Interprofessional Education: Imperatives for the Next Generation

WGEA Plenary Session I
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Session format

• Introductory remarks
• Historical perspective and current status of interprofessional education
• Case example – opportunity at UC Davis – entrepreneurial medical school and new nursing school
• Discussion of selected issues in implementation
Interprofessional Education: Imperatives for the Next Generation

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10th Western Regional Education Assembly, Asilomar CA
April 25, 2010
Objectives

- Brief history of interprofessional education (IPE) in context
- Overview of UW program with emphasis on evolution of IPE competencies
Brief History of U.S. Experience in Interprofessional Education

**Stems from practice changes requiring collaboration (bolstered with $)**

- Phase I*: WWII (1940’s, 1950s)
- Phase II*: Great Society- (1960s, early 1970s)

**Phase III*: Dedicated federal and private interdisciplinary funding – mid 1970s, 1980s

**Phase IV - Health Care ‘Reform’** (1990’s and 2010)

**Associated with calls for different education**

* Baldwin, DC (1996) J Interprofessional Care, 10 (2), 173-187
Impetus for Interprofessional Teams

- **1970s & 80s** - Coordinated care for specific populations

- **1990’s**
  - Increased access for underserved
  - Economic incentives to reduce cost
  - Complexity of interventions
  - Managed care

- **2000s:**
  - Quality & safety
    - Safe
    - Effective
    - Patient-centered
    - Timely
    - Efficient
    - Equitable
  - Accountability
    - Care coordination
    - Health care homes
    - Accountable care organizations
    - Teams in acute and chronic care
Center for Health Sciences Interprofessional Education

"Working together for better health"

Context

- AACN position statement on interdisciplinary education & practice 1995
- Kellogg graduate nursing and medicine initiative 1995
- NLN panel - 1995
- IOM primary care report 1996
- Tavistock principles 1999
- Macy conference 2000
- IOM quality chasm 2001
- IOM health professions education summit 2003
- Macy conferences 2008, 2009
- ABIMF/AAN conference 2010

- Began in 1997 as part of health care reform phase (HSPICE)
  - UW Initiatives Fund

- Became a Center in 2000
  - UW internal funding
  - Potpourri of grant funding

- Continues in 2010
  - No institutional funding
  - Strategic grant funding
Internationally - Tavistock Group

- Evolution over past 150 years
  - Largely social service
  - Individual practitioners
  - Network of services by teams of professionals

- Resulted in
  - Increasing resource consumption
  - Financial constraints
  - Complexity
  - Poor system design
  - With no shared ethical code

Smith, Hiatt & Berwick, JONA 29(6), 5-8, 1999
Simultaneous in 6 health professions journals
Ethical Principles - Moral Framework

- Healthcare as a human right
- Care of individuals at center, in context of greatest health gains for groups/populations
- Responsibilities include prevention of illness, alleviation of disability
- Cooperation is imperative
- Continuing responsibility to improve quality

Tavistock Group, 1999
Current Context
- Macy conferences
  - 2008
  - 2009
- ABIMF/AAN conference 2010
- Patient Protection & Affordable Care Act 2010
- American Interprofessional Health Collaborative (AIHC)
- Canadian Interprofessional Health Collaborative (CIHC)
- Interdisciplinary Professional Education Collaborative (IHI); IHI open school
- UK - Centre for Advancement of Interprofessional Education
- And others

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Health Science Partnerships in Interdisciplinary Clinical Education (HSPICE)

UW University Initiatives Fund
Aim of the HSPICE and CHSIE

- Develop, implement, and sustain
  - Interprofessional model for clinical education
  - Interprofessional/interdisciplinary model for research education
- Six Health Science schools
- Two Library and Information Science units
Original Core Competencies

- Competent in practice discipline
- Understand & respect others’ approach
- Context & complexity of population health
- Basic group skills

Using:
- Linkages in integrated service
- Experience working on common problems
  - Urban underserved
  - Patient safety
  - Quality improvement
- Web, classroom & clinical experiences (simulated and live)

Interprofessional Competencies

IOM Health Professions Education: A Bridge to Quality (2003)

- Competence in practice discipline
- Understanding & respect of others’ approach
- Context & complexity of population health
- Basic group skills

Overlap of Core Competencies for Health Professionals
Expanded competencies - Interprofessional Team Training Toolkit

- Interprofessional communication
- Patient/client/family/community-centered care
- Role clarification
- Team functioning
- Collaborative leadership
- Interprofessional conflict resolution

Six competency domains for interprofessional collaborative practice

- Scenario development
- Curricular mapping
- Interprofessional ‘day’
- Shadowing
- Capstone simulation ‘rounds’

