3RD ANNUAL

Heartland Interprofessional Education Conference

JULY 29 - 30, 2021

Reflecting on
Our Way Forward

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Gail M. Jensen, PT, PhD, FAPTA, FNAP
Interim Director, Center for Interprofessional Practice, Education, and Research
(CIPER); Vice Provost for Learning and Assessment; Professor, Physical Therapy
Creighton University

Omaha, NE – USA
gailjensen@Creighton.edu

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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.

REFLECTIVE LOOK: Our way forward

What will you DO?

REFLECTIVE LOOK: Where are the gaps?

REFLECTIVE LOOK: What we know
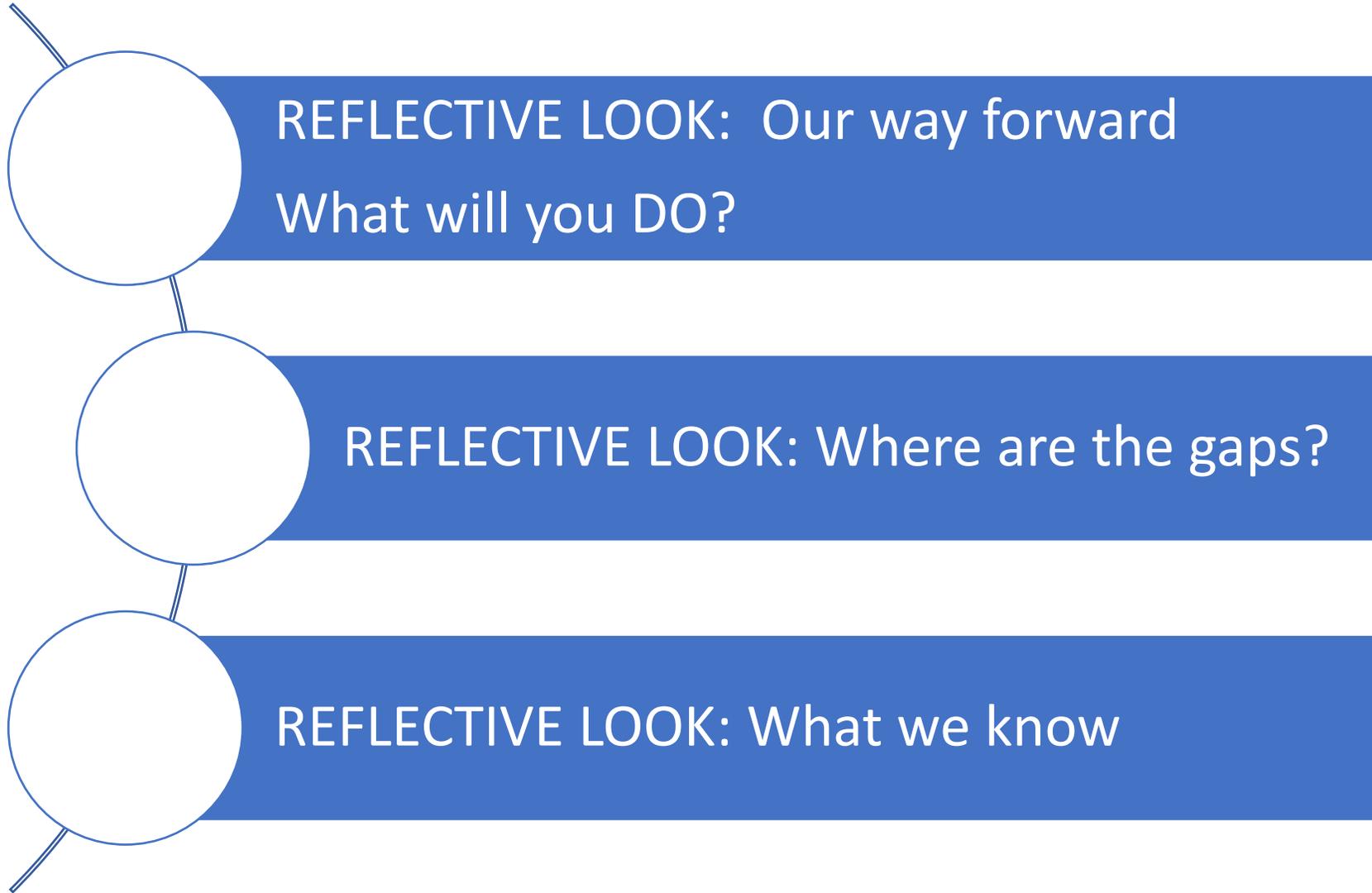
The Future of Health Professions Education (Thibault G. 2020)

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
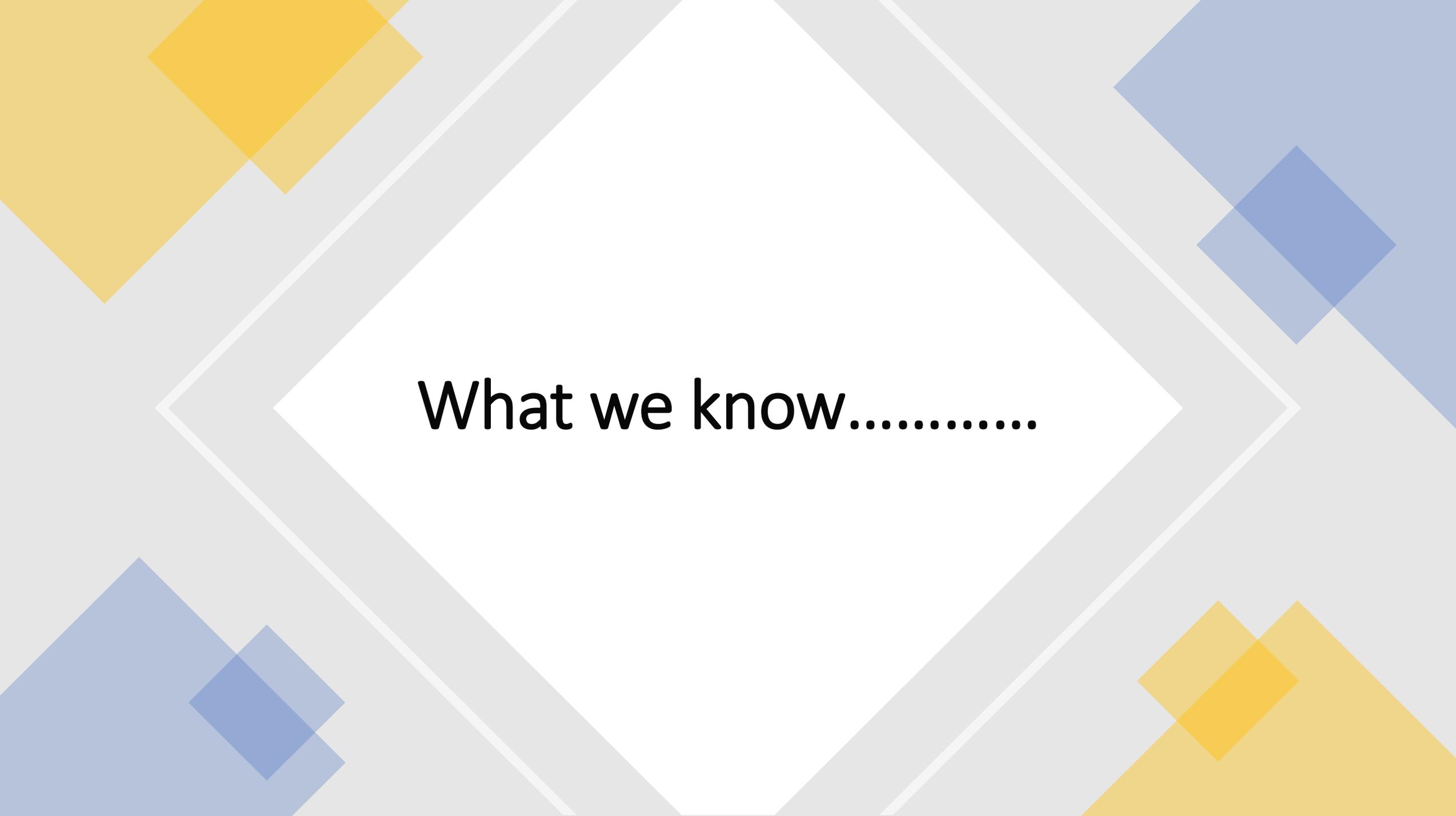
#2 -Longitudinal clinical education – pop hlth

