Interest Area

Each table is marked with one important characteristic of the optimal Clinical Learning Environment:

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

Please choose a table labelled with a topic you are interested in exploring.
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), the American Nurses Credentialing Center (ANCC), and the Association of Social Work Boards (ASWB) to provide continuing education for the healthcare team.

**Physicians:** The National Center for Interprofessional Practice and Education designates this live activity for a maximum of 1 *AMA PRA Category 1 Credits™.*

**Physician Assistants:** The American Academy of Physician Assistants (AAPA) accepts credit from organizations accredited by the ACCME.

**Nurses:** Participants will be awarded up to 1 contact hours of credit for attendance at this workshop.

**Nurse Practitioners:** The American Academy of Nurse Practitioners Certification Program (AANPCP) accepts credit from organizations accredited by the ACCME and ANCC.

**Pharmacists:** This activity is approved for 1 contact hours (.1 CEU) UAN: JA4008105-0000-19-042-L04-P

**IPCE:** This activity was planned by and for the healthcare team, and learners will receive 1 Interprofessional Continuing Education (IPCE) credits for learning and change.
Disclosures:

In accordance with the Accreditation Council for Continuing Medical Education’s Standards for Commercial Support, adopted by the Joint Accreditors for Interprofessional Continuing Education, the National Center for Interprofessional Practice and Education has a **conflict of interest policy** that requires that all individuals involved in the development of activity content disclose their relevant financial relationships with commercial interests. All potential conflicts of interest that arise based upon these financial relationships are resolved prior to the educational activity.

**Andrea Pfeifle, Diane Bridges, Stephen Charles, Tina Gunaldo, Gail Jensen, Devin Nickol, Mary Mauldin, and Loretta Nunez**

declare no vested interest in or affiliation with any commercial interest offering financial support for this interprofessional continuing education activity, or any affiliation with a commercial interest whose philosophy could potentially bias their presentation.
Research in the Clinical Learning Environment: Strategies for Collaboration

Presented by
AIHC Scholarship Committee
Learning Objectives

1. Translate relevant and important features of key learning concepts and learning theories central to the interprofessional community of practice as they apply to scholarship in the CLE.

2. Explore the research-practice gaps in the CLE.

3. Identify facilitators/barriers and interventions that are best aligned with addressing these gaps.

4. Generate 2-3 action steps to advance and support scholarship/career advancement.

5. Network with people who share similar research interests.)
Achieving the Optimal Interprofessional Clinical Learning Environment:

PROCEEDINGS FROM AN NCICLE SYMPOSIUM
FIGURE 4: Optimal IP-CLE Characteristics for Leadership in the Macro, Meso, and Micro Health Care Environments

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

*Macro environment = health systems; meso environment = hospitals and health clinics; micro environment = clinical care units and service lines.
Introductions at Table

• Name
• Organization
• Are you
  – Engaged in the clinical learning environment (CLE), IPE, or both?
  – Engaged in scholarship in IPE and/or the CLE?
  – Interested in becoming engaged in one or more of these areas?
IPE ENABLERS
Barriers and enablers that influence sustainable interprofessional education: a literature review

Tanya Rechael Lawlis, Judith Anson & David Greenfield

To cite this article: Tanya Rechael Lawlis, Judith Anson & David Greenfield (2014) Barriers and enablers that influence sustainable interprofessional education: a literature review, Journal of Interprofessional Care, 28:4, 305-310. DOI: 10.3109/13561820.2014.895977

To link to this article: https://doi.org/10.3109/13561820.2014.895977

Published online: 13 Mar 2014.

<table>
<thead>
<tr>
<th>Stakeholder level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government and professional</td>
<td>Encompasses the top-level stakeholders that influence the incorporation of IPE into higher education health professional degree programs, such as government organisations and accreditation boards.</td>
</tr>
<tr>
<td>Institutional</td>
<td>Refers to the areas within a higher education institution that influence the embedding of IPE into the health professional education, for example management.</td>
</tr>
<tr>
<td>Individual</td>
<td>Encompasses the staff, instructors (or educators or professors), and/or students that can impact both positively and negatively the embedding of IPE into the health professional curriculum.</td>
</tr>
</tbody>
</table>
Enablers to IPE

Government and professional
- Establishment of collaborative groups from different higher education institutions and organisations
- Stakeholder commitment
- Shared ownership and unified goals
- Government funding

Institution
- Funding by institutions
- Organisational structures within higher education institutions developed
- Faculty development programs

Individual
- Skill of the facilitator
- Enthusiasm of facilitator/staff
- Staff as role models
- Champions
- Commitment
- Understanding of IPE and CP
- Shared interprofessional vision
- Showing of equal status regardless of position or background
Table II. Higher education institution barriers to IPE.

