# LEVERAGING LEADERSHIP AND PARTNERSHIP TO EXPAND

## INTERPROFESSIONAL DEDICATED EDUCATION UNITS

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This activity has been planned and implemented by the National Center for Interprofessional Practice and Education. In support of improving patient care, the National Center for Interprofessional Practice and Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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# Mary Knab, Victoria Hornyak, Rebecca Santos-Inzana, Rachel Jantea, Susan Meyer and Maureen Schnider

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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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# WORKSHOP SUMMARY SENTENCE (REMOVE SLIDE LATER):

Massachusetts General Hospital and the MGH Institute of Health Professions have partnered with the

University of Pittsburgh to expand their Interprofessional Dedicated Education Unit model to Pitt and

UPMC. Using this partnership model, this workshop will to bring



# **LEARNING OBJECTIVES**

Using the MGH/IHP/Pitt/UPMC partnership as a model, learners will be able to:

- Connect with members of academic and clinical interprofessional communities across the country to explore potential partnerships.
- 2. Identify leadership strategies to support development of optimal interprofessional clinical learning environments.



## **AGENDA**

Introductions

Connect (12 m)

Orient to Institute of Medicine: Interprofessional Learning Continuum Model

**IPDEU Model Overview** 









# WELCOME AND INTRODUCTIONS (ALL)

Welcome and introduce topic and presenting team, and that there are worksheets on your tables- please take one- this is where you will generate content along with us.

This is an interactive workshop. Will use "cases" to launch discussion









# YOU, THE PARTICIPANTS

- 1. PLEASE DECLARE!
- Where in the World/US
- Clinical or Academic?
- Single or Partnered (in IPE)
- Self-ID as a leader in IPE

2. POLL EVERYWHERE



2. TABLE PAIR / SHARE









# **CONNECT! (ACTIVITY)**

## **MARY & REBECCA**

Stand and Declare!

Who is here?

Poll Everywhere (word cloud option for viewing responses would be awesome here)

PE1: List the characteristics of a high-quality IPE opportunity/experience.

PE2: What are you hoping to take home from this workshop?

Worksheet Introduction









## TRANSITION SLIDE

How we will explore opportunities to leverage Leadership and Partnership to overcome barriers and capitalize on facilitators: (Vignette→ 1,4,all → Exemplar experience of MGH/Pitt → update worksheet)

Notes: Every vignette has 1 MGH and 1 Pitt "facilitator" and the remaining 4 presenters circulate around the room and generate









# VIGNETTE 1 (?)

You attend a presentation at the NCIPE Nexus Summit about a new model of interprofessional education that brings together health professionals and health profession students in hospital units dedicated to interprofessional education. You love the idea and wonder if it's something that would be feasible at your own institution. You have no idea where to start.

Where do you begin? Who would you need to talk to? How would you determine the feasibility of the model for your institution?









# IPDEU MODEL OF IPE (MAUREEN & SUSAN)

What is the IPDEU model? (Brief overview of actual MGH/IHP Model, not the history)

Who is Pitt and how did we connect with MGH?

Susan – Mass General are the 'idea" people – presenting at the ATBH conference – why is this meaningful to Pitt? Why did Pitt think it would work for them? How the partnership developed quickly.









# VIGNETTE 2 (MAUREEN & SUSAN)

You have an idea for an interprofessional education initiative at your institution. As far as you know, interprofessional education has not been a focus in your organization and there are no champions of interprofessional education at the leadership level. You are wondering how you will gain the support you know you need to make the initiative successful.

- Where can you start?
- What strategies could you use to forge/groom champions for interprofessional education?









# VIGNETTE 2

table discussions: 1,4, all









# VIGNETTE 2

MGH & IHP experience/solution

ID potential stakeholders & shared values & drivers

- Academic & practice sides
- Professional passions/insight
- Planting seeds
- Build network
- Find a 'first follower'

#### Pitt experience/solution:

- Pitt has the center for interprofessional practice & education (organizational interest in place)
- We found a director for our IPDEU by looking at the university side: working group for interprofessional educ









# **VIGNETTE 3 (VICKI & REBECCA)**

You have recruited students for you IPDEU from the schools of medicine, nursing, rehab sciences, social work, and pharmacy.

The IPDEU will open for rotations in 2 months and you are still waiting to hear back from some of the schools about which students will be participating and when they are available. Meanwhile other schools are requesting final schedules for their students. You begin to feel the task is impossible.

- Where do you begin?
- Who can help you?
- What resources can you draw on to help with this scheduling task?









# **VIGNETTE 3**

table discussions: 1,4, all









## VIGNETTE 3

#### MGH experience/solution:

- 1) Build relationships!
  - a) people & program culture
- Master plan essentials
  - a) Do the math
  - b) Commitment of days
  - c) Dyad needs
- #s before names
- 4) Deadlines
- 5) Leadership support
- Flexibility but accountability

#### Pitt experience/solution:

- Ask to see example rubric schedule from another department or institution
- Use placeholders for students not signed up yet
- Allow each professional program to decide which
  students are available/appropriate for the
  educational experience based on time frame,
  interprofessional content, etc. (gives them the
  most flexibility)
- Start with fewer







# DO WE HAVE TOO MANY BIG QUESTIONS HERE (for the time we can allocate?) VICE NOEsibly-Eu4: (eRIALCHIE but Contact Partie) 1. \*\*The Contact Partie of the time we can allocate?)\* 1. \*\*The Contact Partie of the time we can allocate?)\* 1. \*\*The Contact Partie of the time we can allocate?)\* 1. \*\*The Contact Partie of the time we can allocate?)\* 1. \*\*The Contact Partie of the time we can allocate?)\* 1. \*\*The Contact Partie of the time we can allocate?)\* 1. \*\*The Contact Partie of the time we can allocate?)\* 1. \*\*The Contact Partie of the time we can allocate?)\* 1. \*\*The Contact Partie of the time we can allocate?)\* 1. \*\*The Contact Partie of the time we can allocate?)\* 1. \*\*The Contact Partie of the time we can allocate?)\* 1. \*\*The Contact Partie of the time we can allocate?)\* 1. \*\*The Contact Partie of the time we can allocate?)\* 1. \*\*The Contact Partie of the time of the t

You are very excited to be on a team of professionals implementing an IPDEU at your institution. Your department leadership has asked you to prepare a report on outcomes related to the IPDEU, so that the department can continue to financially support the endeavor.

