



Reflecting on Our Way Forward

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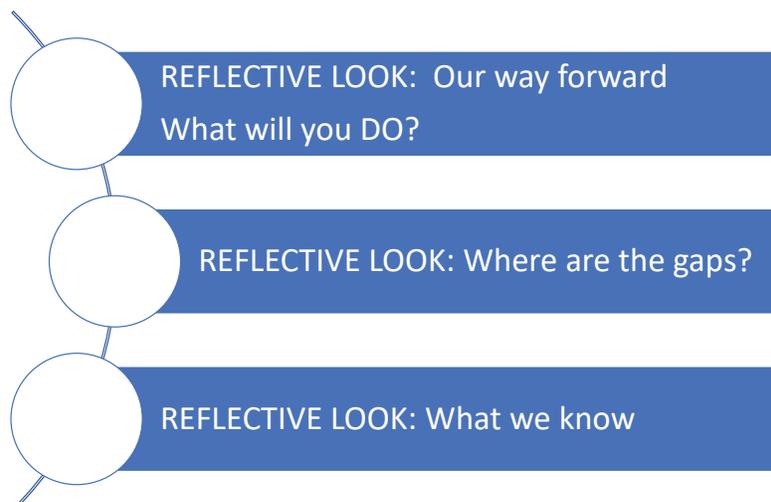
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Objectives

- Discuss how the concepts of the master adaptive learner can be used to take reflective look at interprofessional education and clinical learning environments.
- Describe the shared moral commitment we have for preparing learners for collaborative practice as part of our social contract.



1.1 | Trend number one: Interprofessional education in order to better prepare health professions for true collaborative practice

1.2 | Trend number two: Longitudinal integrated clinical education that is more patient, community and chronic disease oriented.

1.3 | Trend number three: Education in the social determinants of health and the social and humanistic missions of the health professions

1.4 | Trend number four: More emphasis on the continuum of health professions education for the life-long learning and long-term well-being of health professionals

1.5 | Trend number five: A shift to competency-based time-variable health professions education to better fulfill our social contract and produce the most competent practitioners most efficiently

1.6 | Trend number six: The integration of artificial intelligence and new educational and information technologies into the continuum of health professions education and practice

Which of these future TRENDS is MOST URGENT?

#1 - IPE = Collaborative practice

#4- Learner continuum
Life long learning

#2 -Longitudinal clinical education
– pop hlth

#5- Competency-based education
Social contract

#3 -SoDH – humanistic mission

#6 -Integration of technology
IPE and collaborative practice

What we know.....



Clinical Learning Environment
Where learning is ROBUST!

What we know about how Professionals LEARN



Webster- Wright, 2009; Review of Education Research. <https://doi.org/10.3102/0034654308330970>

ELEMENTS of LEARNING ENVIRONMENTS Where does IPECP need to FOCUS?

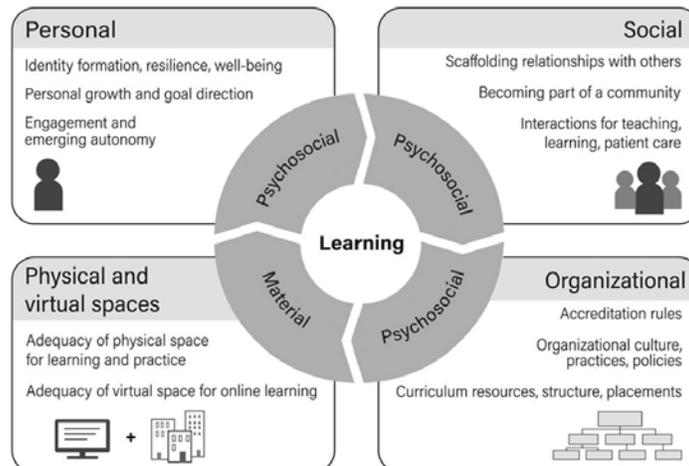
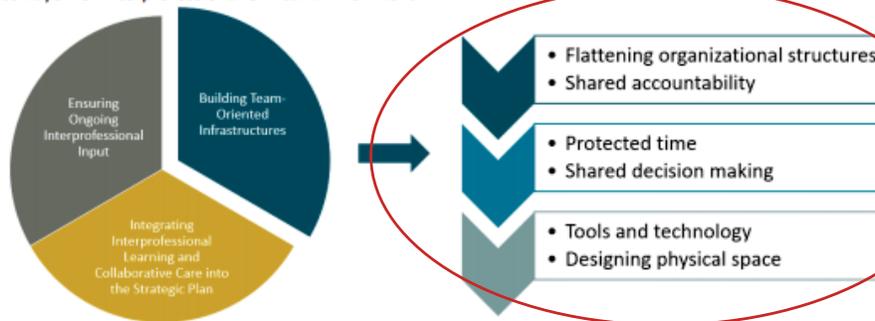