<table>
<thead>
<tr>
<th>Barriers to IPE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Government and professional</strong></td>
</tr>
<tr>
<td>• Lack/limited financial resources</td>
</tr>
<tr>
<td>• Changes within the organisations and higher education institutions involved</td>
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<tr>
<td><strong>Institution</strong></td>
</tr>
<tr>
<td>• Lack/limited financial resources</td>
</tr>
<tr>
<td>• Lack/limited support</td>
</tr>
<tr>
<td>• Limited faculty development initiatives</td>
</tr>
<tr>
<td>• Scheduling of IPE within current program</td>
</tr>
<tr>
<td>• Health professional degree calendars – different lengths of degree year</td>
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<tr>
<td>• Different degree timetables</td>
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<tr>
<td>• Rigid/condensed curriculum</td>
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<tr>
<td>• Extra-curricula versus required course/unit</td>
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<tr>
<td>• Differences in assessment requirements</td>
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<tr>
<td><strong>Individual</strong></td>
</tr>
<tr>
<td>• Faculty attitudes</td>
</tr>
<tr>
<td>• Lack of reward for faculty</td>
</tr>
<tr>
<td>• High workload (including teaching and administrative)</td>
</tr>
<tr>
<td>• Lack/limited knowledge about other health professions</td>
</tr>
<tr>
<td>• Not understanding IPE concept</td>
</tr>
<tr>
<td>• Lack of perceived value</td>
</tr>
<tr>
<td>• Different student learning styles</td>
</tr>
<tr>
<td>• “Turf” or professional battles</td>
</tr>
<tr>
<td>• Bias towards own profession</td>
</tr>
<tr>
<td>• Lack of respect towards other health profession/als</td>
</tr>
</tbody>
</table>
Individual

Enablers

- Skill of the facilitator
- Enthusiasm of facilitator/staff
- Staff as role models
- Champions
- Commitment
- Understanding of IPE and CP
- Shared interprofessional vision
- Showing of equal status regardless of position or background

Barriers

- Faculty attitudes
- Lack of reward for faculty
- High workload (including teaching and administrative)
- Lack/limited knowledge about other health professions
- Not understanding IPE concept
- Lack of perceived value
- Different student learning styles
- “Turf” or professional battles
- Bias towards own profession
- Lack of respect towards other health profession/als
IPE IPCP SCHOLARSHIP ENABLERS
IPE & IPP Scholarship Enablers
Proposed Framework Based on Key Themes*

- Current state and emerging principles of best practices
- Aligned vocabulary
- Address teaching challenges
- Identify gaps in knowledge for IPE teaching/research
- Resource, build and maintain network database
- Identify and support potential research mentors; connect with Mentees
- Collaboration across organizations such as AHIC/CIHC/Interprofessional. Global/NAP)
- Enhance mechanisms for networking/collaborations (establish affinity groups)
- Integrate patient/client/community resources
- Knowledge Base: Theoretical Underpinnings
- Skills (Research Methodology)
- Dissemination Strategies
- Toolkits (webinars, vodcasts, conferences)
- Promote value in promotion and tenure processes
- Identify and engage funding sources (e.g., grants, fellowships)
- Develop repositories for scholarly products

*Summary of Data Collected at: All Together Better Health IX, National Center Interprofessional Practice and Education 2017 & 2018 Summit Meetings, and 2017 CAB VI Meeting (Pfeifle AL, Gandy J, King S, Grymonpre R, Jensen G)
Table Topic Discussions

• Relevant to your table topic, discuss:
  – Enablers to scholarship in this area
  – Barriers to scholarship in this area
  – (Especially)...Strategies that you have used or observed working well for engaging in scholarship in this area

• Use the tear sheets and post-its to track key points

• Report Out
TOOLS AND RESOURCES
IOM Interprofessional Learning Continuum Model

Boyer’s 4 Models of Scholarship

• Discovery
• Integration
• Application (also later called the scholarship of engagement)
• Teaching and learning

