

Optimizing Interprofessional
Clinical Learning Environments

BETTER CARE
BETTER VALUE
BETTER EDUCATION



The World Conversation Café From Conversation Café to World Café: Moving Ideas to Action

Welcome! The Program will begin at 5:00 p.m.



NATIONAL CENTER for
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THE NEXUS SUMMIT
AUGUST 18-20, 2019 • MINNEAPOLIS

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NCICLE

NATIONAL COLLABORATIVE
FOR IMPROVING THE CLINICAL
LEARNING ENVIRONMENT



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Nexus Summit 2019 Co-Chairs



Barbara F. Brandt
Director and Co-Chair



Gerri Lamb
Co-Chair

Thank you to the National Center staff,
students, AIHC members, and volunteers!





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The World Conversation Café From Conversation Café to World Café: Moving from Ideas to Action



Anthony Breitbach
Saint Louis University



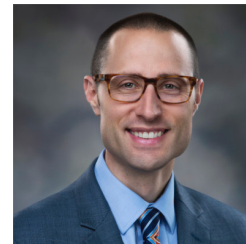
Patricia Cuff
National Academy of Medicine
Board on Global Health



Morgan Passiment
National Collaborative on Improving the
Clinical Learning Environment (NCICLE)



Peter Vlasses
Accreditation Council for Pharmacy Education



Joseph Zorek
University of Texas Health Science Center at
San Antonio



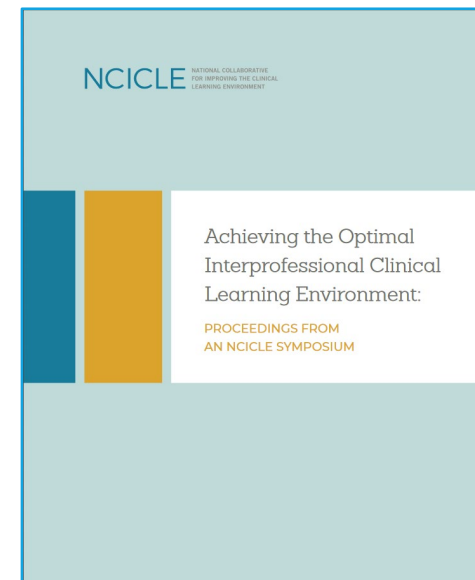
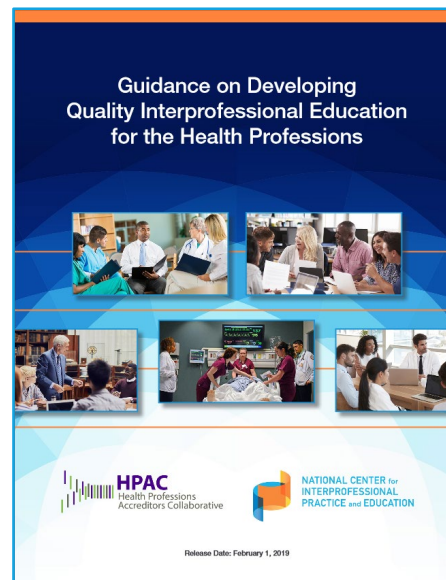
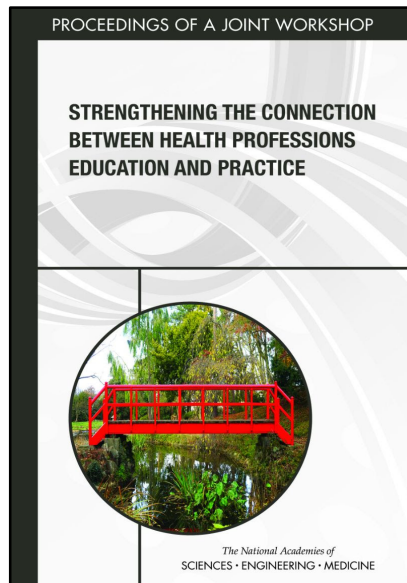


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Setting the Stage: Conversation Cafes @ Nexus Summit

- 2016: Inaugural Nexus Summit, four Conversation Cafes in Stage 1: Identifying the Issues
- 2017: Three Cafes move to Stage 2: Taking Action
- 2018 - 2019: Original Cafes furthering the field



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Setting the Stage: Conversation Cafes @ Nexus Summit

Nexus Summit 2019 Conversation Cafes: Stage 1

Tuesday, August 20 11:30 a.m. to 12:30 p.m.