#3 -SoDH – humanistic mission

#4- Learner continuum
Life long learning

#5- Competency-based education
Social contract

#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

Learning is mediated through CONTEXT

Cannot separate thought from EXPERIENCE

Professional learning is
- **Active-Situated**
- **Social Constructed**

Learn through EXPERIENCE

Learn from REFLECTIVE ACTION

Webster- Wright, 2009; Review of Education Research. https://doi.org/10.3102/0034654308330970
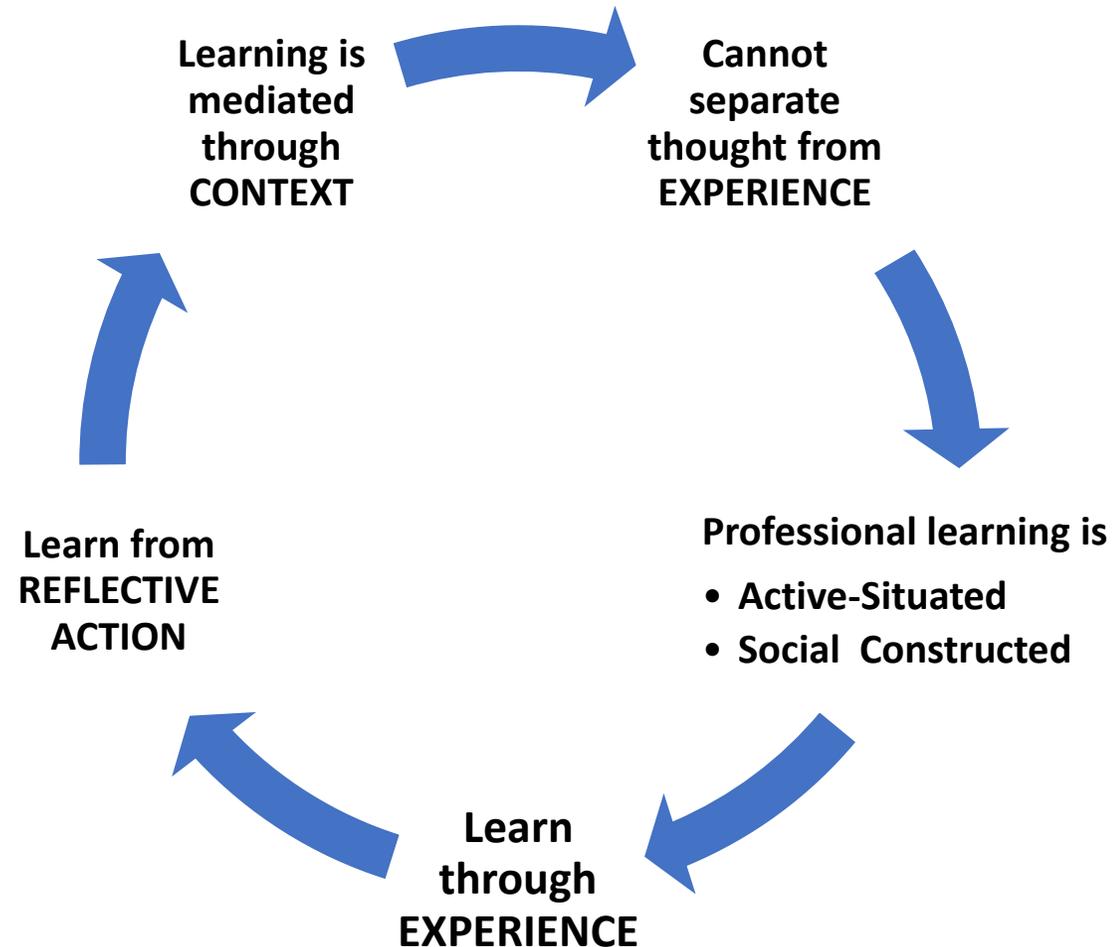
ELEMENTS of LEARNING ENVIRONMENTS
Where does IPECP need to FOCUS?

Personal
Identity formation, resilience, well-being
Personal growth and goal direction
Engagement and emerging autonomy

Social
Scaffolding relationships with others
Becoming part of a community
Interactions for teaching, learning, patient care

Physical and virtual spaces
Adequacy of physical space for learning and practice
Adequacy of virtual space for online learning

Organizational
Accreditation rules
Organizational culture, practices, policies
Curriculum resources, structure, placements

Psychosocial · Psychosocial · Material · Psychosocial

Learning

Figure 1 A conceptual model of learning environments.

Gruppen, Irby , Durning, Maggio. Acad Med. 2019;94:969-974.

FIGURE 4:

Optimal IP-CLE Characteristics for Leadership in the Macro, Meso, and Micro Health Care Environments[a]

Macro

- Modeling a Team-Oriented Approach
- Allocating Resources
- Advocating for Interprofessional Learning and Collaborative Practice
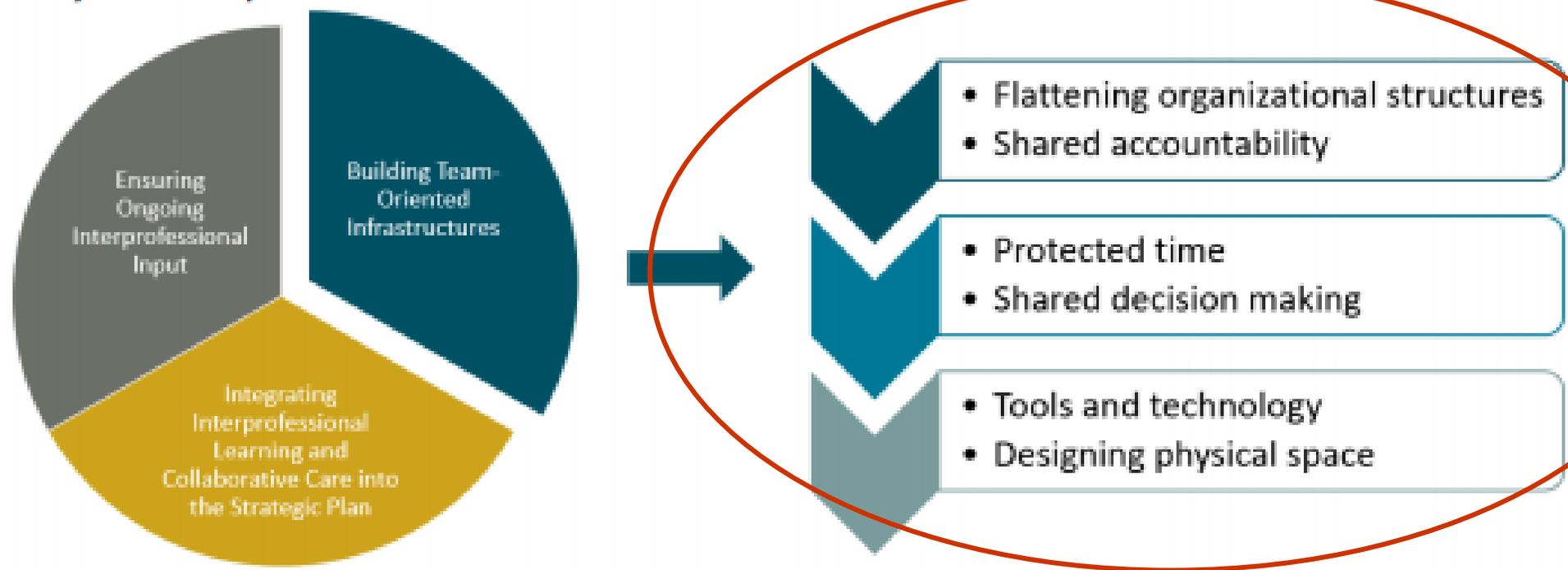
Meso