Figure 1 A conceptual model of learning environments.

FIGURE 4:
Optimal IP-CLE Characteristics for Leadership in the Macro, Meso, and
Micro Health Care Environments*



FIGURE 2:
Meso Layer for Interprofessional Clinical Environment



Interprofessional Clinical Learning
Environment Workshop Report

IPE through
the LENS of
Learning:
Master Adaptive
Learner

Different type of learner – “individuals and TEAMS who utilizes the metacognitive approach to self-regulated learning that leads to adaptive expertise development.”

Common language and framework to facilitate self-regulated learning across the learning continuum (beginner to competent)

Clinicians and TEAMS as EXPERT LEARNERS

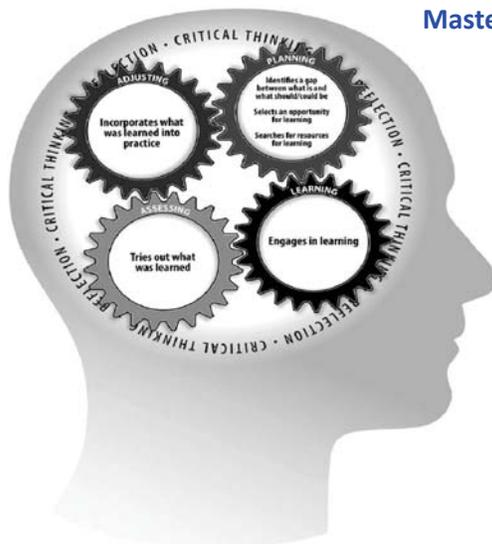
The LEARNER:

Ambrose S, Bridges M, Lovett M. *How Learning Works: 7 Research-based Principles for Smart Learning*. San Francisco, CA: Jossey-Bass, 2010;
Brown P, Roediger H, McDaniel M. *Make it Stick: The Science of Successful Learning*. Cambridge, MA: Harvard Univ Press, 2014.

Learning is a process not a product (but takes place in the mind) infer from products or performance

Learning involves a change in knowledge, beliefs, behaviors or attitudes. Change evolves over time and needs to have a lasting impact on how students think and act.

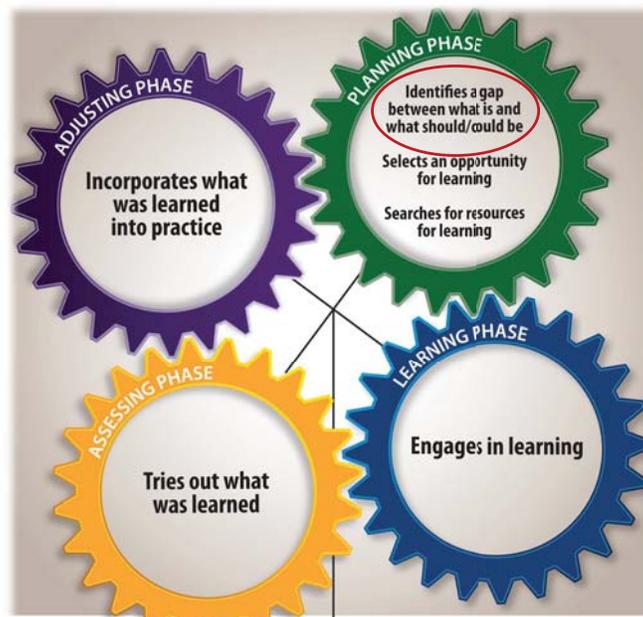
Learning is NOT something done to students, but something students themselves do. How the student interprets and responds to their experiences.