- Exploring Interprofessional Identity Development
- Developing and Sustaining IPE Programs and Partnerships with Community College Health Workforce Programs



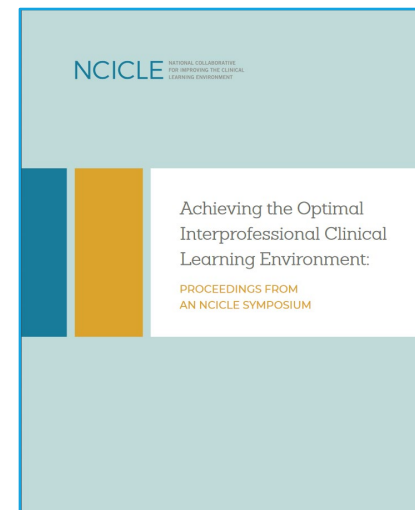
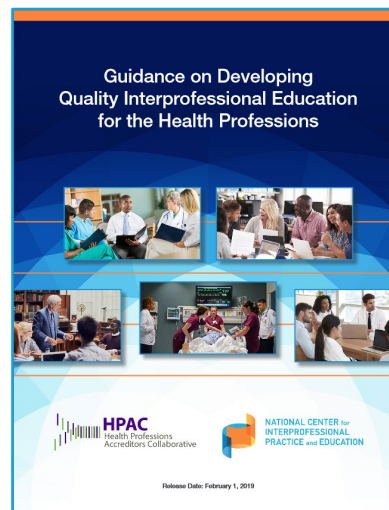
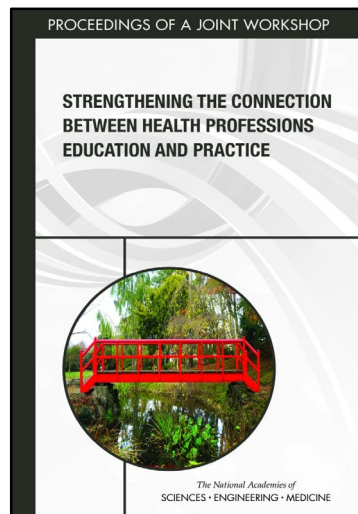


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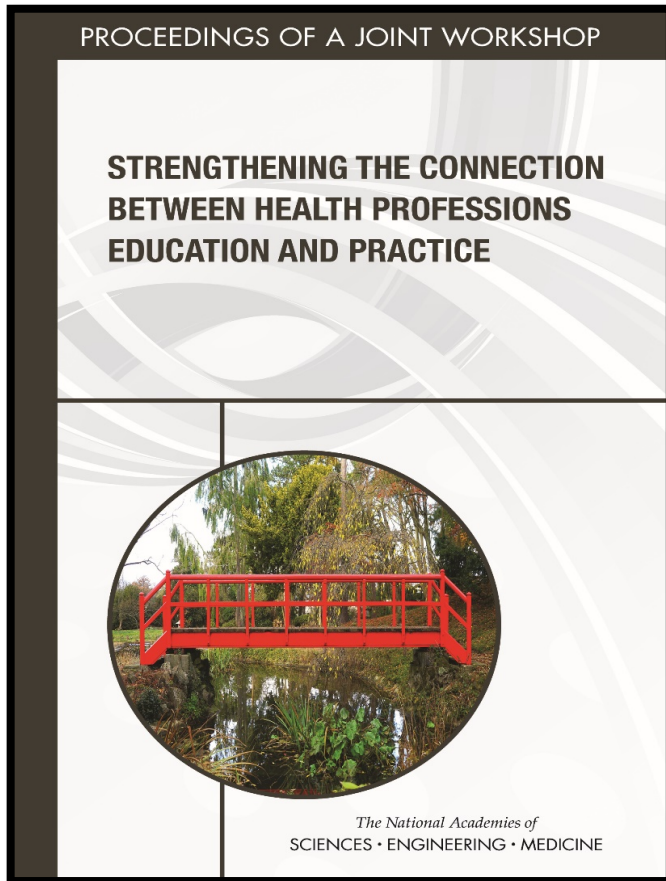
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The Plan for Today

- Three landmark reports – leaders will present for 10 minutes
- Strategies to take it home – group work and report out
- Participation through polling: [Let's try it!](#)



Strengthening the Connection Between Health Professions Education and Practice: Proceedings of a Joint Workshop (2019)



A workshop of the Global Forum on Innovation in Health Professional Education of the National Academies of Sciences, Engineering, and Medicine

Patricia Cuff

Can we agree?

Education and practice are working toward the same goal:

To improve the health of patients and populations without compromising the health and wellbeing of learners and the health professions workforce from education to practice

Can we also agree?