- Ensuring Ongoing Interprofessional Input
- Integrating Interprofessional Learning and Collaborative Care into the Strategic Plan
- Building Team-Oriented Infrastructures

Micro

- Practicing Optimal Team Behaviors
- Promoting Shared Decision Making
- Fostering Distributed Team Leadership

[a] Macro environment = health systems; meso environment = hospitals and health clinics; micro environment = clinical care units and service lines.

NCICLE NATIONAL COLLABORATIVE FOR IMPROVING THE CLINICAL LEARNING ENVIRONMENT

FIGURE 2:

Meso Layer for Interprofessional Clinical Environment

- Flattening organizational structures
- Shared accountability

- Protected time
- Shared decision making

- Tools and technology
- Designing physical space

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 <u>self-regulated learning </u>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:

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

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

Learning is NOT something done to students, but <u>something students themselves do.</u> How the student interprets and responds to their experiences.
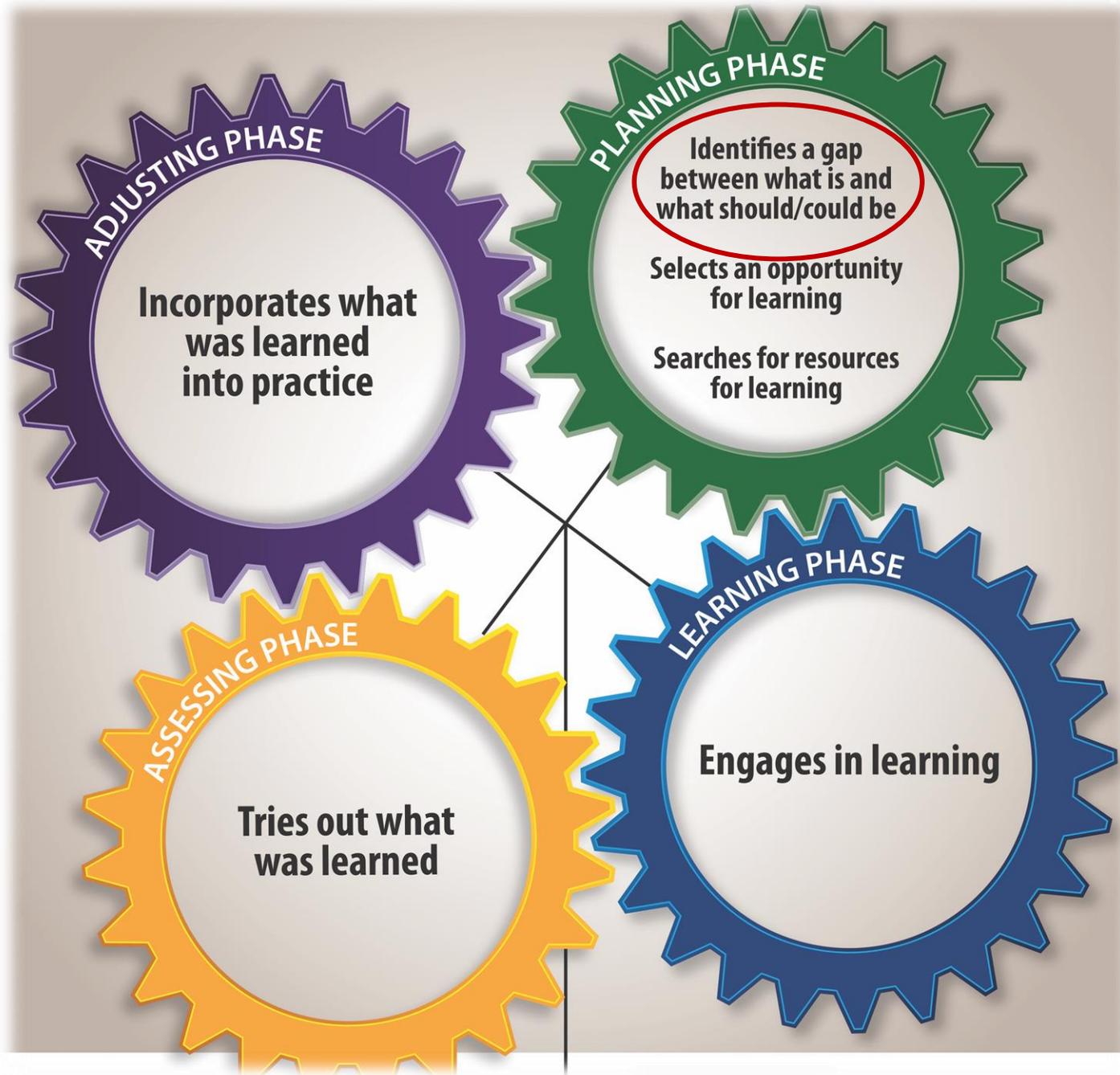
Ambrose S, Bridges M, Lovett M. *How Learning Works: 7 Research-based Principles for Smart Learning.* San Francisco,CA;Jossey-Bass, 2010;
Brown P, Roediger H, McDaniel M. *Make it Stick: The Science of Successful Learning.* Cambridge,MA; Havard Univ Press, 2014.
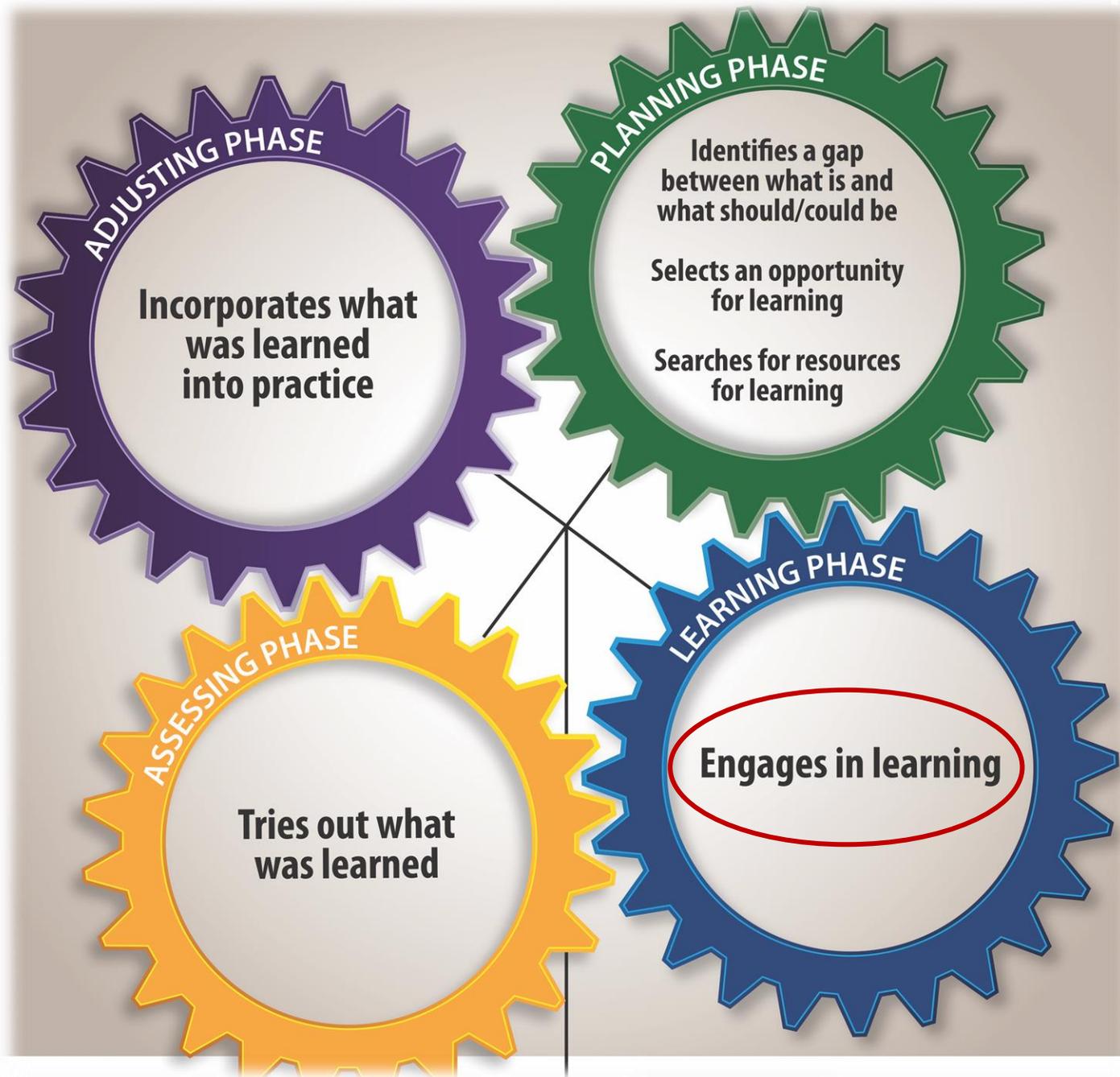·