- What outcomes are important? Educational, clinical, other?
- What outcomes are reasonable to measure?
- What resources are there for existing measures?
- What barriers might you encounter when collecting data at your institution? Are there any restrictions?









# **VIGNETTE 4**

table discussions: 1,4, all









### VIGNETTE 4

#### MGH experience/solution:

- Q.1 a) student values/attitudes (perspective taking reflection on & for learning)  $\rightarrow$  behaviors;
- b) Unit culture; IPI practice (eg facil. self-reflective practice; # interprofessional touchpoints))
- c) patient experience (eg exp of care form the IPI either maintained or improved)
- Q.2 a) student attitudes/values; b) IPI -- challenging but doable with resources
- Q.4 limited time & resources for planning, implement, analysis, etc.

#### Pitt experience/solution:

- 1) Educational Outcomes
  - a) 3 domains: knowledge, attitudes, skills
  - b) Turn to literature for existing tools
    - NCIPE Preceptors in the Nexus
    - ii) NCIPE Resource Center
  - c) Write your own knowledge related questions
    - Multiple choice easier to quantify results
    - ii) Short answer gives more information
- Clinical outcomes
  - a) Turn to existing data collection methods
    - i) Quality improvement center
    - ii) Unit-level minimum data sets
    - iii) HCAHP















# **FACILITATORS & BARRIERS**

These are threaded throughout the cases, we just need to highlight them for what they are









## ASSESS YOUR OWN STRENGTHS

This should come out with the cases too. In addition, have people think about their assets and experience as strengths. Tie it back to original networking activity to pair people with complementary strengths.









## **CLOSING**

Ask audience to share take home points or breakthroughs in problem solving of issues they've been battling or strategy they plan to use in next year.









# **EXTRA SLIDES**









You are a nurse director for your institution's brand new IPDEU. You have been able to secure enough nurses to be interprofessional practice instructors for students. However, you're occupational therapy colleague and IPDEU partner is having difficulty recruiting therapists to serve as instructors. You worry you won't be able to recruit enough instructors from other professions. You are approaching the start of the student rotations, and you worry you won't have an interprofessional group of instructors in time. You don't want to delay the start date, but also worry about straying too far from the original educational model. You consider some options: (don't have to give options)

- 1) suggest recruiting therapy professionals who may not be regulars on the IPDEU, but can arrange to see patients there on student days, try again for unit "regulars" next year
- 2) suggest building a partnership with and recruiting from other health professions, such as social work or pharmacy
- 3) go with what you have this year (only nurses), and plan to re-approach the therapy department next year after you can demonstrate the benefits and feasibility of the instructor experience
- 4) decide you will delay implementation of the IPDEU until you can recruit a balanced interprofessional group of instructors
- 5) Something else
- Which is the best option for you?
- What factors must you consider in this decision? What external factors (such as grant stipulations) must you consider?
- How can you leverage leadership to solve this problem?









You are the director for the IPDEU at your institution, which is in its first year. You have an excellent, dedicated team of interprofessional colleagues which has worked together for over the last year to set the IPDEU up for success. You've been able to leverage leadership in multiple domains: the IPDEU nursing unit, the interprofessional practice center at your institution, and the various schools of health professions. You have buy-in from all of the key players at the unit level.

One month before the IPDEU start date, you find out the nursing unit director, who has been integral in recruiting nursing instructors and promoting buy-in from the clinicians on the nursing unit, is leaving her position.

- What are your concerns?
- What actions can you take to avoid disruption of the IPDEU implementation? How will you move forward with her replacement?
- In retrospect, what additional steps could you have taken to leverage leadership beyond the unit level and ensure stability of support for the IPDEU at multiple levels?









You are a physical therapist. You decide you are ready to champion the development of an IPDEU (or other interprofessional experience) at your institution. You have support from your department and several other health profession departments have expressed interest. Your next step is to identify a clinical space for the IPDEU. Your options are:

- 1) acute rehab unit, where you have professional connections and the interprofessional culture is well developed. However, you're told they "aren't sure they can dedicate staff for additional learners."
- 2) med-surg unit, where there is the most need for interprofessional development. However, you haven't been able to get a response from any of the unit leadership.
- 3) a neuro step-down unit, where there is a foundation of interprofessional collaboration in place. The unit is known for interest in innovative projects and would likely want to become an IPDEU. However, you worry they may have too much going on to dedicate efforts to the IPDEU mission.
- 4) Something else (e.g., put the idea on the backburner until you can find a better unit)
- Which unit do you pursue first? why?
- How can you anticipate barriers on the chosen unit and leverage leadership to circumnavigate them?









You are a member of the interprofessional team which is developing an IPDEU at your institution. The inaugural unit has already been selected based, and you are pleased that recruitment of instructors and students has gone smoothly.

You want the IPDEU experience to be meaningful & educational for students, and you worry that not everyone on the unit is on the same page with respect to interprofessional collaborative best practice.

- How important is it for everyone on the unit to be on the same page with respect to interprofessional practice?
- How can you formally assess interprofessional knowledge and skills among unit staff?
- Itanowledge or skills exist, how out division address them?