

Herding Cats:
Development and Implementation of a Multi-
phase Interprofessional Education Program

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Session Objectives

- Discuss the planning and implementation process of the Western University of Health Sciences (WesternU) interprofessional education (IPE) program
- Discuss the WesternU IPE curriculum
- Briefly discuss the Western Diabetes Institute (WDI)

Session Objectives

- Discuss remaining barriers to WesternU IPE
- Describe the faculty development/facilitator training process for WesternU IPE
- Briefly describe the WesternU IPE assessment strategy and discuss early findings

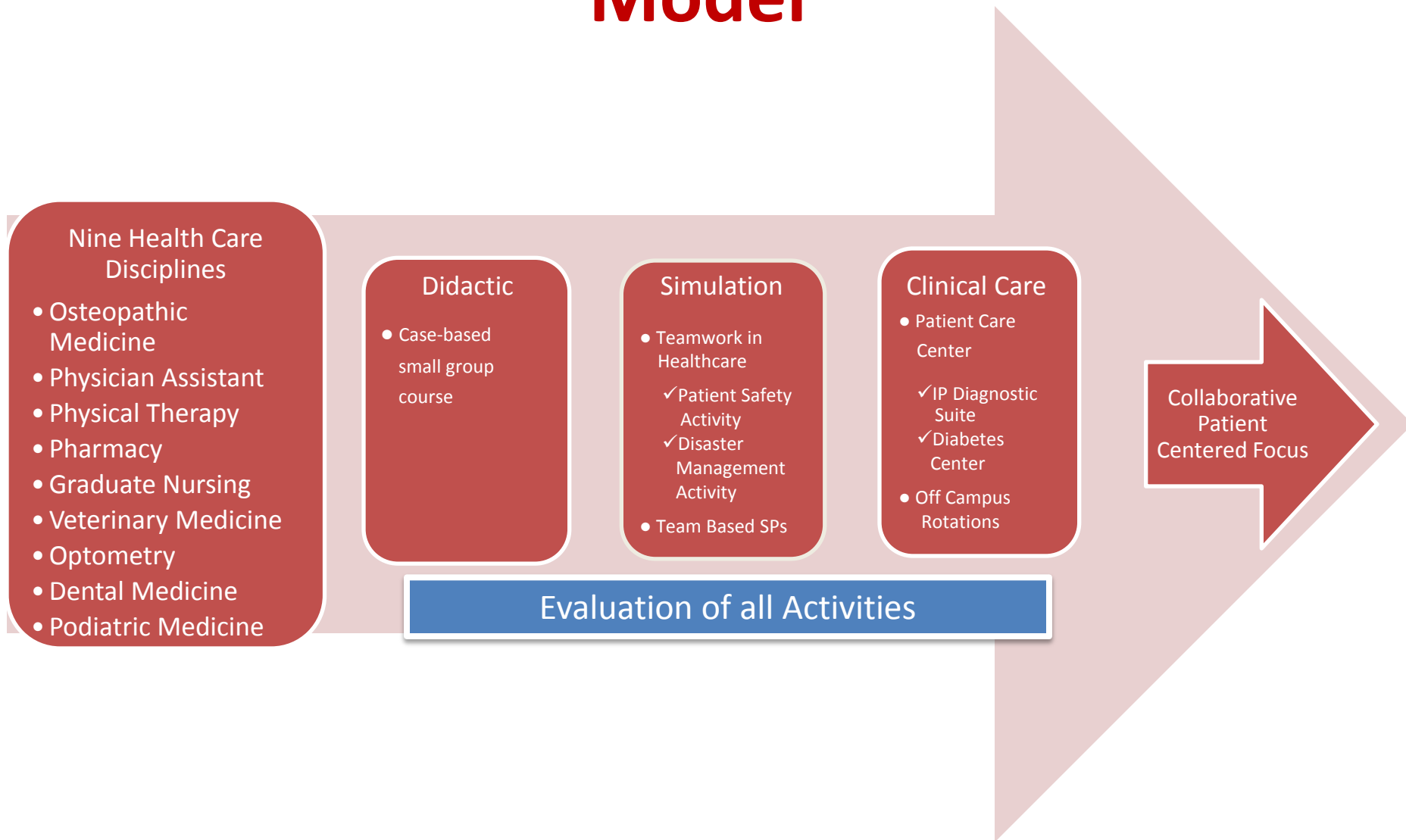


Interprofessional Education

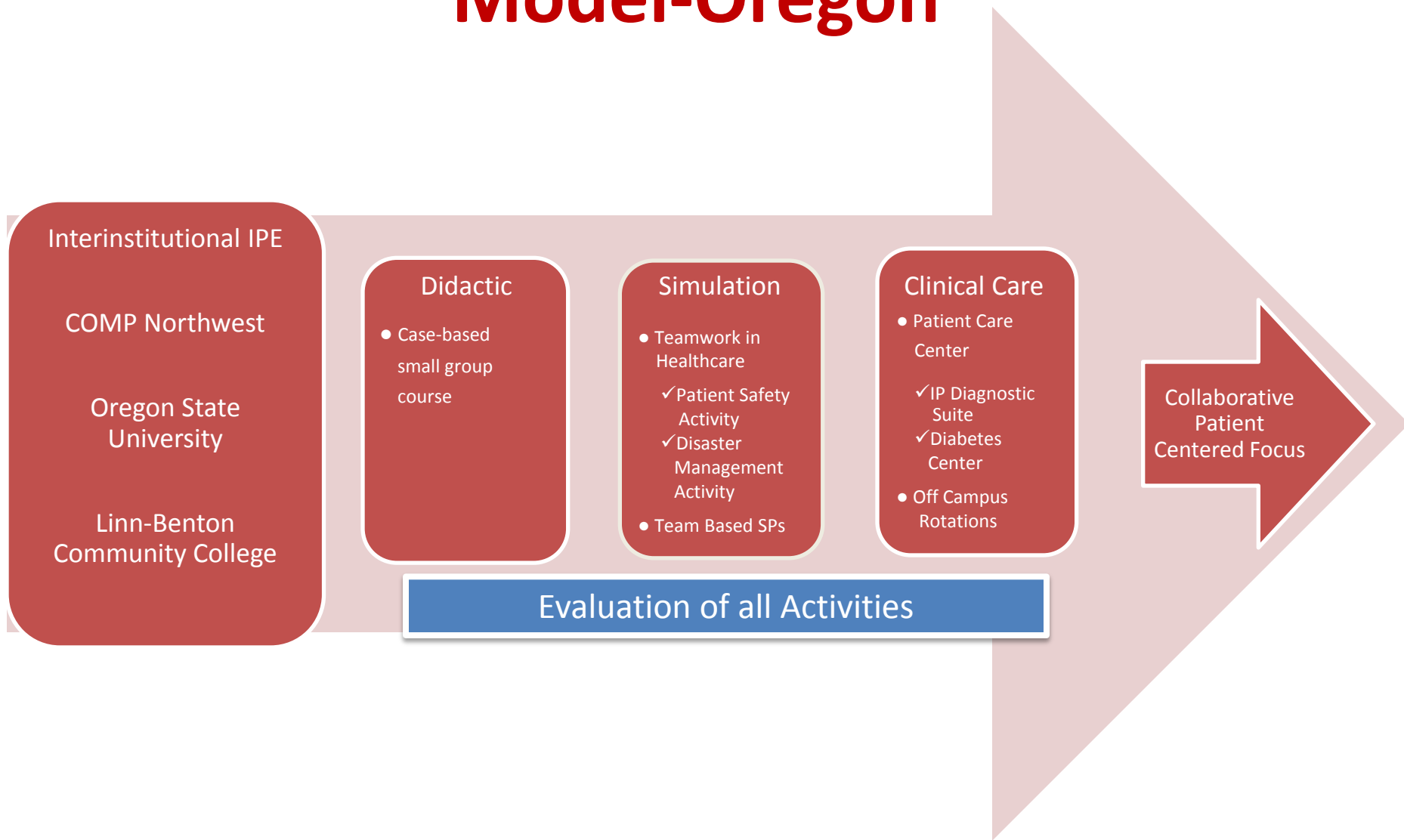
**9 PERSPECTIVES
1 FOCUS**

Enhanced Patient-Centered Care

Interprofessional Learning and Practice Model



Interprofessional Learning and Practice Model-Oregon



Planning Process

- Began in 2007 with representatives from all 9 colleges and eventually included partners from Oregon program
 - Curriculum
 - Logistics
 - Resources
 - Faculty development
 - Research opportunities
 - Funding