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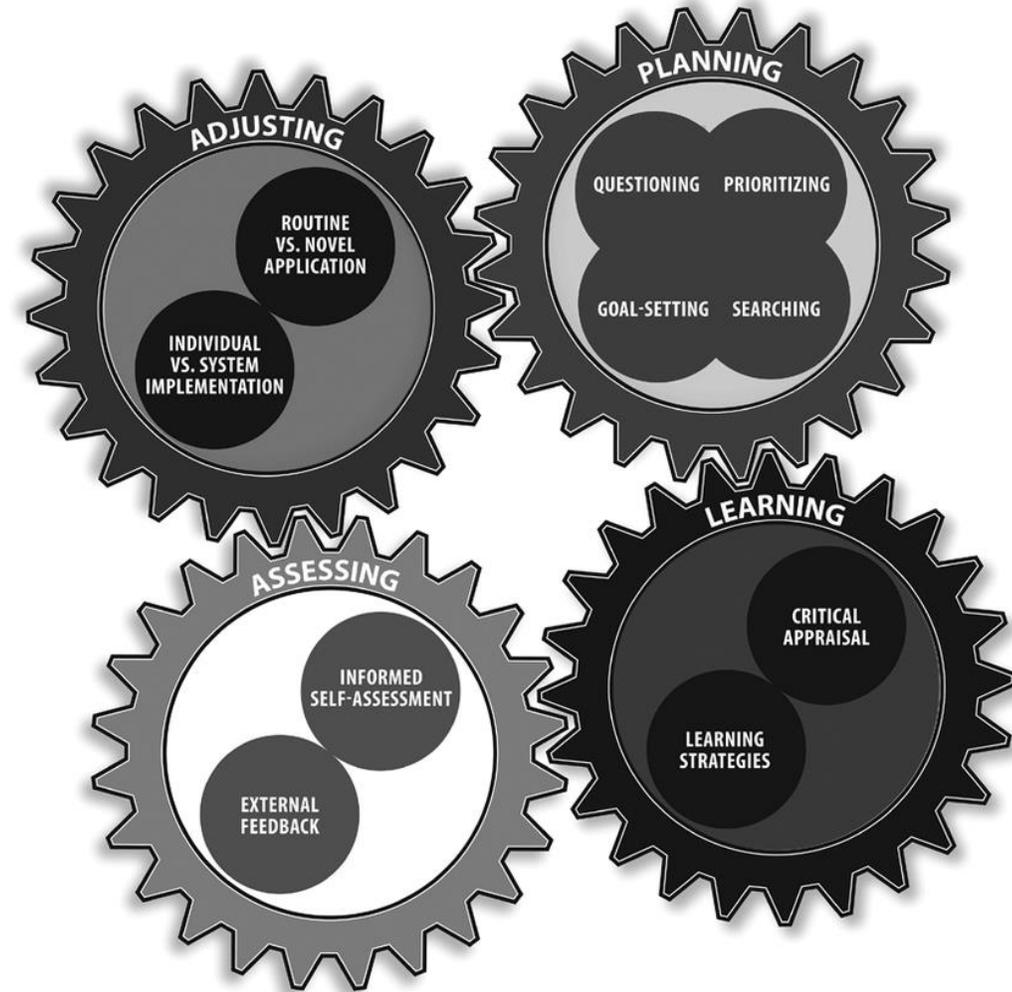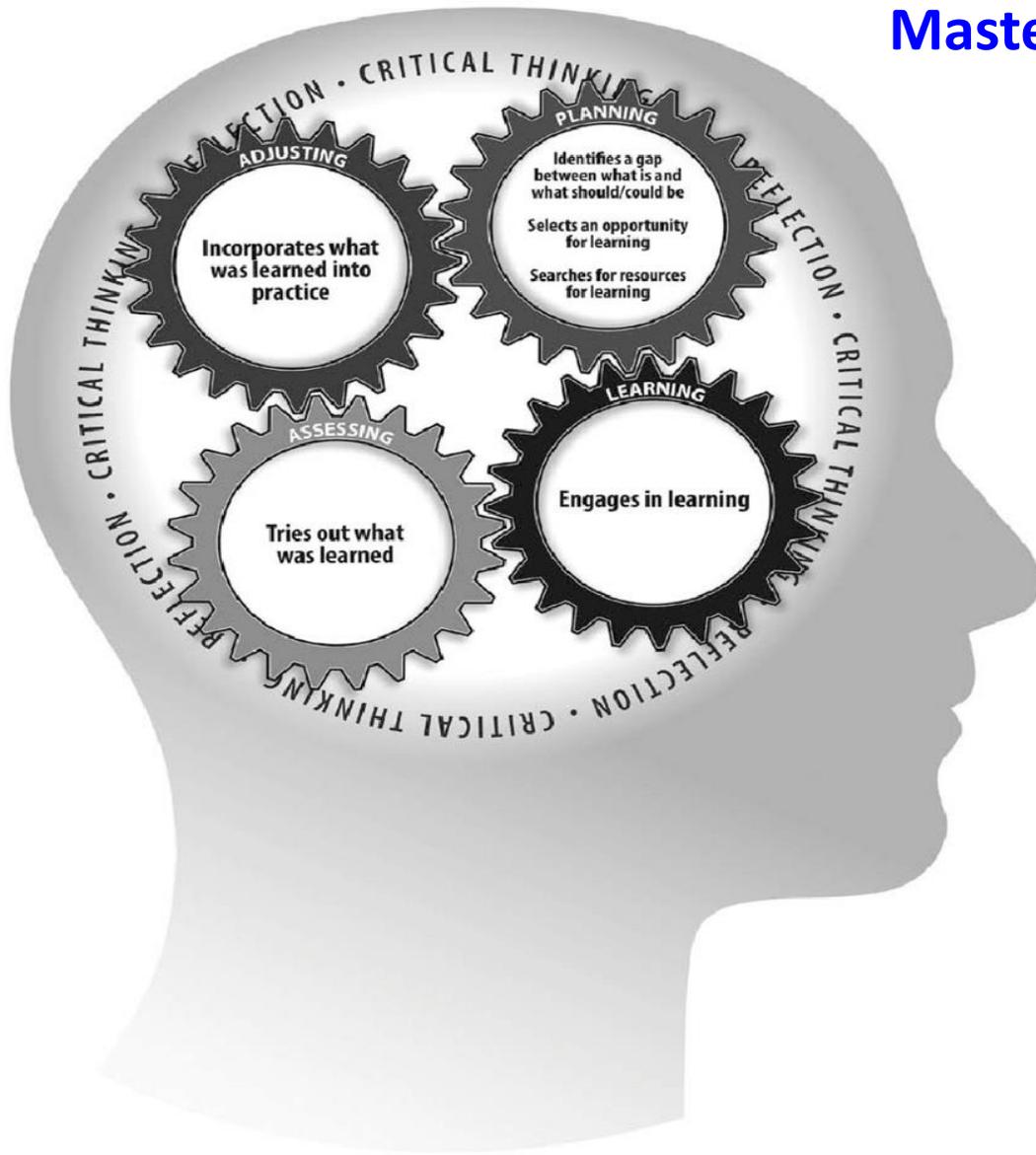
From: Cutrer WB, Miller B, Pusic M, Mejicano G, Mangrulkar R, Gruppen L, Hawkins R, Skochelak S, Moore D. Fostering the development of master adaptive learners:a conceptual model to guide skill acquisition in medical education. *Acad Med*. 2017;92:70-75.

