Interprofessional Education @ CWRU
(Case Western Reserve University)

Curricular Challenges and Meaningful Work

Webinar Presenters
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Interprofessional Education at CWRU

Curricular Challenges & Meaningful Work

• The Interprofessional Education (IPE) journey

• Building a conceptual framework

• Building a curriculum

• The Tipping Point
Objectives

• Discuss early events in the interprofessional education (IPE) journey at CWRU.
• Explain the conceptual frameworks used to design an interprofessional curriculum.
• Discuss steps in building an interprofessional curriculum.
• Describe the emergence of a tipping point in IPE implementation.
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Curricular Challenges & Meaningful Work

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  • Building a conceptual framework
  • Building a curriculum
  • The Tipping Point
Informal meetings of SOM, SON & SDM academic leaders plan for a “menu” of IPE activities. Students choose one.

(National quality & safety emphasis)

IHI/Macy Q & S grant (1 yr) [SOM & SON]

Macy IPE curriculum grant (4 yr) [SOM & SON]
Increasing Interest on the Health Professions Campus

• Active development of interprofessional student-run free clinic
• Social Work & Dental students were included in some quality & safety simulations
• Macy Grant initiatives created a wider campus voice
Critical External Drivers:

• National accrediting organizations’ growing inclusion of interprofessional competencies
• Carnegie Report on Nursing Education (2009)
• Carnegie Report on Medical Education (2010)
• National emphasis on *Quality & Safety* in healthcare
• Team STEPPS initiative
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Figure 1: WHO Framework for Action on Interprofessional Education & Collaborative Practice

Local health needs

Local context

Health & education systems

Interprofessional education

Collaborative practice

Collaborative practice-ready workforce

Improved health outcomes
Kolb’s Experiential Learning Theory (ELT)
Interprofessional Education at CWRU

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Interprofessional Education

Why a Curriculum?

“Occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care. It is an initiative to secure interprofessional learning and promote gains through interprofessional collaboration in professional practice.”

(Freeth et.al., 2005)
I-LEAD: Interprofessional Learning Exchange And Development

Building the Curriculum

• Mission
• Principles/Concepts
• Goals
• Key Design Features
• Curriculum Components
I-LEAD Mission

To develop a viable interprofessional team curriculum.

Developmental program of planned educational activities to secure interprofessional learning & interprofessional collaboration in simulated and actual practice settings.
Principles/Concepts

Appreciate, Build, Apply

• Appreciating the value of interprofessional collaboration

• Building team skills

• Applying knowledge (in inpatient and community settings)
I-LEAD Goals

• Provide interprofessional opportunities for collaborative and meaningful work
• Develop teamwork skills
• Engage in interprofessional teams to support quality improvement in healthcare
• Establish sustainability through a virtual curriculum center
Key Design Features
Aligned with Conceptual Framework

• Small groups & experiential learning strategies
• Meaningful talk and meaningful work
  – Simulated and in vivo
• Relevant contexts
• Debrief group process just-in-time
• Reflect on teamwork and learning
Kolb’s Experiential Learning Theory

Concrete Experience

Experiential Learning Strategies

Active Experimentation

Transform Experience

Grasp Experience

Abstract Conceptualization

Meaningful Work Relevant Contexts

Debriefing & Reflection

Internalize Importance of Collaborative Practice

Relevant Contexts

Debriefing & Reflection

Reflective Observation

Abstract Conceptualization

Transform Experience

Grasp Experience

Concrete Experience

Experiential Learning Strategies

Active Experimentation

Internalize Importance of Collaborative Practice
5 Curriculum Components

- Interfacing with and valuing each other
- Developing team skills and shared language
- Working in the community
- Working in acute/inpatient care settings
- Working in ambulatory/primary care settings

In vivo Labs

Classroom
Slow & Frustrating

• Thrust into a cross cultural interaction
  – Planning group but not yet a team
• Different languages, different norms
  – Curriculum
  – Goals, aims, objectives
• Ability to be curious
• Open to being influenced
• Making small changes
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Something Was Happening

• Small number of people in small number of situations started behaving differently
• Little changes having big effects
• People more sensitive to their environment (context) than they seemed

TIPPING POINT
Tipping Point

• Deans of four schools got interested
  Medicine  Dental Medicine
  Nursing    Social Science

• Interprofessional activity for 1st year students

Interfacing & Valuing

Large Effect
Interfacing and Valuing Each Other

Clear Learning Aims

1. Appreciate complementary roles/education of each of 4 health professions
2. Explore each profession’s literature
3. Work in interprofessional groups to manage a person’s health concerns
4. Debrief and reflect on the group process
Interprofessional Workshop on Obesity

Format

- Sharing perceptions of professions
- Video of interview of a patient with weight problem
- Sharing each other’s literature
- Debriefing
- Reflecting

• 500+ students from 4 schools
• Small group format, 46 groups
• Facilitators - four schools
Evaluation Components

• Quantitative evaluation of achievement of objectives for the 4 school event
  – Students
  – Facilitators
• Field notes by designated faculty observers
• Qualitative reflection papers by students
Evaluation

• Working with students from other professions was beneficial to learning
  • Students 4.53/5.0   Faculty 4.74/5.0

• Achieved overall goals for workshop
  • Students 4.55/5.0   Faculty 4.71/5.0

• Topic (obesity) important for my profession to learn about
  • Students 4.41/5.0   Faculty 4.57/5.0
Field Notes: Themes

• Respectful and animated interactions
• Need more even balance among students from each profession in small groups
• Took reading activity seriously; felt multiple perspectives important
• Respect used recurrently
• Facilitators did not dominate
• Active participation
“Many times I focus on how I as a physician can treat the patient, but this workshop taught me to look at how the medical field as a team can improve the health of an individual.”

“I learned things [about others’ perceptions of my profession] that were not so pleasant to hear, but they were things I definitely needed to hear.”

“I was able to witness the important aspects [of a patients’ problems] that different people focus on when looking at the same situations and receiving the same information.”
What Next?

• Build on success
  – Developmental sequence of 4 workshops over 2 years
  – Consistency of small groups and facilitators
• Door open to 4 school participation in other components of I-LEAD curriculum
  Shared language/team skills
  Community projects
  Acute Care
  Ambulatory Care
Lessons Learned

• Small wins, large effects (Weick 1984)
  – Don’t need to plan perfect program upfront
  – Need to do something
  – Setting a date critical

• Importance of external drivers of change
  – Involvement of deans
  – National reports, accreditation standards
Building an Interprofessional Curriculum

**Getting to Yes**

- Focusing on our interests, not on our positions
- Asking what learning we want to accomplish, not what we want to do
Review of Webinar Objectives

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The Work of Many

- Kathy Cole Kelly
- Mary DeHaan
- Mary Dolansky
- Jeanne Hitch
- Tony Ligham
- Deborah Lindell
- Gayle Petty
- Mimi Singh
- Dan Wolpaw
- Amy Wilson-Delfosse
- Carol Savrin
- Students of CWRU Student Run Free Clinic