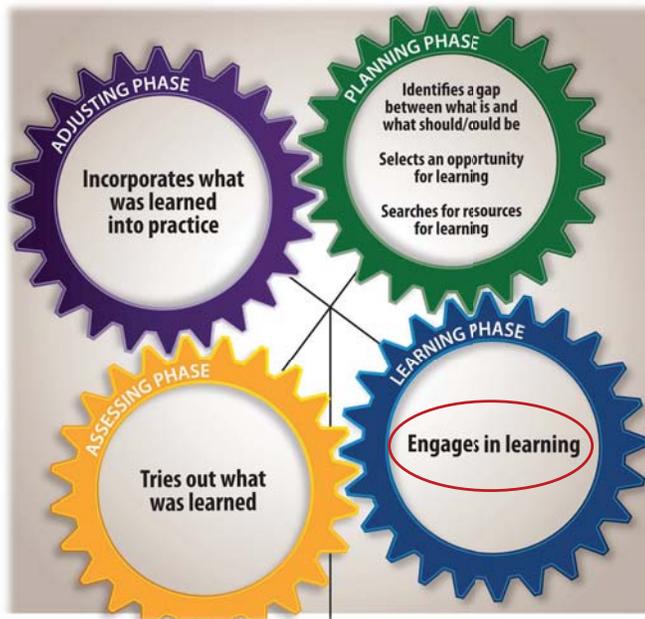
Master Adaptive Learner



From: Cutrer WB, Miller B, Pusic M, Mejicano G, Mangrulkar R, Gruppen L, Hawkins R, Skochelak S, Moore D. Fostering the development of master adaptive learners: a conceptual model to guide skill acquisition in medical education. *Acad Med*. 2017;92:70-75.

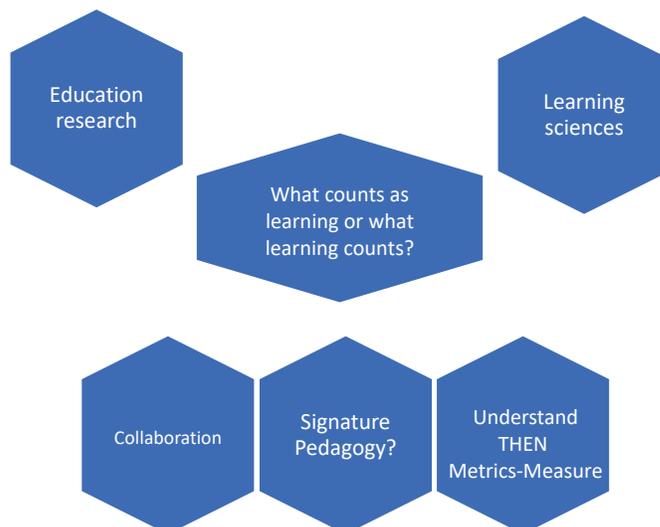


Where are the GAPS and opportunities in IPECP?

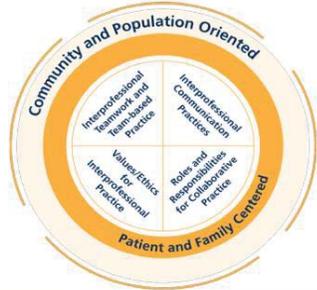


Do we fully understand LEARNING in IPECP?