Where are the GAPS and opportunities in IPECP?

ADJUSTING PHASE

Incorporates what was learned into practice

PLANNING PHASE

Identifies a gap between what is and what should/could be

Selects an opportunity for learning

Searches for resources for learning

ASSESSING PHASE

Tries out what was learned

LEARNING PHASE

Engages in learning

Do we fully understand LEARNING in IPECP?

Critical role: Exploration of LEARNING

Education research

Learning sciences

What counts as learning or what learning counts?

Collaboration

Signature Pedagogy?

Understand THEN Metrics-Measure
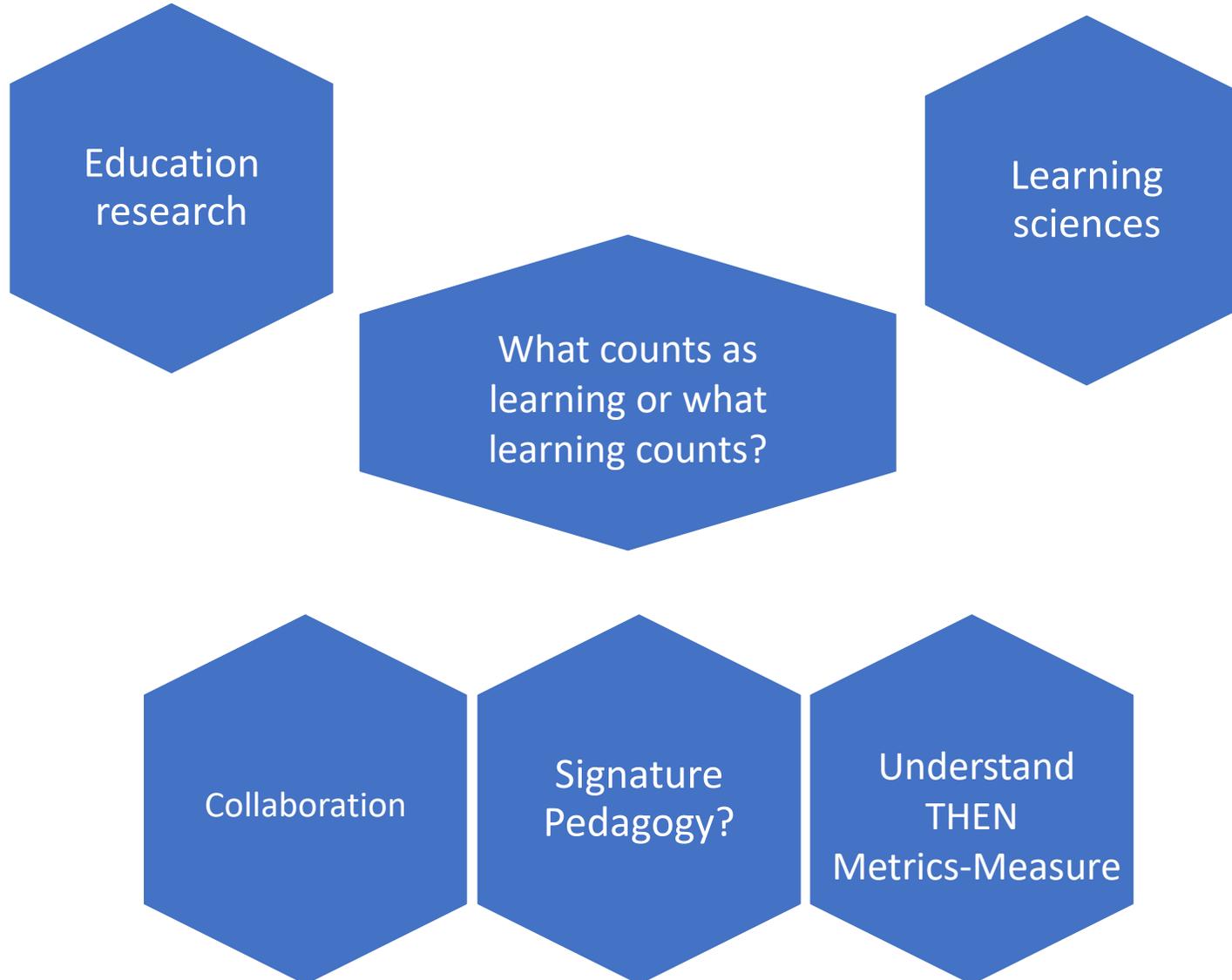
Interprofessional Collaboration Competency Domain