**Aligning education and
practice will help support
achieving this goal**

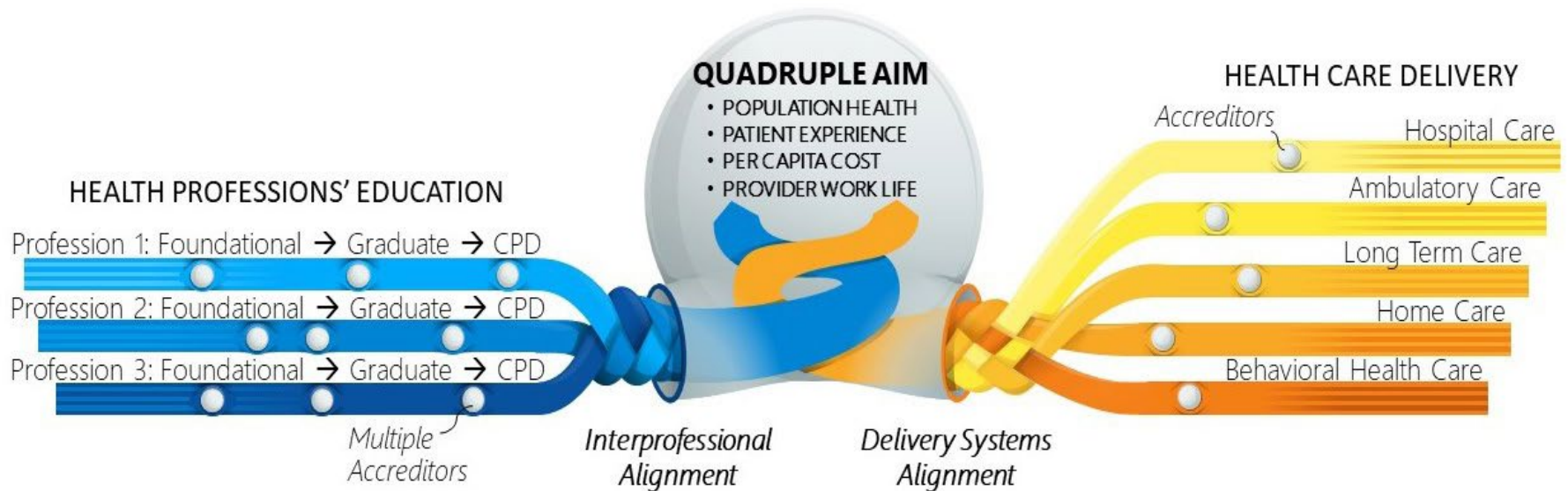
If so, what does this mean for educators?

The Challenge (p. 13):

. . . educating students about the reality of today's health care system [that is constantly changing] while also keeping faculty at educational institutions up-to-date on current health, educational, and community systems

What does this mean for educators?

Educators must collaborate across professions and across to health systems



SOURCE: Cox et al., "The Role of Accreditation in Achieving the Quadruple Aim," National Academy of Medicine.

This means building bridges



FIGURE 7-3 Bridging the education-to-practice divide design-thinking exercise.



SOURCES: Photo by Mikes Photos on Pexels. Presented by Bushardt and Woolforde, November 14, 2018.

Aligning Education and Practice

3 areas interest to my health professions education forum

Where do we build linkages?

- Artificial intelligence/machine learning
- Social determinants of (mental) health
- Team-based approach to pain management

Quotes from the “Bridge” session

“We are revisiting the same issues. How can this group move ideas forward?”

- create strong pipelines between education and practice to bring in new ways of teaching with new partners.
- having benchmarks could be what drives education to a higher level.
- What is your idea?!!

Guidance on Developing Quality Interprofessional Education for the Health Professions

<https://healthprofessionsaccreditors.org/ipe-guidance/>

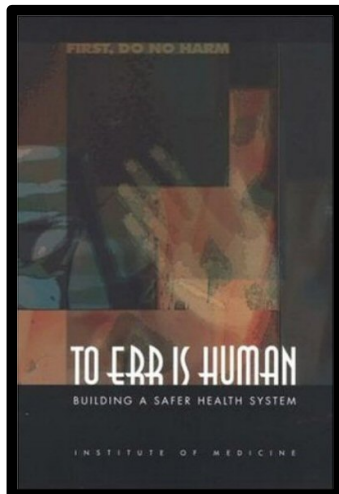
Joseph Zorek and Peter Vlasses



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1999

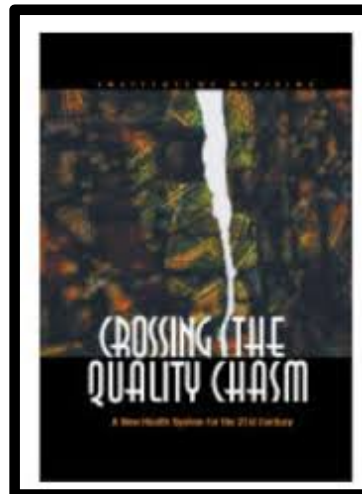
To Err Is Human



**Poor teamwork leads
to increased errors,
morbidity, and mortality**

2001

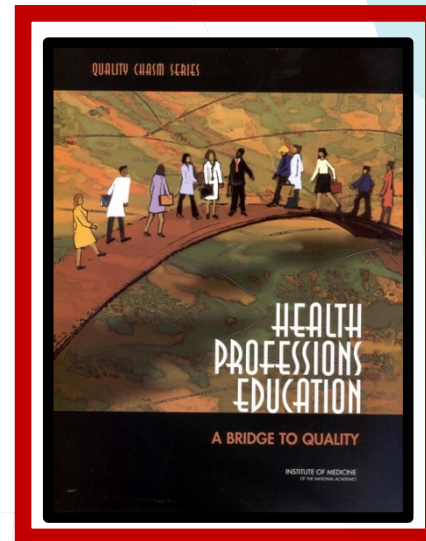
***Crossing the Quality
Chasm***



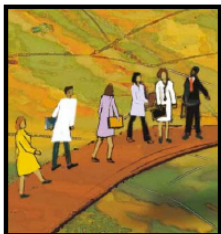
**Train in teams those
who are expected
to work in teams**