Core Competencies for Interprofessional Collaborative Practice



Sponsored by the Interprofessional Education Collaborative*

- *IPEC sponsors:
- American Association of Colleges of Nursing
 - American Association of Colleges of Osteopathic Medicine
 - American Association of Colleges of Pharmacy
 - American Dental Education Association
 - Association of Schools of Public Health
 - Association of American Medical Colleges

Curriculum

- Phase I
 - Case based course with approximately 850 students from 9 professions in 94 interprofessional groups each with faculty facilitator
 - Medical cases, but focus on interprofessional competencies
 - Values/ethics for interprofessional practice
 - Roles/responsibilities for collaborative practice
 - Interprofessional communication
 - Interprofessional teamwork and team-based care
 - COMP NW presented opportunity for inter-institutional IPE
 - Added approximately 450 students to the phase I course
- Ref: Core Competencies for Interprofessional Collaborative Practice. (2011). Interprofessional Education Collaborative

Curriculum

- Competencies per the syllabus
 - Communication and Collaboration
 - Interprofessional Team Building
 - Scope of Practice/Roles and Responsibilities
 - Culture of Safety
 - Quality of Life
 - One Health
 - Ethical and Legal Environment of Healthcare

Curriculum

- Phase II
 - Team based training focusing on asynchronous collaboration
 - Backbone of course is Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS®), which is an evidence-based teamwork system developed by AHRQ and DOD to improve communication and teamwork skills among healthcare professionals
 - 700 students from 7 professions collaborate on patient safety and community health issues
 - Ref:TeamSTEPPS®, Agency for Healthcare Research and Quality. Retrieved from, <http://teamstepps.ahrq.gov/index.htm>

Curriculum

- Team Objective Structured Clinical Examination (Team OSCE)
 - Pilot project with UCLA California Geriatric Education Center
 - Focus on asynchronous care of patient in ambulatory setting
- Students assessed on ability to form team asynchronously
 - Inclusiveness of team
 - Environmental scan
 - Seeking missing information
 - Closing the loop
 - Conflict resolution

- Activities funded by the U.S. Department of Health and Human Services, Health Resources and Services Administration, California Geriatric Education Center, UB4HP19202

Curriculum

- Phase III
 - Clinical rotations
 - Launching first pilot 2010-2011 academic year using paid patient/educator
 - In house and ambulatory
 - Asynchronous care and synchronous care models will be tested
 - Assessing team skills combined with proficiency in profession specific clinical skills
 - Considerations for future clinical activities:
 - Portfolio
 - IPE grand rounds/journal club
 - Team care conferences
 - Interprofessional diagnostic suite

Patient Centered Care in Action

- Western Diabetes Institute (WDI) redefining healthcare
 - Diabetes care by interprofessional team
 - Physicians
 - Nurse care managers
 - Pharmacists
 - Dieticians
 - Dentists
 - Podiatrists
 - Optometrists

Patient Centered Care in Action



Patient Centered Care in Action

- Through timely communication and collaborative practice around the medical condition, high value care is provided:
 - Diagnosis,
 - Intervention
 - Rehabilitation
 - Recovery
 - Prevention










Patient Centered Care in Action

- WDI is patient-centric integrated practice unit (IPU)
 - Offers distinctive and dedicated approach to diabetes and its co-occurrences
 - Assessment and plans of care are developed along a multidisciplinary model
 - After comprehensive visit, team will develop interprofessional care plan

Diabetes Cross-Disciplinary Index (DXDI)