Critical role: Exploration of LEARNING



Interprofessional Collaboration Competency Domain



Competency 1

Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice)

Competency 2

Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations. (Roles/Responsibilities)

Competency 3

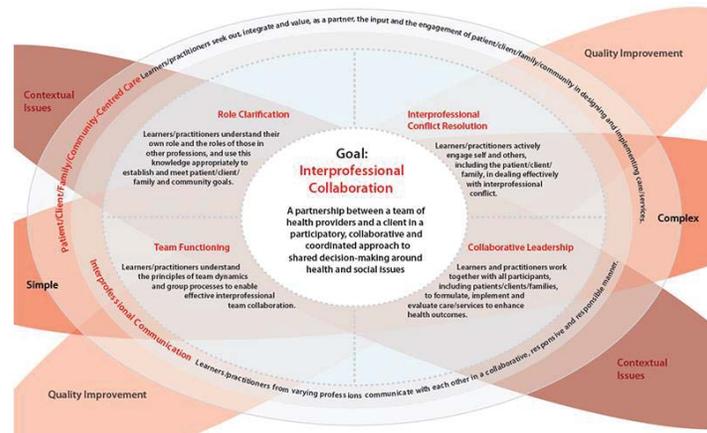
Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease. (Interprofessional Communication)

Competency 4

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable. (Teams and Teamwork)

How are we doing?

Canadian Interprofessional Health Collaborative Framework



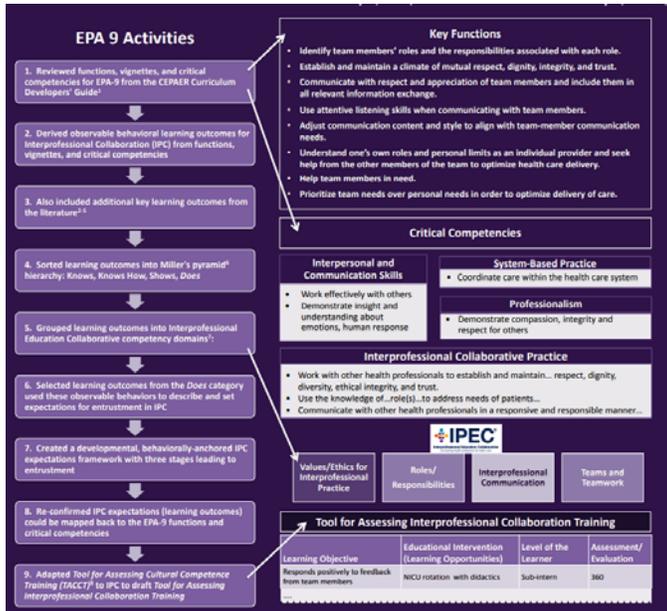
EPA 9: Collaborate as a Member of an Interprofessional Team

