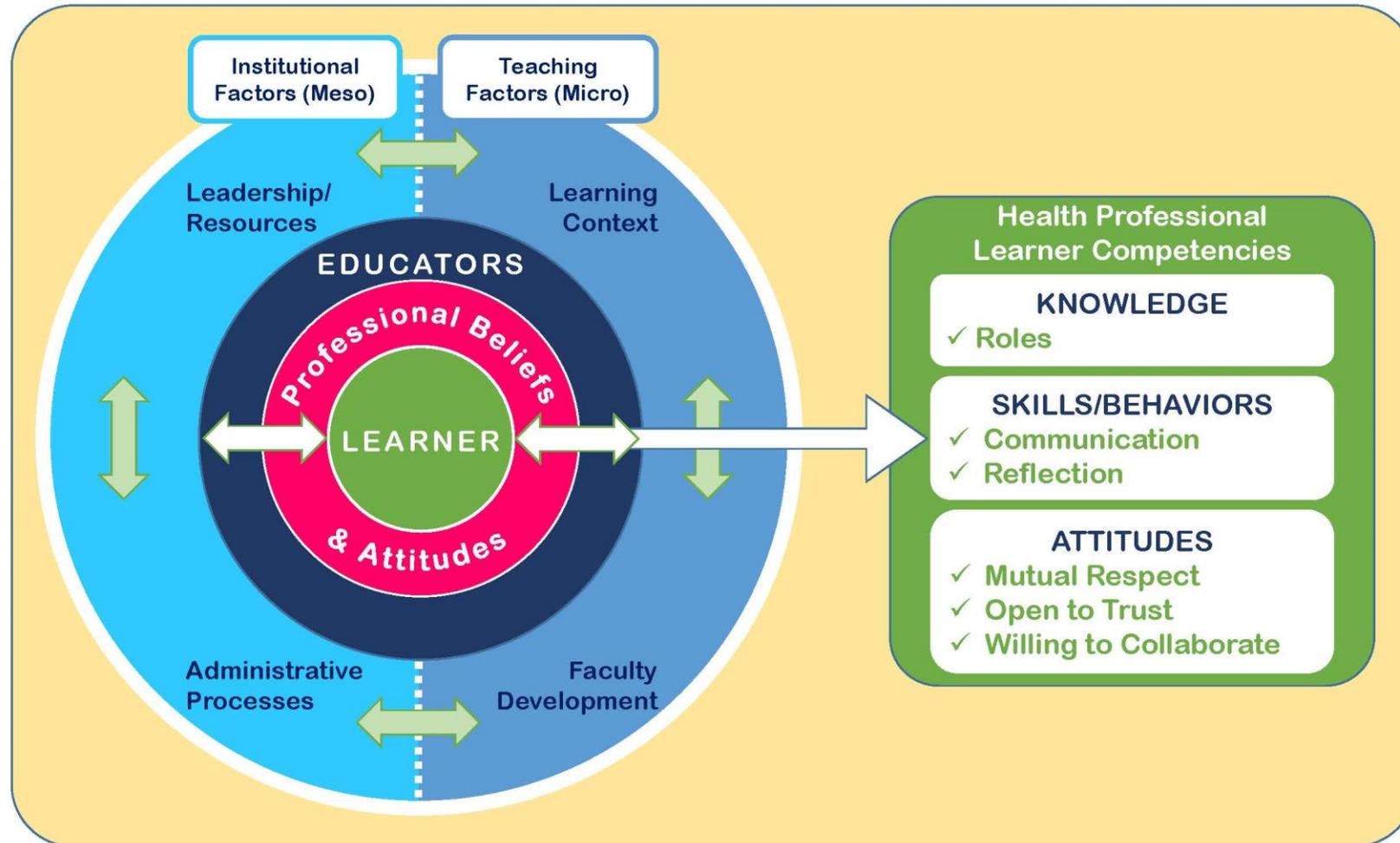
Using Theory

- Social theories of learning
    - Interaction and collaborative knowledge creation

- Theories of social identity, stereotyping, and professionalism
    - Recognition and exploration of the influence of professional identity and culture
    - Discussion and exploration of the shifts in traditional power structures and decision-making models required for collaborative practice.

Image source: http://www.kumc.edu/community-engagement/ce.html

Sargeant J. *J Contin Educ Health Prof*. 2009;29:178–184

Using Theory (Cont.)

- Reflective learning and learning from experience
  - Incorporate reflection upon what individuals and the group are learning about their colleagues in other professions
  - Recognize that reflecting honestly upon feelings is necessary step for learning.