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 Western Diabetes Institute

DXDI Stage									
1	A1C<7.0	No Symptoms & No Structural Heart Disease	LDL< 100*	BP <130/80	No Nephropathy	No Retinopathy	No Periodontitis	No Neuropathy No PAD	Independent
2	A1C 7.0-7.9	No Symptoms & + Structural Heart Disease	LDL 101-130	BP 130-139/80-89	Albuminuria 30-300	Non-Proliferative Mild	Localized Periodontitis	+Neuropathy	Modified Independent
3	A1C 8.0-8.9	Symptomatic & + Structural Heart Disease	LDL 131-160	BP 140-149/90-99	Albuminuria 300-999 OR eGFR30-60	Non-Proliferative Moderate	Mild Periodontitis	+PAD & +/- Neuropathy	Minimal Assist 75%
4	A1C 9.0-9.9	Symptomatic w/ Heart Failure	LDL 161-190	BP 150-159/100-110	Albuminuria 1000-2999 OR eGFR 15-29	Non-Proliferative Severe	Moderate Periodontitis	+ Ulcer History	Moderate Assist 50%
5	A1C _≥ 10.0	Refractory Heart Failure	LDL >191	SBP >160	Albuminuria ≥3,000 OR eGFR <15	Proliferative	Severe Periodontitis	+ Previous Amputation	Dependent High safety Risk

*LDL <70 with CVD

Changing the Culture

- Emergence of interprofessional community service programs
- Emergence of interprofessional clubs and centers of service
- Emergence of interprofessional faculty learning collaboratives
- “IPE speed-dating” !!

Working to Overcome Barriers

- Student time and competition with “home” program/curriculum
- Faculty time commitment/Promotion and Tenure
- Faculty development and overcoming “sage on the stage” mentality
- Funding



Facilitator Training

- Though it may seem easy, facilitator roles are specific to engage the students in discussions with each other. We want them to benefit directly from collaborating right now, AND in the future.
- All facilitators complete two training sessions.
- Ongoing facilitator development with once a month sessions throughout the year.

Why this format?

- The key to effective and lasting student learning necessitates them taking an active role in the process
- The struggle is good!!
- Real growth and learning occur when there is some discomfort, but not extreme
- We want them to directly receive the benefits of collaboration now, while they are early in their careers

Facilitation

- Coaching rather than lecturing
- Stimulates thought and discussion; does not provide solutions or answers
- Encourages inquiry
- Asks questions

Facilitator Training

- Small group training sessions
- The philosophy of IPE – the “why”
- The method of delivery – the “how”

Facilitator Training

- A series of PowerPoints that include video presentations
- Videos of facilitation practices
 - Normal group process
 - Troubleshooting
 - Assessing students

Facilitator Training

- Practice sessions
 - Facilitators practice while playing the parts of students, rotating through various roles
 - Facilitators practice facilitating
 - Facilitators practice assessing and evaluating student participation

Student Assessment

- Content
 - Multiple choice exams
- Process
 - Facilitator evaluations after each session
- Grading
 - Letter grades vs pass/fail system

Outcomes Assessment

- Students noted to have increased collaboration in both curricular and community events
- Attitudes measured through surveys
- Learning to collaborate both live and asynchronously
- Noted to have more ability for complex and critical thinking and problem solving
 - Through assessments and self-reflection essays

Self Reflections

"The PT wanted to order labs and do exams, the nursing student wanted to know his pain level, etc.,; as a PA that wasn't my first thought. That reminded me that one person can't do the whole job and to do a more efficient job, you have to be aware of everybody's role in the health-care system." **MSPA Student**

Self Reflections

"When you go out to the field right now, I don't think the professions necessarily work in unison and that's sad for the health-care system. This is the direction our health-care system needs to go and by incorporating more of these activities we can be part of that new movement."

DO Student

Self Reflections

“Working together on cases enabled me to begin networking with future professionals from many different health professions. It gave me a stronger knowledge base from which to build professional relationships and ask educated questions of other health professionals “ **DPT Student**

Self Reflections

“IPE has allowed me to gain a better understanding of what it means to be a veterinarian.” **DVM Student**



Self Reflections

“These interactions have reminded me that we are not all that different and we all carry one very similar goal – improving the welfare of society.”

Self Reflections

“IPE assignments, particularly those that require collaboration outside of class, help to build experience in professional interaction. While conflict-resolution may not be a popular topic, it happens all the time in a group setting.”

Self Reflections

“Being involved in IPE has made me a better person and I also believe it is going to make me a better doctor because I have been exposed to a multi-stage care plan that not only involves the primary doctor but also brings in the other specialties in the field.”

Now That We Have Your Ear: Questions?



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