

## MOVING FROM MULTI-PROFESSIONAL TO INTERPROFESSIONAL TRAINING: AHEC PROGRAMS RESPOND NATIONWIDE

A response to the NAO Survey on AHEC programs engaged in IPE learning

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### FOCUS OF DISCUSSION

1. Discuss the context for development of interprofessional education (IPE)
2. Review NAO IPE survey results
3. Explore the relationship between competencies, practice change and patient safety
4. Provide examples and desired outcomes for implementing IPE programs
5. Discuss specific examples of IPE curriculum and programs

## IOM: A TRANSFORMATIVE VISION FOR HEALTHCARE

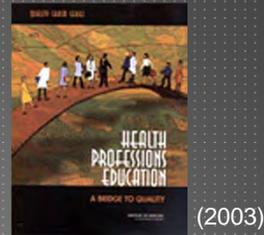
Medical errors reached a critical mass and became a point of national attention. IOM report concludes that medical errors caused 98,000 deaths annually (1999)

A redesign of the health care system to include six aims: safety, patient-centered, effective, timely, efficient, and equitable patient care. (2001)



## IOM CORE COMPETENCIES

All health professionals should be educated to deliver client-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics (2003)



Unique in that it defines the health care workforce broadly, including consideration of professionals and direct-care workforce, as well as the roles of informal caregivers and patients (2008)

## ENVISIONING NEW MODELS OF CARE

- ▶ Departure from current system
- ▶ Change the way services are organized, financed and delivered
- ▶ One size does not fit all
  - ▶ Varied models
  - ▶ Flexibility
  - ▶ Interdisciplinary team approach
  - ▶ Working to full “scope of practice”

## FEATURES OF INNOVATIVE MODELS OF CARE

- ▶ Interprofessional team care
- ▶ Care management
- ▶ Chronic disease self-management programs
- ▶ Pharmaceutical management
- ▶ Preventive home visits
- ▶ Proactive rehabilitation
- ▶ Caregiver education and support
- ▶ Managing transitions of care

## WHERE DO AHEC PROGRAMS FIT...

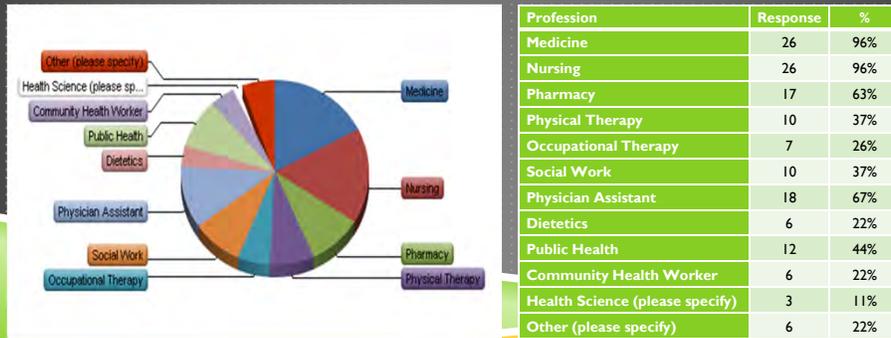


## BACKGROUND TO SURVEY

- Engaging in Interprofessional Education (IPE) was added to the AHEC program guidance in 2011 as new focus area
- AHEC Programs deliver successful academic and community-based programs for multiple health professions
- NAO Survey in December 2011 to: determine who was delivering IPE programs, what professions are involved, identify sample programs, and elicit ideas on how NAO could support the expansion of IPE delivery