# Implementation Science and Boyer Models of Scholarship

<table>
<thead>
<tr>
<th>Gaps</th>
<th>Discovery</th>
<th>Integration</th>
<th>Application</th>
<th>Teaching &amp; Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitators</td>
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<tr>
<td>&amp; Barriers</td>
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<tr>
<td>Interventions</td>
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<tr>
<td>Implement &amp;</td>
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<td>Evaluate</td>
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<tr>
<td>Impact</td>
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</tbody>
</table>
Towards a Greater Understanding of Implementation Science in Health Professions Education

Alko Thomas, PhD, OT, School of Physical and Occupational Therapy, Centre for Medical Education, McGill University, Centre for Interdisciplinary Research in Rehabilitation of Greater Montreal, and André Busse, PhD, DC, School of Physical and Occupational Therapy, McGill University, Centre for Interdisciplinary Research in Rehabilitation of Greater Montreal, Department of Chiropractic, Université de Sherbrooke

In a previous AM Last Page, we advocated an evidence-informed approach to health professions education (HPE). Here we examine implementation science (IS).

- Educators are faced with the responsibility of ensuring that current best evidence in HPE is routinely used to inform decision-making practices.
- Knowledge translation (KT) is a process used to facilitate the uptake and application of best evidence.
- KT is the scientific study of CT. It encompasses all aspects of research relevant to the study of the methods, theories, and models to promote the uptake of research findings into educational and policy contexts.
- IS seeks to answer questions such as: Why are some teachers more likely than others to adopt a new practice? Why do certain faculty development programs lose effectiveness over time? How can multiple educational interventions be effectively packaged to capture cost efficiencies and reduce suboptimal practices?

We present IS as a four-step process: (1) identify research-practice gaps; (2) identify facilitators and barriers to the uptake of new knowledge/practice; (3) design interventions to promote uptake; and (4) implement and evaluate impact. For each step, we describe the purpose, methods, and expected deliverables/outcomes. The implementation process should consider the context (e.g., school, clinic, community, emergency department, and Sydney, and identifying the target audience and stakeholders (e.g., learners, faculty, program directors, administrators) and involve them throughout all stages of the process.

### Four-Step Implementation Process

<table>
<thead>
<tr>
<th>Step</th>
<th>Purpose</th>
<th>Methods</th>
<th>Outcome</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identifying research-practice gaps</td>
<td>Identify current best evidence from best available evidence</td>
<td>Knowledge syntheses, surveys, expert interviews, focus groups, curriculum and accreditation document reviews</td>
<td>List of important gaps, list of current teaching, assessment, and program development activities</td>
<td>Review evidence on strategies for giving residents effective feedback; identify current feedback practices in residency training programs using questionnaires and focus groups; confirm relevance and nature of gap between current feedback practices and best practice strategies (following the literature review).</td>
</tr>
<tr>
<td>2. Identifying facilitators and barriers</td>
<td>Identify level of the facilitator/barrier (individual knowledge, attitude, motivation, skills, etc.), organizational availability of resources, culture, readiness to change, etc.</td>
<td>Use theories to identify and understand facilitators and barriers (motivational, social-cognitive, action, resources, etc.).</td>
<td>List of facilitators and barriers with explanatory components.</td>
<td>Conduct interviews among clinical teachers identified by the TDF to identify the individual and organizational supports (e.g., feedback, resources to change) necessary to support uptake of new practices, provide tailored feedback, develop a feedback form, and identify evidence on feedback and barriers (e.g., lack of feedback awareness) to effective feedback practices.</td>
</tr>
<tr>
<td>3. Designing and implementing interventions</td>
<td>Design interventions that are theory-based and aligned with facilitators and barriers.</td>
<td>Select intervention components (e.g., feedback, outreach visits, faculty development).</td>
<td>Theory-based tailored intervention ready for implementation.</td>
<td>Consider who needs to do what differently, why, when, and how.</td>
</tr>
<tr>
<td>4. Implementing and evaluating impact</td>
<td>Implement the intervention and evaluate outcomes at three levels:</td>
<td>Pre-post studies, qualitative interviews, case studies, mixed methods.</td>
<td>Individual outcomes, organizational outcomes, system outcomes.</td>
<td>Measure changes in knowledge, attitudes, skills, and practices; feedback strategies in residency training programs; cost-effective and streamlined feedback strategies for residency training programs; cost-effective and streamlined feedback strategies for residency training programs; cost-effective and streamlined feedback strategies for residency training programs.</td>
</tr>
</tbody>
</table>

**Key messages:**
- KT and IS are iterative processes targeted at specific populations, settings, and contexts to promote the systematic uptake of research findings and other evidence-based practices into HPE.
- KT and IS foster environments conducive to building teaching and assessment capacity and students’ lifelong learning.
- Added value of medical education must be proven via robust scientific methods employed in IS.