2003

A Bridge to Quality



**Teamwork is a core
competency for all health
professional students**



Chapter 5

Health Professions Oversight Processes: What They Do and Do Not Do, and What They Could Do

- Accreditation as a leverage point
- Descriptive vs. outcomes-based models
- Extensive collaboration across accreditation organizations is needed

HPAC members – n=25 (Founded 2014)

- Accrediting Bureau of Health Education Schools (ABHES)
- Accreditation Commission for Education in Nursing (ACEN)
- Accreditation Commission for Midwifery Education (ACME)
- Accreditation Council for Education in Nutrition and Dietetics (ACEND)
- Accreditation Council for Occupational Therapy Education (ACOTE)
- **Accreditation Council for Pharmacy Education (ACPE)**
- Accreditation Council on Optometric Education (ACOE)
- Accreditation Review Commission on Education for the Physician Assistant (ACR-PA)
- American Psychological Association Commission on Accreditation (APA-CoA)
- **Commission on Collegiate Nursing Education (CCNE)**
- Commission on Accreditation of Allied Health Education Programs (CAAHEP)
- Commission on Accreditation of Athletic Training Education (CAATE)
- Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM)
- Commission on Accreditation in Physical Therapy Education (CAPTE)
- Commission on Accreditation for Respiratory Care (CARC)
- **Commission on Dental Accreditation (CODA)**
- **Commission on Osteopathic College Accreditation (COCA)**
- Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAAASLP)
- Council on Accreditation of Nurse Anesthesia Educational Programs (CANAEPP)
- Council on Chiropractic Education (CCE)
- **Council on Education for Public Health (CEPH)**
- Council on Podiatric Medical Education (CPME)
- Council on Social Work Education (CSWE)
- **Liaison Committee on Medical Education (LCME)**

Red Font = Founding member

Guidance Document Writing Team at Time of Publication

- Health Professions Accreditors Collaborative
 - **Barbara Barzansky, PhD, MHPE** Liaison Committee on Medical Education, American Medical Association
 - **Stacey Borasky, EdD, MSW** Council on Social Work Education;
 - **Jacqueline Remondet Wall, PhD** Education Directorate, American Psychological Association
 - **Peter H. Vlasses, PharmD, DSc (Hon), FCCP** Accreditation Council for Pharmacy Education
- National Center for Interprofessional Practice and Education:
 - **Joseph A. Zorek, PharmD, BCGP** University of Wisconsin-Madison School of Pharmacy (consultant)
 - **Barbara F. Brandt, PhD, FNAP** National Center for Interprofessional Practice and Education, University of Minnesota

Goals of HPAC-National Center IPE Guidance Document

- To facilitate the preparation of health professional students in the United States for interprofessional collaborative practice through accreditor collaboration
- To provide consensus guidance to enable academic institutions in the United States to develop, implement, and evaluate ***systematic IPE approaches*** and ***program-specific IPE plans*** that are consistent with endorsing HPAC member accreditation expectations

Organization of HPAC-National Center IPE Guidance Document

- **Executive Summary**
- **Introduction**
- **General Guidance**
 - Consensus Terminology
 - Interprofessional Education Environment
- **Audience-specific Guidance**
 - Institutional Leaders
 - Program-specific Leaders and Faculty
 - Accreditation Boards/Commissions/Evaluators
- **Conclusion**

How can institutions and programs use the guidance document to increase the quality of their IPE?

How Can Institutional Leaders Impact Quality IPE?



- Institutional leaders can help stimulate and/or drive the creation of a ***systematic IPE approach***, fostering a collaborative environment and negotiating important relationships for IPE within and, if necessary, outside the institution.

What Does Institutional IPE Commitment Look Like?

- Strategic direction
- Provision of resources
- Dedicated leader and/or team of leaders with sufficient protected time, responsibility and accountability for IPE at the institutional level
- Identification and development of solutions for institutional policies that may hinder interprofessional collaboration
- Formal recognition of faculty effort toward successful implementation of IPE