Brenda Zierler (nursing) and Brian Ross (anesthesiology), Directors, funded by the Josiah Macy Jr. Foundation
Faculty Leadership in Interprofessional Education to Promote Patient Safety (FLIEPPS)*

- Improving patient safety
  - Terminology of patient safety
  - Multiple cultures in patient safety
  - Assessing barriers and opportunities
  - Safety as a component of quality
  - Changing the response to error

- Interprofessional collaboration, leadership and patient safety
  - Leadership principles
  - Collaborative practices
  - Organizational & professional cultures
  - Cultures promoting safety and promoting error
  - Quality improvement as organizing principle
  - Interprofessional teaching & learning

*Cooperative agreement D50 HP 10006, Division of Medicine and Dentistry & Division of Nursing, BHPr, HRSA, DHHS
Center for Health Sciences Interprofessional Education

Working Together for Better Health

University of Washington Innovative Funds Project

Development and Evaluation of an Interprofessional Health Sciences Certification Examination

Goal
To develop a UW Health Sciences Objective Structured Clinical Examination (OSCE) to certify the competence of students graduating from Medicine, Dentistry, Pharmacy, Social Work, and Nursing in core skills common to these professionals and in skills specifically required to collaborate in interprofessional teams.

Plan
We envision the creation of a 10-station OSCE using written scenarios, triggered videotapes, and standardized patients to assess students' competence or capability in 3 overarching areas:

Providing Safe Care – providing collaborative patient-centered care, practicing evidence-based healthcare, using decision support and other information systems at the point of patient care, anticipating the unexpected, and having a plan for recovering from and analyzing error;

Providing Culturally Competent Care – demonstrating a willingness to learn from patients about their health beliefs, to incorporate patients' perspectives into structuring and delivering
Desired Outcomes - OSCE

- Improve quality of care provided to the community by graduating students
- Certification of students in core professional and interprofessional competencies
- Provide data about student progress for program evaluation
- Potential curricular improvement and reconfiguration of outcomes
- Ongoing faculty dialogue across the professions regarding how best to educate our health sciences students to deliver optimal care in the current health care practice environment

OSCE – low-tech simulations - competencies

- **Providing Safe Care –**
  - collaborative patient-centered care
  - practicing evidence-based healthcare
  - using decision support, other information systems at the point of patient care
  - anticipating the unexpected
  - having a plan for recovering from and analyzing error
OSCE – low-tech simulations

- Providing Culturally Competent Care
  - willingness to learn from patients about their health beliefs
  - incorporating patients’ perspectives into structuring and delivering health care
  - modifying one’s thinking and behaviors to facilitate mutual respect and rapport
  - negotiating mutually acceptable treatment plans
  - establishing a partnership with patients.
OSCE – low-tech simulations

Collaborating in Teams –

- defined as: an ability to put aside rivalries, barriers and distrust and partner in a common struggle to deliver high quality, safe, patient care.

- Skills to be examined in this experimental station (using a standardized team) include collaborative problem solving, conflict management, negotiation, and valuing the work of other team members.
Lessons and challenges

- Never enough time
- Negotiating the faculty team
- Deciding the ‘unit’ of simulation
- Clearly specifying learner behaviors
- Variability of learners
- Sustaining when the money runs out
Components of successful programs

- **Strategic**
  - Institutional leadership
  - Faculty champions

- **Structural**
  - Institutional policies
  - Physical infrastructure
  - Time issues

- **Technical**
  - Meaningful focus

- **Culture**
  - Culture of collaboration
  - Personal relationships
  - Time
  - Fluidity - flexibility

Shortell, SM et al 1996
Holmes, 2004
Components of successful programs

**Structural**
- Physical infrastructure
- Policies
- Time

**Technical**
- Meaningful focus
  - Interprofessional in the service of...
- Core competencies
  - Disciplinary competence
  - Understand & respect each others’
  - Population health
  - Group skills
Students in the community (SITC)

About Us

From SITC

Contents

- 1 Who We Are
- 2 Our Mission
- 3 Interprofessional Involvement
- 4 Grants and Awards
- 5 Affiliations & Collaborations

Who We Are

Students in the Community is an interprofessional group of students at the University of Washington. We maintain the SITC-Aloha Health Outreach Center at Aloha Inn (http://www.alohainn.org/), a transitional housing facility for the homeless in King County. We also organize Patient Education and Health Promotion events and programs (at Aloha Inn, Women's Resource Center, and Urban Reststop), and Student Education and Advocacy opportunities (on campus and throughout the community).

Healthcare outreach activities are restricted to students in clinical training programs, under the supervision of appropriate preceptors. We welcome all UW students to participate in patient education, health promotion, student education and advocacy.