Community and Population Oriented

Interprofessional Teamwork and Team-based Practice

Interprofessional Communication Practices

Values/Ethics for Interprofessional Practice

Roles and Responsibilities for Collaborative Practice

Patient and Family Centered

The Learning Continuum pre-licensure through practice trajectory
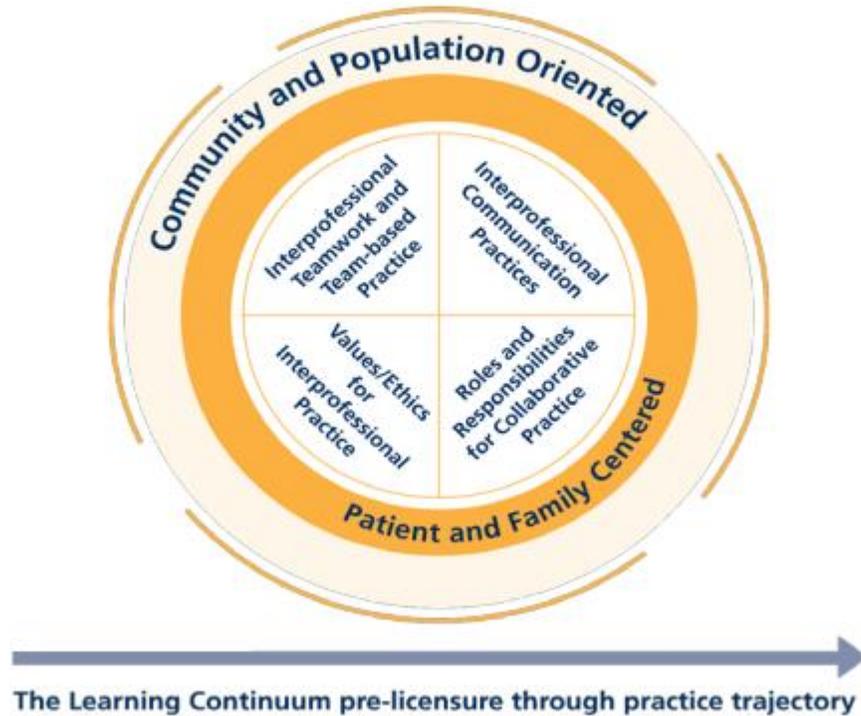
Competency 1

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)
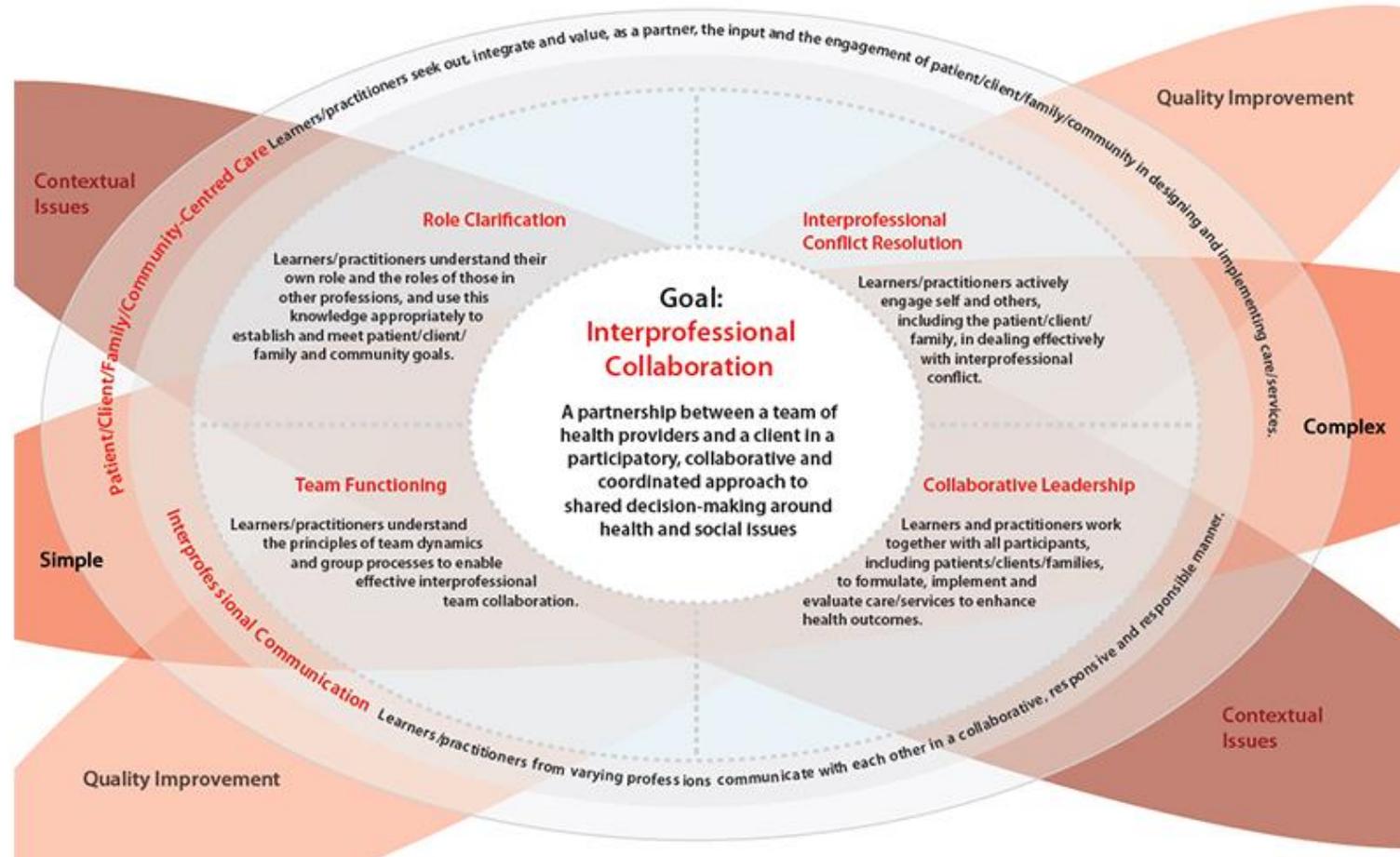
Competency 3

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

Canadian Interprofessional Health Collaborative Framework

Quality Improvement

Contextual Issues

Learners/practitioners seek out, integrate and value, as a partner, the input and the engagement of patient/client/family/community in designing and implementing care/services.

Patient/Client/Family/Community-Centred Care

Role Clarification

Learners/practitioners understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and meet patient/client/ family and community goals.

Interprofessional Conflict Resolution

Learners/practitioners actively engage self and others, including the patient/client/ family, in dealing effectively with interprofessional conflict.

Goal: Interprofessional Collaboration

A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues

Team Functioning

Learners/practitioners understand the principles of team dynamics and group processes to enable effective interprofessional team collaboration.

Collaborative Leadership

Learners and practitioners work together with all participants, including patients/clients/families, to formulate, implement and evaluate care/services to enhance health outcomes.

Simple

Complex

Interprofessional Communication Learners/practitioners from varying professions communicate with each other in a collaborative, responsive and responsible manner.

Quality Improvement

Contextual Issues

EPA 9: Collaborate as a Member of an Interprofessional Team

An EPA: A unit of observable, measurable professional practice requiring integration of competencies

EPA 9

Collaborate as a member of an interprofessional team

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.