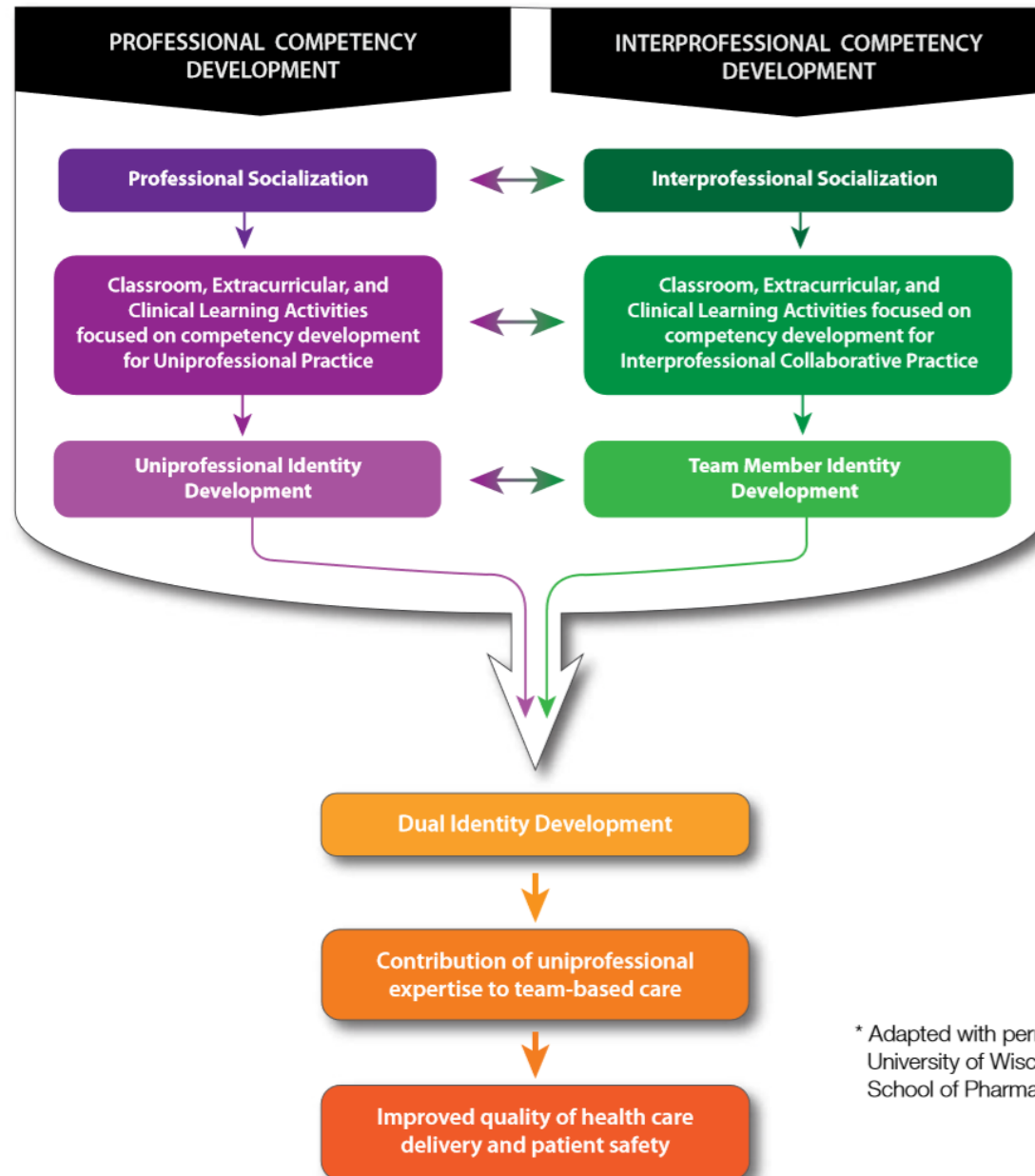
How Can Program-Specific Leaders and Faculty Impact Quality IPE?



Four Components of IPE Plans Recommended

1. Rationale
2. Outcome-based Goals
3. Deliberate Design
4. Assessment and Evaluation

Figure 2. Longitudinal integration of professional and interprofessional competencies



* Adapted with permission from the University of Wisconsin-Madison School of Pharmacy.

How can the Guidance Document Help In Understanding and Responding to Endorsing HPAC Accreditors?



- Guidance document is an important reference that is influencing accreditation standards, policies, procedures, and desired professional outcomes
- HPAC members that endorsed the Guidance document believe in the value of a ***systematic IPE approach*** from institutional leaders and ***program-specific IPE plans*** from program leaders

How does the guidance document support current IPE accreditation standards?

- The guidance is ***not intended to replace or subsume individual HPAC members' accreditation standards for IPE***, nor is it intended for accreditors to have identical IPE standards
- While maintaining individual accreditors' autonomy, ***the guidance document seeks to encourage increased communication and collaboration and to provide guidance on expectations related to quality IPE***

How do you plan to use the guidance document at your institution to advance quality IPE?

The logo for NCICLE (National Collaborative for Improving the Clinical Learning Environment) features a large teal rectangle on the left and a smaller teal rectangle on the right, both containing the text "NCICLE" in a large, bold, teal sans-serif font. To the right of the teal rectangles, the full name "NATIONAL COLLABORATIVE FOR IMPROVING THE CLINICAL LEARNING ENVIRONMENT" is written in a smaller, grey, sans-serif font, arranged in three lines.