An EPA: A unit of observable, measurable professional practice requiring integration of competencies	Key Functions with Related Competencies	Behaviors Requiring Corrective Response	→ Developing Behaviors → (Learner may be at different levels within a row.)		Expected Behaviors for an Entrustable Learner
			Identifies roles of other team members but does not know how or when to use them	Interacts with other team members, seeks their counsel, actively listens to their recommendations, and incorporates these recommendations into practice	
EPA 9 Collaborate as a member of an interprofessional team	Identify team members' roles and responsibilities and seek help from other members of the team to optimize health care delivery IPC2 SBP2 ICS3	Does not acknowledge other members of the interdisciplinary team as important Displays little initiative to interact with team members	Acts independently of input from team members, patients, and families	Interacts with other team members, seeks their counsel, actively listens to their recommendations, and incorporates these recommendations into practice	Effectively partners as an integrated member of the team Articulates the unique contributions and roles of other health care professionals Actively engages with the patient and other team members to coordinate care and provide for seamless care transition
	Include team members, listen attentively, and adjust communication content and style to align with team-member needs ICS2/IPC3 IPC1 ICS7 P1	Dismisses input from professionals other than physicians Has disrespectful interactions or does not tell the truth Is unable to modify behavior	Communication is largely unidirectional, in response to prompts, or template driven Has limited participation in team discussion	Listens actively and elicits ideas and opinions from other team members Integrates into team function, prioritizing team goals Demonstrates respectful interactions and tells the truth Remains professional and anticipates and manages emotional triggers	Communicates bidirectionally, keeps team members informed and up to date Tailors communication strategy to the situation Supports other team members and communicates their value to the patient and family Anticipates, reads, and reacts to emotions to gain and maintain therapeutic alliances with others Prioritizes team's needs over personal needs
Underlying entrustability for all EPAs are trustworthy habits, including truthfulness, conscientiousness, and discernment. This schematic depicts development of proficiency in the Core EPAs. It is not intended for use as an assessment instrument. Entrustment decisions should be made after EPAs have been observed in multiple settings with varying context, acuity, and complexity and with varying patient characteristics.	Establish and maintain a climate of mutual respect, dignity, integrity, and trust Prioritize team needs over personal needs to optimize delivery of care Help team members in need P1 ICS7 IPC1 SBP2	Has disrespectful interactions or does not tell the truth Is unable to modify behavior Puts others in position of reminding, enforcing, and resolving interprofessional conflicts	Is typically a more passive member of the team Prioritizes own goals over those of the team	Integrates into team function, prioritizing team goals Demonstrates respectful interactions and tells the truth Remains professional and anticipates and manages emotional triggers	Communicates bidirectionally, keeps team members informed and up to date Tailors communication strategy to the situation Supports other team members and communicates their value to the patient and family Anticipates, reads, and reacts to emotions to gain and maintain therapeutic alliances with others Prioritizes team's needs over personal needs

Expectations for the Development of IPC Entrustability

IPC Domain	Behaviors Requiring Focused Remediation	Stage 1: Universal Expectations	Stage 2: Clerkship Expectations	Stage 3: Ready for Indirect Supervision
Ethics/Values	Demotes/disrupt	Respects the contributions of others (uses respectful language and acts upon information/expertise)	Seeks diverse points of view, respects the personal and professional values of IP team members	Incorporates diverse perspectives to promote mutual learning and enhance outcomes
	Intimidates or dominates others	Prioritizes team needs over personal needs in order to optimize delivery of care	Seeks input from patients, team members, and other community resources when needed	Engenders respect and trust among diverse IP team members (including patients and families)
	Does not act ethically in teamwork situations	Identifies ethical issues in team environment	Contributes to IP ethical reasoning and decision-making	Practices ethically in IP environment; Uses framework to guide ethical decision-making
Roles and Responsibilities	Does not recognize own role or the role of others	Acts cooperatively, seeks to understand team roles	Recognizes own role and the unique contributions of various team members	Helps other team members when requested; uses unique and complementary abilities of all members
	Does not meet own responsibilities	Works to assimilate as a member of the team	Coordinates with others to clarify responsibilities	Recognizes when others need help and flexibly provides backup
	Does not help others	Meets or exceeds given roles and responsibilities	Seeks appropriate help from team members	Works to optimize team output; appropriately shares responsibility for problem-solving
Interprofessional Communication	Does not communicate important information with team members	Listens actively	Keeps IP team up-to-date	Coordinates care; provides complete and accurate information for IP transitions of care
		Seeks to clarify verbal, non-verbal and written communication	Encourages an open exchange of ideas and information	Elicits complete information from all relevant team members (to ensure quality care and to learn for future)
	Does not seek or respond appropriately to feedback	Invites input from others	Responds positively to feedback, incorporating into future actions, and gives feedback effectively	Negotiates shared goals with IP team members (shared mental model) to maximize outcomes
	Will not try or is dismissive of specific IP communication skills (call-out, closed loop, SBAR, etc)	Tries IP communication skills (call-out, closed loop, SBAR, etc)	Demonstrates use of IP communication skills (call-out, closed loop, SBAR, etc)	Uses specific IP communication skills (call-out, closed loop, SBAR, etc) to maximize team outcomes
Teamwork	Does not respond well to emotions or conflict	Recognizes disagreements and conflicts are an expected part of teamwork	Recognizes own response and the response of others to conflict	Manages self appropriately during difficult situations, crucial conversations, or conflicts to achieve best team outcomes
	Exacerbates conflict	Tries conflict management strategies	Demonstrates conflict management strategies; invites clarification; negotiates	Anticipates conflict and helps manage/resolve conflict
	Negatively impacts team relationships	Develops team member relationships	Maintains team member relationships; reflects on team functioning	Demonstrates effective leadership and followership to advance team learning and outcomes