**References:**

**Author contact:** alktom@mcgill.ca

First published online
Framing our Collaborative Conversation: Implementation Science

- Implement and evaluate
- Identify research-practice gaps
- Design interventions
- Identify facilitators barriers

Focus for small group work
Time to Collaborate!

- Develop a single project for your table
- Focus on possible design of an intervention and implementation/evaluating the impact
CollaboRATE

Inquires about shared decision making during healthcare appointments (Barr, et al., 2014)

Website - http://www.glynelwyn.com/collaborate-measure.html
IntegRATE

Inquires about the level of healthcare delivery integration by a team (Elwyn, et al., 2015).

Website -
http://www.glynelwyn.com/integrat_e.html
Kotter’s Accelerated Model of Change: The Accelerator Network

INSTITUTE — CREATE — BUILD

SUSTAIN — FORM — ENLIST

GENERATE — ENABLE

The Big Opportunity for Change

Action is focused around the Big Opportunity. Motivated volunteers from the hierarchy are recruited to the network to realize the vision.

AIHC Scholarship Committee

• **Scholarship Committee:** Community of practice to support the generation of scholarship along the continuum; facilitate specific scholarly activities; promote and select national IPE awards

• **2019-2020 Scholarship Committee Goals**
  – Develop programming to enhance scholarship engagement among members at Nexus Summit and Collaborating Across Borders conferences
  – Develop and deliver 1 or 2 webinars
  – Enhance a community of practice around IPE Scholarship
  – Collaborate with other Committees to continue to develop and promote IPE Scholarship through awards, communications, and membership engagement.
Scholarship Committee

- Anthony Breitbach, PhD, ATC; Saint Louis University
- Diana Bridges, PhD, MSN, RN, CCM, Rosalind Franklin University
- Stephen Charles, PhD, East Carolina University
- Tina Gunaldo, PhD, DPT, MHS; Louisiana State University Health-New Orleans
- Gail Jensen, PhD, PT, FAPTA, FNAP; Creighton University
- Mary Mauldin, EdD; Medical University of South Carolina
- Loretta Nunez, MA, AuD, CCC-A/SLP, FNAP; American Speech Language Hearing Association
- Devin Nickol, MD, FNAP; University of Nebraska Medical Center
- Andrea Pfeifle, EdD, PT, FNAP; Indiana University
- Terri Poirier, PharmD, MPH, FASHP, FCCP, BCPS, Southern Illinois University Edwardsville
Advancing Interprofessional Education and Collaborative Practice (IPECP) Scholarship

Resources:
- “How to Keep Up – Create a Google Scholar Alert”
  https://scholar.google.com/scholar_alerts?view_op=list_alerts&hl=en

Journal Articles:
- “Academic medicine last pages: An Infographic collection” [PDF]. Washington, DC: AAMC.
  Chapters on educational research, health policy, and final chapter on a variety of health professions.

  Overview of MedEd Research, why important, how to get started, how projects are structured, and strategies to publish/present findings.

  Excellent resource on conducting research in health professions education.
Your Personal Action Plan

• What 1-2 steps can you take to move the scholarship agenda forward in your CLE?
• Who did you talk to today that could be a good sounding board or collaborator?
• What resources did you learn about that could be useful?
AIHC Membership

Join us as a member of this exciting new professional society – the first member-based organization in the growing field of interprofessional practice and education.

• Go to Our Website: [http://www.aihc-us.org/](http://www.aihc-us.org/)

<table>
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<th>Membership Type</th>
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<td>Individual</td>
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</tr>
<tr>
<td>Student</td>
<td>$30</td>
</tr>
</tbody>
</table>
Presenters’ Contact Information

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• Loretta Nunez, MA, AuD, CCC-A/SLP, FNAP  
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• Andrea Pfeifle, EdD PT FNAP  
  – apfeifle@iu.edu
Thank you!

Please visit us at

www.aihc-us.org

for more information