NCICLE

NATIONAL COLLABORATIVE
FOR IMPROVING THE CLINICAL
LEARNING ENVIRONMENT

Morgan Passiment

The National Collaborative for Improving the Clinical Learning Environment (NCICLE)

NCICLE provides a forum for organizations committed to improving the educational experience and patient care outcomes within clinical learning environments.

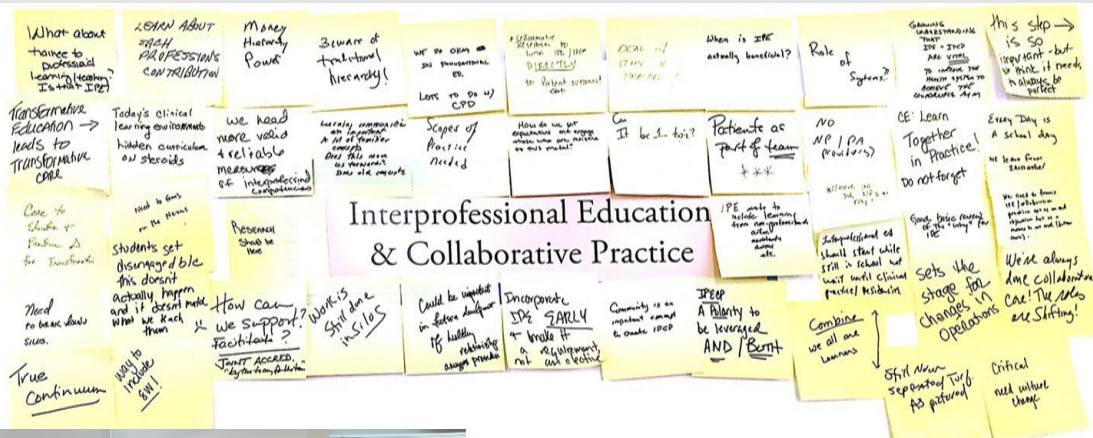
NCICLE seeks to simultaneously improve the quality of learning and patient care within CLEs through shared learning and collaborative practice among its member organizations.

Member Organizations

Accreditation Council for Continuing Medical Education (ACCME)
Accreditation Council for Graduate Medical Education (ACGME)
Accreditation Council for Pharmacy Education (ACPE)
Alliance of Independent Academic Medical Centers (AIAMC)
American Association of Colleges of Pharmacy (AACP)
American Association for Physician Leadership (AAPL)
American Association of Colleges of Osteopathic Medicine (AACOM)
American Osteopathic Association (AOA)
American Board of Medical Specialties (ABMS)
American Dental Education Association (ADEA)
American Hospital Association (AHA)
American Medical Association (AMA)
American Nurses Credentialing Center (ANCC)
American Organization of Nurse Executives (AONE)
American Society of Health-System Pharmacists (ASHP)
Association of American Medical Colleges (AAMC)
Association for Hospital Medical Education (AHME)
Association for Nursing Professional Development (ANPD)

Assembly of Osteopathic Graduate Medical Educators (AOGME)
Association of Post Graduate APRN Programs (APGAP)
Association of Post Graduate PA Programs (APPAP)
Council of Medical Specialty Societies (CMSS)
Council on Social Work Education (CSWE)
Health Professions Accreditors Collaborative (HPAC)
Health Resources and Services Administration (HRSA)
Institute for Healthcare Improvement/National Patient Safety Foundation (IHI/NPSF)
Institute for Safe Medication Practices (ISMP)
Liaison Committee on Medical Education (LCME)
National Board of Medical Examiners (NBME)
Organization of Program Director Associations (OPDA)
Quality and Safety Education for Nurses (QSEN) Institute
The Joint Commission (TJC)
Veterans Health Administration (VA)
Vizient, Inc.

IPCLE Symposium – October 2017



Achieving the Optimal
Interprofessional Clinical
Learning Environment:

PROCEEDINGS FROM
AN NCICLE SYMPOSIUM

- Value of optimizing IP-CLEs
- Characteristics of optimal IP-CLE
- Role of leadership in various environments of health care systems (ie, macro, meso, micro)

The Value of an Optimal IP-CLE

Patients and families - Safer care and improved health outcomes

Health care organizations and health systems - Improved quality of care and lowered costs

Learners - Preparation to engage in safe and effective interprofessional collaborative care throughout their career

Academic medical centers - The ability to train a workforce in optimal care models, translating knowledge to improved practice of patient care

Key Characteristics of an Optimal IP-CLE

Patient Centeredness	Health care is viewed as cocreated, with the patient, as well as his or her family and community, as an integral part of the health care team.
Continuum of Learning	Learning is fostered throughout one's career, with interprofessional values integrated and reinforced in the clinical workflow as well as in preprofessional/ undergraduate and graduate education.
Reliable Communications	Care plans are rich, collaborative, continuous, and truly focused on the patient by carving out physical and mental space for teams to effectively and actively communicate
Team-Based Care	The culture rewards risk taking and innovation and fosters leadership skills at all levels, all while embracing team interdependence, shared decision making, and collective competence.
Shared Accountability	Structures and processes are in place to ensure accountability in interprofessionalism, such as measurable outcomes and clear competencies that inform desired behaviors.
Evidence-Based Practice Centered on Interprofessional Care	Care is based on key characteristics of high-functioning collaborative care exemplars, research, and evidence-based IP-CLE models.