EPA 9: Collaborate as a member of an interprofessional team
 July Bowen, David Brown, Colleen Gillenjar, and Jamie Warren
 Florida International University (FIU), New York University (NYU), and Oregon Health Sciences University (OHSU)



How can we leverage opportunities for COLLABORATION across health professions education and education researchers?

• How do we calibrate curricula...across the learner continuum?

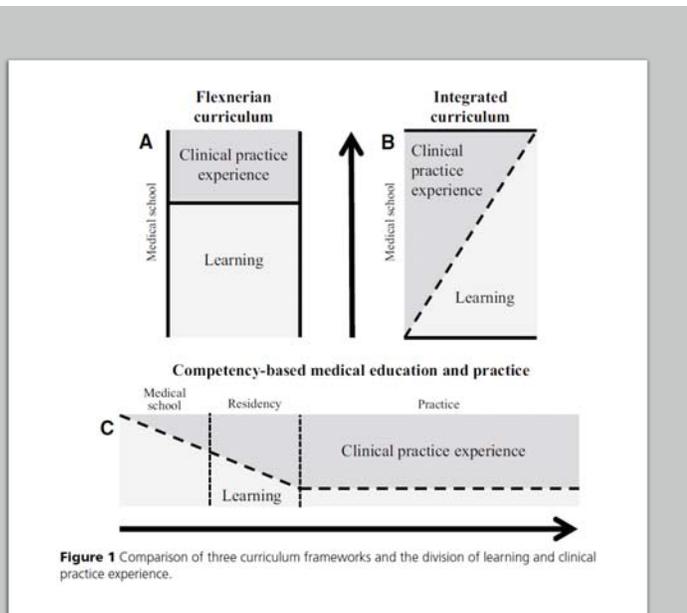


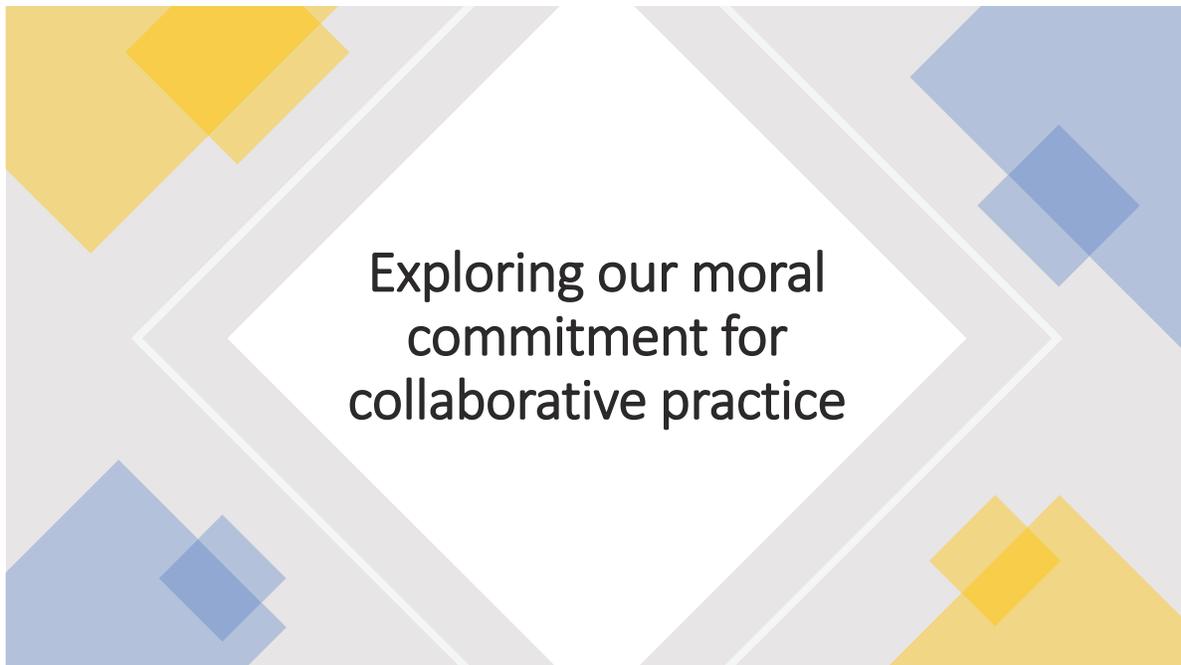
Figure 1 Comparison of three curriculum frameworks and the division of learning and clinical practice experience.