Our Mission

1. Provide quality community-oriented health services and social service referrals to an underserved community using interdisciplinary teams.
2. Increase awareness of social, cultural, and economic issues of underserved populations to the University of Washington health care community.
Resources for IPE for the 21st Century

- American Interprofessional Health Collaborative (AIHC)
  [http://blog.lib.umn.edu/cipe/aihc/about/homepage.html](http://blog.lib.umn.edu/cipe/aihc/about/homepage.html)
- Canadian Interprofessional Health Collaborative (CIHC) [http://www.cihc.ca/](http://www.cihc.ca/)
- Interdisciplinary Professional Education Collaborative (IHI); IHI open school
- UK - Centre for Advancement of Interprofessional Education [http://www.caipe.org.uk/](http://www.caipe.org.uk/)
Selected References

- Journal of Research in Interprofessional Education

- Journal of Interprofessional Care
  [http://www.ingentaconnect.com/content/apl/cjic](http://www.ingentaconnect.com/content/apl/cjic)
Selected references (cont)


UC Davis Schools of Health: A Case Study in Progress
Background

- A truly integrated academic health system
  - UC Davis Medical Center
  - Primary care network and Faculty Practice
  - One CFO and finance department
  - One CIO and IT Department
  - One development office, one research office
  - School of Medicine
  - MPH program
  - FNP/PA program
  - Health Informatics Masters Program
  - Now a new School of Nursing
Contextual forces for IPE

- Health Care reform
  - Bundled payment, focus on provider efficiency
- Changing demographics (aging, diversity, rural)
- Higher prevalence of chronic disease and behaviorally based conditions
  - More care outside clinical settings
- Consumer/family expectations
- Availability of enabling technology
New opportunity at UC Davis

• Shared vision leads to historic partnership
• The Gordon and Betty Moore Foundation commitment – largest in the nation in support of nursing education: $100 million over 10 years
• UC Regents approval of the establishment of the Betty Irene Moore School of Nursing in March 2009
The Betty Irene Moore School of Nursing at UC Davis advances health and ignites leadership through innovative education, transformative research and bold system change.
Vision for nursing for the future
(UC Davis Betty Irene Moore School of Nursing Summit, 2008)

- Health system capacity, efficiency, and effectiveness can be optimized with the right mix of professionals coordinating approaches
- Clinical and interprofessional expertise
- Bridge, integrator, navigator and translator
- Culturally inclusive
- Technologically skilled
- Leadership in system improvements
- Discovery and implementation of best practices
- Educators for professionals and the public
Advancing health through nursing

• Graduate programs in *Nursing Science and Health-Care Leadership – Fall 2010*
  – Doctor of Philosophy (Ph.D.) degree
  – Master of Science (M.S.) degree
• Conferred by interdisciplinary graduate faculty including nursing, medicine, informatics, public health, business, cultural studies, biostatistics, nutrition
Team Science: Training and Mentoring Programs

Clinical and Translational Science Center Training Programs
- K12
- K30/MCRTP
- T32

Howard Hughes Medical Institute Integrating Medical Science into Basic Science (IMBS)

Building Interdisciplinary Research Careers in Women’s Health (BIRCWH)

Stem Cell Training Program
Organizational Vision for the UC Davis Schools of Health
Interprofessional approach

- Schools of Health aligning mission and infrastructure
- Interdisciplinary graduate programs
- Strategic planning to define shared expected outcomes
- Identifying common competencies and meaningful learning experiences
- Culture change and faculty development
Getting from here to there: Practical considerations of integration

• Administrative integration
  – Admissions Office
  – Office of Education
  – Office of Research
  – Continuing Professional Education (administration)

• Shared educational resources
  – Current classroom space
  – Planning of new facilities
  – Simulation Center

• Curriculum integration
  – Preclinical – value in combining basic science courses?
  – Clinical – individual exercises vs. partners on rotations
  – GME – maybe most valuable but challenging
  – Life-long learning – consistent with Macy/IOM
Example: Clinical Simulation

- Expensive resource
- All clinical educational programs benefit
- Economies of scale for space, equipment, staff and faculty
Example: Clinical Simulation

- Provides education and skills training to clinical providers
- Many of the scenarios require team approach
- Simultaneously develop competencies in communication under stress, team skills, crisis management leadership skills
- Allows for team members to change roles in a safe environment
Distance education for our PRIME program

Rural Site

CVC
Getting from here to there: Practical considerations of integration

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Questions for discussion

• How do you deal with the issue of leveling – matching students at different points on the learning trajectory (pre-license, graduate)?

• What barriers have you had to address to implement interprofessional education?

• Discuss your observations about cultural and institutional readiness for interprofessional education