Macro

- Modeling a Team-Oriented Approach
- Allocating Resources
- Advocating for Interprofessional Learning and Collaborative Practice

Meso

- Ensuring Ongoing Interprofessional Input
- Integrating Interprofessional Learning and Collaborative Care into the Strategic Plan
- Building Team-Oriented Infrastructures

Micro

- Practicing Optimal Team Behaviors
- Promoting Shared Decision Making
- Fostering Distributed Team Leadership

Meso Environment (Hospitals and Clinics)

ENSURING ONGOING
INTERPROFESSIONAL INPUT

INTEGRATING
INTERPROFESSIONAL LEARNING
AND COLLABORATIVE CARE INTO
THE STRATEGIC PLAN

BUILDING TEAM-ORIENTED
INFRASTRUCTURES

Thank You!

www.NCICLE.org

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Work with your table: try this at home

- At tables: discuss what major take-homes were most applicable to you
- Pick any report or all three, generate 1-2 strategies/action statements:

Using the NAM / HPAC / NCICLE report as a guide, we will apply this strategy:

_____ in our home setting in order to meet this goal: _____.





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Using the __ report as a guide, we will apply this strategy: __ at home in order to __.

Mentimeter

HPAC, with other HPAC members, encourage more accreditation focus on IPE issues

HPAC Guidelines: The common language is helping move conversations forward at our universities.

NCICLE, IP preceptor development workshops, more consistent CLE

HPAC - present to a Dean's meeting and requesting a shared calendar for IPE curriculum.

NCICLE: Creates a framework to discuss accountability at an institutional level

NCICLE: Creating language around collaborative documentation

HPAC Guidelines to develop longitudinal IPE assessment plan to improve quality of curriculum!

HPAC Implementation of IPE Strategic Plans to unify the schools of the health sciences around an agenda for IPE

Systemic approach to IPE - Balancing Accreditors and Clinical Experience



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Using the __ report as a guide, we will apply this
strategy: __ at home in order to __.

Mentimeter

NCICLE: has helped bring some structure to a very complex, rapidly changing adaptive environment. How do we as interprofessional educators begin to create a dialogue with our institutional senior leaders

Using the HPAC as a guide we will use the audience-specific guidance on institutional leaders to influence the selection of a new Senior Vice Chancellor of the Health Sciences. Desirable characteristics of an IPE - Friendly-SVC

NCICLE -Helps us define metrics that will document the positive impact on patient care provided by collaborative practice

HPAC to inform and disseminate commonalities

HPE forum report, partnering between educators and practitioner, to address topic specific issues

Mixture of reports - Go to AHEC Centers in state to train AHEC directors for their understanding of the AHEC Scholars in their region

These national reports help by creating some benchmarks that we can potentially share nationally to move forward with documenting impact of interprofessional teamworking

NCICLE, to improve partner leadership with clinical partners



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Using the __ report as a guide, we will apply this strategy: __ at home in order to __.

Using the HPAC as a guide, we will design a micro-credentialing system to track student participation in IPE activities across the professions curriculum

Practice environments are deeply interested in how collaborative practice skills provided to students making a difference on clinical metrics

HPAC, to encourage a systematic approach to IPE

NCICLE - work with institutions to show value of IPE for learners, patients, institution

HPAC, utilize a common assessment tool to evaluate team-based student learning outcomes.

NCICLE, to help move clinical leaders forward in IPCP

Use all reports - synthesize the information of all the reports into a smaller report.

NCICLE Reports is ideal for promoting partnerships and sharing planning between health care systems (where significant #s of trainees are trained clinically) and their sponsoring schools.

HPAC: develop a strategic plan that is endorsed by institutional leaders and faculty ... create sustainability and longevity of the IPE program embedded into the curriculum



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Using the __ report as a guide, we will apply this strategy: __ at home in order to __.

Educators need to hear from members of the non-academic practice environment to understand what the skill set needed in the workforce is and will be

HPAC model....we will use IOM Interprofessional learning continuum modelto identify strategic partnerships and generate continuing professional development program

NCICLE reports stir the conversation re: metrics - need all in IPE/CLE to agree on common measures..

Using the NCICLE report as a guide, we will apply this strategy: actions of the leaders who are closet to the front line in order to achieve/improve patient safety and outcomes.

Using the HPAC report as a guide, we will apply this strategy:. Establish a common set of expectations for clinical interprofessional clinical residencies to close the gap between education and practice.