Is this our current reality?

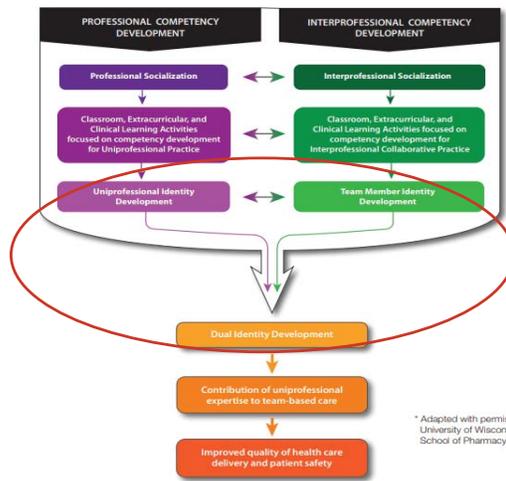


Or are we collaborating and LEVERAGING our TALENT and RESOURCES?
 Are we welcoming and inclusive of the communities we serve?



Exploring our moral
 commitment for
 collaborative practice

Figure 2. Longitudinal integration of professional and interprofessional competencies



How are we doing?

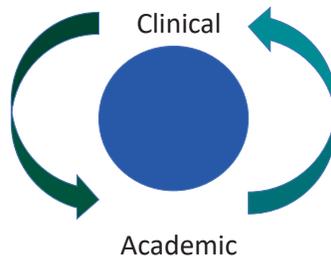
Every decision about the explicit curriculum has an underlying implicit message – The more congruence between the explicit and implicit – the **greater the chance of facilitating consistent professional identity**

Elliot Eisner-

* Adapted with permission from the University of Wisconsin-Madison School of Pharmacy.

Guidance on Developing Quality Interprofessional Education for the Health Profession, Health Professions Accreditors Collaborative, 2019

Vital Partnerships: Current reality?



Community

The "Virtuous Cycle." The clinical and academic missions support each other in order to make each better

Vital Partnerships: Future reality?



The "Virtuous Cycle." The clinical and academic missions support each other in order to make each better

EDITORIAL

How interprofessional collaborative practice can help dismantle systemic racism

Peter S. Cahn

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ARTICLE HISTORY Received 22 June 2020; Accepted 23 June 2020

● **Values/ethics:** Health professionals should affirm their **ethical obligation** to band together with colleagues from across the professions to **advocate for the repeal of policies that adversely affect the health of minoritized populations.**

● **Roles/responsibilities:** Health professionals should **reflect critically on their own racial position** and how it establishes **power imbalances** between members of the team and with patients and families.

● **Interprofessional communication:** Health professionals should enhance perspective taking and analysis of identity-making through **small-group discussion of fictional texts and films.**

● **Teams/teamwork:** Health professionals should form meaningful **partnerships with local organizations** that lead to **sustained immersion in low-resource communities**

Ethics
Understanding JUSTICE
Critical consciousness
Integration of humanities
Moral agency

HIFE conference presentation themes



How are YOU doing?

What will do next?



Thank you –
More questions....??