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
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	Identifies roles of other team members but does not know how or when to use them 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	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	Communicates bidirectionally; keeps team members informed and up to date Tailors communication strategy to the situation
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	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

IPEC Domain	Behaviors Requiring Focused Remediation	Stage 1: Universal Expectations	Stage 2: Clerkship Expectations	Stage 3: Ready for Indirect Supervision
Ethics/Values	☐ Demonstrates disrespect	☐ 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	☐ Trials 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
Judy Bowen[1], David Brown[2], Colleen Gillespie[3], and Jamie Warren[1]
[2]Florida International University (FIU), [3]New York University (NYU), and [1]Oregon Health Sciences University (OHSU)

EPA 9 Activities

1. Reviewed functions, vignettes, and critical competencies for EPA-9 from the CEPAER Curriculum Developers' Guide[1]

2. Derived observable behavioral learning outcomes for Interprofessional Collaboration (IPC) from functions, vignettes, and critical competencies

3. Also included additional key learning outcomes from the literature[2-5]

4. Sorted learning outcomes into Miller's pyramid[6] hierarchy: Knows, Knows How, Shows, *Does*

5. Grouped learning outcomes into Interprofessional Education Collaborative competency domains[7]:

6. Selected learning outcomes from the *Does* category used these observable behaviors to describe and set expectations for entrustment in IPC

7. Created a developmental, behaviorally-anchored IPC expectations framework with three stages leading to entrustment

8. Re-confirmed IPC expectations (learning outcomes) could be mapped back to the EPA-9 functions and critical competencies

9. Adapted *Tool for Assessing Cultural Competence Training (TACCT)*[8] to IPC to draft *Tool for Assessing Interprofessional Collaboration Training*

Key Functions

- Identify team members' roles and the responsibilities associated with each role.
- Establish and maintain a climate of mutual respect, dignity, integrity, and trust.
- Communicate with respect and appreciation of team members and include them in all relevant information exchange.
- Use attentive listening skills when communicating with team members.
- Adjust communication content and style to align with team-member communication needs.
- Understand one's own roles and personal limits as an individual provider and seek help from the other members of the team to optimize health care delivery.
- Help team members in need.
- Prioritize team needs over personal needs in order to optimize delivery of care.

Critical Competencies

Interpersonal and Communication Skills
- Work effectively with others
- Demonstrate insight and understanding about emotions, human response

System-Based Practice
- Coordinate care within the health care system

Professionalism
- Demonstrate compassion, integrity and respect for others

Interprofessional Collaborative Practice

- Work with other health professionals to establish and maintain... respect, dignity, diversity, ethical integrity, and trust.
- Use the knowledge of...role(s)...to address needs of patients...
- Communicate with other health professionals in a responsive and responsible manner...

IPEC Interprofessional Education Collaborative

| Values/Ethics for Interprofessional Practice | Roles/ Responsibilities | Interprofessional Communication | Teams and Teamwork |

Tool for Assessing Interprofessional Collaboration Training

Learning Objective	Educational Intervention (Learning Opportunities)	Level of the Learner	Assessment/ Evaluation
Responds positively to feedback from team members	NICU rotation with didactics	Sub-intern	360
....			

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

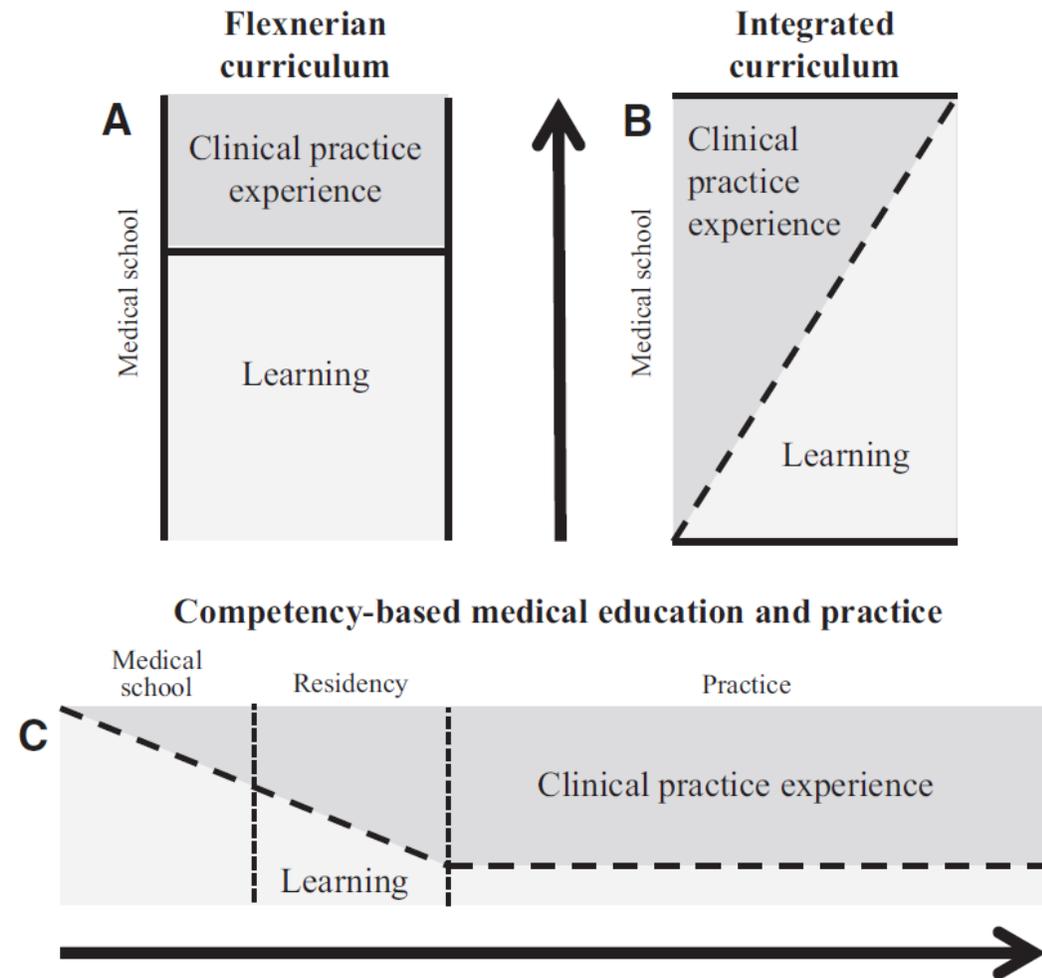• **How do we calibrate curricula…across the learner continuum?**

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

Ten Cate O, Carracio C. *Acad Med*. 2019;94:1283–1288.

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
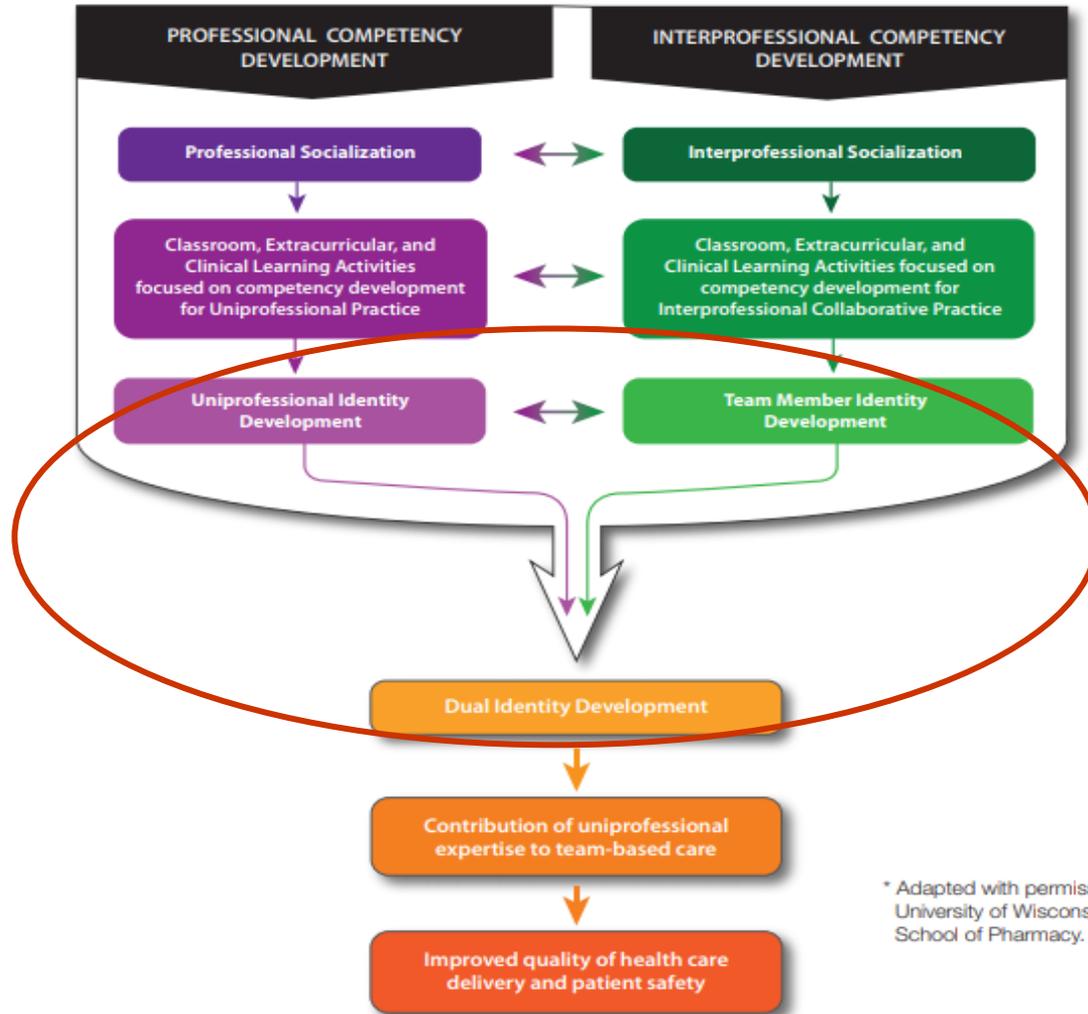
How are we doing?