HPAC to define outcome measurements and assessment plan for longitudinal curriculum and to re-engage our academic community to ensure a more systematic IPE program

NCICLE - metrics to show improvement in patient outcomes, !*#! patient satisfaction, reduce provider burnout

Using the HPAC report we will apply the 4 components of the IPE plan and ask all regional institutional partners to submit them in order to help Ahec to facilitate better partnership between the organizations.

Interprofessional practice needs to also address some shared knowledge that may not belong to any clinical discipline - for instance, basic understanding of the business of healthcare



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Using the __ report as a guide, we will apply this strategy: __ at home in order to __.

Using the HPAC report as a guide, we will try to find common language to meet accreditation goals.

NCICLE, to support clinical instructors in these skills

HPAC, intentional IPE to build Dual Identity in Team-ready graduates.

NCICLE, Integrate optimization of IPCLES into strat plan, in order to increase IPP

HPAC allows us for quality and as driver for longitudinal curriculum.

Using HPAC to integrate interprofessional education and collaborative practice into new standard development for accreditation of post-graduate PA programs.

Use the HPAC report to have key stakeholders develop IPE plans and call out specifically the online components in order to foster collaboration for online learners.

HPAC/NCICE Map competencies from the report Identify gaps and opportunities for collaboration

Address the intersection of the 3 reports. Key words; intentional, bridging with service, meeting the challenges, maximize the clinical learning environment. Use these guides to focus on building leadership collaboration.



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Using the __ report as a guide, we will apply this strategy: __ at home in order to __.

Mentimeter

Disconnection between profession - identify them as your partner for co-patient care

Using the NCICLE report as a guide to frame the faculty development training to increase CLE.

Using the NCICLE Report we will apply the six characteristics from the document in order to achieve leverage to incorporate graduate education into our Center for IPE efforts.

NCCLE: advocate for clinical learning earlier in the student experience.... create team-ready students upon graduation

Using the HPAC report as a guide to integrate interprofessionalism throughout all curricula (i.e., not just one one specific day or in one specific place)

Awareness understanding insight and action

HPAC to align IPE with curriculum renovation yielding team-ready graduates.

How to include Dentistry in the strategic action plan of the three reports



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Using the __ report as a guide, we will apply this strategy: __ at home in order to __.

Mentimeter

NAM and NICICLE - we need to bring more Clinical Partners to the table and conferences to formulate ideas of how to best develop IP clinical experiences in the healthcare system, i.e., hospitals, ambulatory clinics, skilled nursing facilities, etc.

Use TRIZ as strategy Ask how we could fail at applying this strategy. And then reflect on the realities and stop doing what leads to the failure

Apply this strategy: identify champions at home in order to build a culture of IPE

Need tips on how to operationalize an institutional systematic IPE approach.

HPAC, give 4 components of IPE to all regional institutions that partner with AHEC, being better to partner IPE organizations together

NCICLE report, give the 6 characteristics from DOC, incorporate graduate education into our Center for IPE efforts



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Using the __ report as a guide, we will apply this strategy: __ at home in order to __.

HPAC report, have key stakeholders develop IPE plans and call out specifically the online components in order to foster collaboration of online learning.

The Guide @ home to distribute and operate from HPAC to inform, disseminate

NCICLE @ home to improve partner leadership with clinical

HPAC to have a systematic approach

NCICLE to help more clinical leaders teach and show IPCP, goal of infrastructure

HPAC, identify champions culture of IPE , developa

HPAC, intentional integration of IPE into IPE core courses, maintaining CCNE accreditation

HPAC, intentional coursework, student experience to develop dual identities (prof and team identity)

HPAC, intentional coursework and student experience to develop dual identities (prof & team identity), "team-ready" @ graduation & dual identity & self efficacy



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Using the __ report as a guide, we will apply this strategy: __ at home in order to __.

IPE within depths - beings more intentional

New steering committee

faculty devleopment / CME / lunch & learn

Skill sets for faculty

Competencies for faculty

Institutional plan development

NCILE, integrate optimize of IPCCES into strat plan, in order to increase IPP

Use NCILCE report to focus even more on the clinical setting in only classroom setting

Use these guides to focus on accelerating leadership capacity



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Using the __ report as a guide, we will apply this
strategy: __ at home in order to __.

 Mentimeter

Using these inputs have a
greater emphasis on
assessment / evaluation
strategies

Use HPAC to find common
language to meet
accreditation goals

Use NCICLE to frame the
faculty development training
to faculty CLE

Use HPAC to integrate
interprofessionalism
throughout all curriculum.

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Go Forth – Next Steps at the Nexus Summit

- Report themes woven throughout the Nexus Summit and in your program:
 - Optimizing the Interprofessional Clinical Learning Environment
 - Aligning Education and Practice for Workforce Transformation and Health System Change
 - Quality Interprofessional Education and Accreditation
 - Integrating Patients and Families in Interprofessional Practice and Education
- Skills-based Workshops, Lightning Talks, Nexus Fair: Posters and Resource Exchanges
- Think about/discuss how to refine action, network, learn through presentations to help you go home prepared for action!
- Use #NexusSummit2019 to inspire others with your action strategies!





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