

NEXUS SUMMIT 2020

Better Care, Better Value, Better Education

Retaining the vital focus on the
Interprofessional Clinical Learning Environment

IPE Through the Eyes of Individuals (Patients, Clients, People), Families and Caregivers, and Communities¹ Track

Track Leaders: Shelley Cohen Konrad and Ted Meyer

Since 2018, the National Center has included “super” patients who have substantial experience with the United States health care system because of hereditary and chronic diseases. Through their intense and long-term experiences as recipients of “care”, they are keen observers of what works and doesn’t work, how they have been engaged and respected (or not), whether their care is coordinated, and if their health professionals are truly a “team” – one that they are on. In 2018 and 2019, the super patients have attended Nexus Summit sessions to provide patient perspectives and feedback.

The seminar and lightning talks selected for this track represent IPE that has been described as focusing on health and patient/population outcomes. In some cases, learners (students, residents and clinicians/health professionals) are actively involved with patients, in other cases, they are not. In their descriptions, some strive to move beyond patient-centered care to engage patients in their care as true members of the team.

Learning Objectives

By participating in the Patient Track, you will be able to:

1. Describe how the presenters have designed and implemented their IPE programs with patients in mind
2. Discuss how the patient track leaders reflect upon the patient voice and how they are engaged in education and practice
3. Explain opportunities and strategies for strengthening patient voice and engagement as members of the “team”
4. Articulate how lessons learned can be adapted to your own IPE programs and work back home.

¹ Different terms are used for patients and clients in health care, the National Center prefers the term “individuals” as generic. Additionally, families, caregivers and their communities are important players for improving health outcomes. For brevity, the term “patient” is used to individuals, families, caregivers and communities.

Reflective Questions for the Patient Track

1. How is the IPE program and work informed by “patient/population”? Were patients engaged as “members of the team”? And if so, what were their roles?
2. How does this work address diversity, disparities, and health equity?
3. What good practices were observed in the featured patient track presentations?
4. During Summit discussions, what do the patients have to say?
5. What are you learning about how to create opportunities for the patient/population engagement in your own IPE programs and work?

Preparing for the Summit Patient Track

Meet [Ted Meyer](#), author of [Scarred for Life](#)

References

Churchill, L. R., Fanning, J. B, & Schenk, D. (2013). *What Patients Teach: The Everyday Ethics of Health Care*. New York: Oxford University Press.

Morris, D. (2014). Medical Errors: Caregivers, loss, and an ethics of waiting. *Literature and Medicine*, 32(2), 249-270.

Josiah Macy Jr. Foundation (2014). [Partnering with Patients in Education and Health Care Transformation](#): Featuring the University of Montreal.

Fulmer, T & Gaines, M. (2014) [Partnering with Patients, Families, and Communities to Link Interprofessional Practice and Education](#). Proceedings of a conference sponsored by the Josiah Macy Jr. Foundation in April 2014; New York: Josiah Macy Jr. Foundation.