- Transformative learning
  - Knowledge valued in interprofessional education is process knowledge, how health professionals work together, how teams interact, and how to demonstrate respect for the roles of others

Image source: http://allianceonline.vha.com/news/vha-renews-its-provider-of-interprofessional-continuing-education-accreditation/

Sargeant J. *J Contin Educ Health Prof*. 2009;29:178–184

Methods that Enable Interactivity

Interprofessional Education	Interprofessional RSS
• Seminar-based learning • Observation-based learning • Problem-based learning • Simulation-based learning • Practice-based clinical placement learning • E-learning (e.g. on-line discussions) • Blended learning	??? Let's discuss!

Reeves S. *Interface (Botucatu).* 2016; 20(56):185-196.

CIPE Evaluation Framework

Modified Kirkpatrick's Framework—Levels			Moore's Framework (CME)
Levels	**CIPE**	**CE**	
Level 1: Reaction	Learners' views on the learning experience and its interprofessional nature.	Learners' views on the learning experience	Level 2: Satisfaction
Level 2a: Modification of attitudes/perceptions	Changes in reciprocal attitudes between participant groups. Changes in perception/attitude towards the value and/or use of team approaches	Changes in knowledge, skills, attitude, confidence and commitment	Level 3: Learning
Level 2b: Acquisition of knowledge and/or skills	Including knowledge and skills linked to interprofessional collaboration.		Level 3: Learning Level 4: Competence
Level 3: Behavioral change	Identifies individuals' transfer of interprofessional learning to their practice setting and their changed professional practice.	Changes in professional behavior and clinical practice	Level 5: Performance
Level 4a: Change in organizational practice	Wider changes in the organization and delivery of care.	=Same	Level 5: Performance
Level 4b: Benefits to patients, families, and communities	Improvements in health or well being of patients, families, and communities	=Same	Level 6: Patient health Level 7: Community health

Moore DE, et al. J Contin Educ Health Prof. 2009; 29(1):1-15.   Reeves et al J Interprof Care. 2015; 29(4):305-312.

Example: Evaluation Questions

- This educational activity contributed to my professional effectiveness related to (5 point scale)
    - Working with an Interprofessional team
    - Engaging in effective interprofessional communication
    - Defining the roles/responsibilities of my team members
    - Applying values/ethics to interprofessional practice

Competence change:
- Explain how you **will** share the information provided during this activity with your interprofessional team in order to develop a plan to improve patient care.

- Explain how your interprofessional team **will** utilize the information provided during this activity to improve patient care.

Performance change:
- Explain how you shared the information provided during this activity with your interprofessional team in order to develop a plan to improve patient care.

- Explain how your interprofessional team utilized the information provided during this activity to improve patient care.

- What barriers to interprofessional collaborative practice do you experience in your professional practice?

Readiness for IP Learning Scale

On a scale from 1=Strongly Disagree to 5=Strongly Agree

1. Learning with other students /professionals will make me a more effective member of a health and social care team

2. Patients would ultimately benefit if health-care students worked together to solve patient problems

3. Shared learning with other health-care students will increase my ability to understand clinical problems

4. Learning with health-care students before qualification would improve relationships after qualification

5. Communication skills should be learned with other healthcare students

6. Shared learning will help me to think positively about other professionals

7. For small group learning to work, students need to trust and respect each other

8. Team-working skills are essential for all health care students to learn

9. Shared learning will help me to understand my own limitations

10. I don't want to waste my time learning with other health care students

11. It is not necessary for undergraduate health-care students to learn together

12. Clinical problem-solving skills can only be learned with students from my own department

13. Shared learning with other health-care students will help me to communicate better with patients and other professionals

14. I would welcome the opportunity to work on small-group projects with other health-care students

15. Shared learning will help to clarify the nature of patient problems

16. Shared learning before qualification will help me become a better team worker

17. The function of nurses and therapists is mainly to provide support for doctors

18. I'm not sure what my professional role will be

19. I have to acquire much more knowledge and skills than other health-care students

McFadyen AK, et al. *J Interprof Care, 19*(6), 595-603.
RIPLS: https://nexusipe.org/informing/resource-center/ripls-readiness-interprofessional-learning-scale

Staff and Faculty Development

- Faculty Development: Facilitating interprofessional learning requires expertise which builds on, but extends beyond that required for uniprofessional learning" [1]

- Experience of collaborative practice
- Understanding of interactive learning methods
- Knowledge of group dynamics
- Enthusiasm for IP learning
- Confidence in working with interprofessional learners
- Ability to role-model and mirror collaborative learning
- Ability to creatively use professional differences within groups [2]

1. Barr, H. *J Interprof Care*. 2013:27 (2):4-9.
2. Reeves S, et al. *Work*. 2012;41(3):233-45.

Work in Small Groups

Big Group Discussion

Low Hanging Fruit/Quick Success

- Who is already offering IPCE?

- Who is close (the "all but" group)?

- Who has something to gain?

- Are multiple types of credit offered?

Words Matter

- Write down 3 acronyms/jargon words that are common to your profession.

- Example:
- patient/client/customer
- Learner/participant/customer

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