*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-

Vital Partnerships: Current reality?
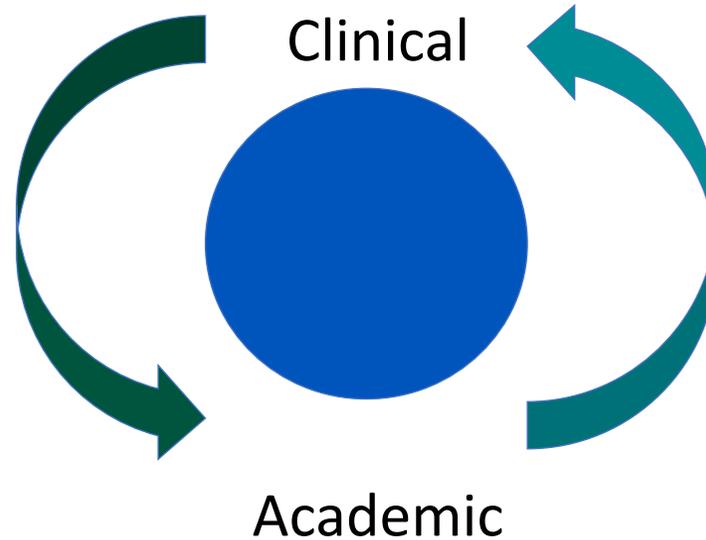
Clinical

Community

Academic

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

Vital Partnerships: Future reality?

Clinical

Community

Academic

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

Taylor & Francis
Taylor & Francis Group

Check for updates

EDITORIAL

How interprofessional collaborative practice can help dismantle systemic racism

Peter S. Cahn

Center for Interprofessional Studies and Innovation, MGH Institute of Health Professions, Boston, MA 02129, USA

● **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

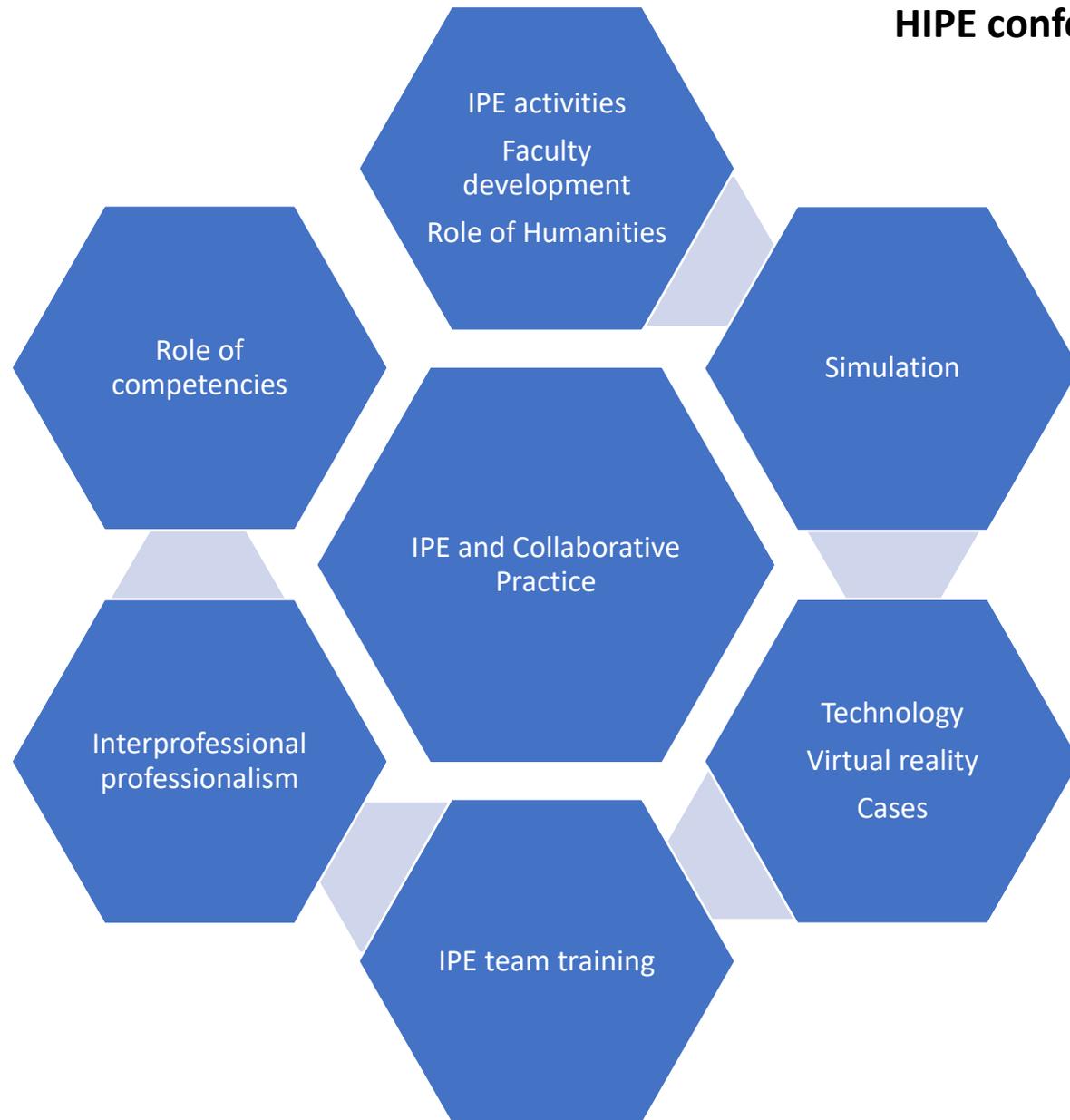**Understanding JUSTICE**

Critical consciousness

Integration of humanities

Moral agency

HIPE conference presentation themes

IPE activities
Faculty development
Role of Humanities

Role of competencies

Simulation

IPE and Collaborative Practice

Interprofessional professionalism

Technology
Virtual reality
Cases

IPE team training

How are YOU doing?

What will do next?

Thank you –
More questions….??