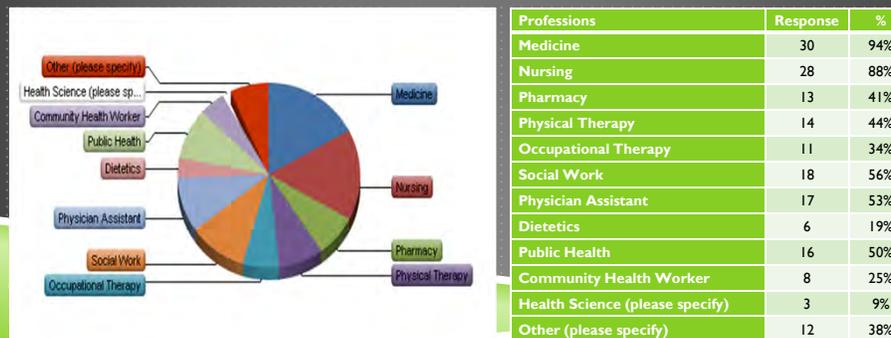
## AHEC PROGRAM OFFICES

- 35 responses (27 states), 28 engaged in IPE
- 48% of the 58 Program Offices
- What professions are involved?



## AHEC REGIONAL CENTERS

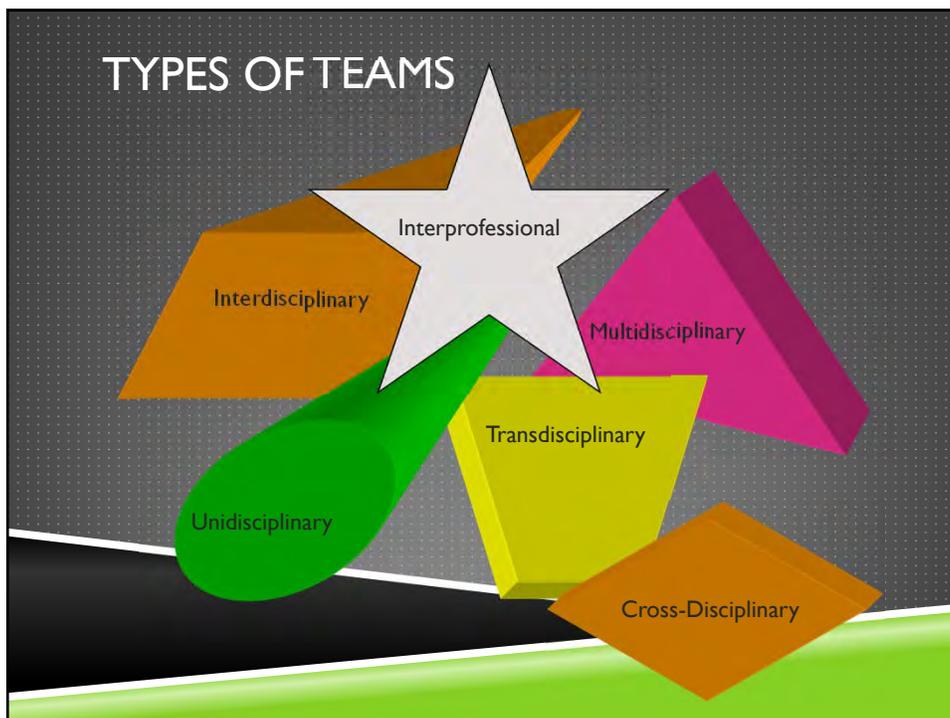
- 57 responses (29 states), 32 engaged in IPE
- 12.5% of the 255 Regional Centers
- What professions are involved?



## SURVEY RESPONSES REQUESTED...

- Definitions and examples of IPE programs
- Best practices for teaching and partnering
- IPE resources and references
- Standardized, high quality IPE curriculum
- Examples of using *Core Competencies for Interprofessional Collaborative Practice (IPCP)*

## TYPES OF TEAMS



## MULTI-DISCIPLINARY

- Education may involve providing programs for different health professions, or having different professions in the same learning environment, but may not include explicit learning outcomes around collaboration, teamwork, or learning about and from each other.

## INTER-DISCIPLINARY

- Interdisciplinary is most often collaborative efforts within the same profession (primary care, cardiologist, cardiovascular surgeon all managing a heart disease patient, but not extending beyond the profession of medicine)

## INTER-PROFESSIONAL

- IPE as promoted by the WHO and CAIPE: “when students (learners) from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes”

CAIPE: Center for the Advancement of IP Education, 1997  
WHO: World Health Organization, 2010

## INTER-PROFESSIONAL

- ▶ Requires the collaborative, interdependent use of shared expertise directed toward a unified purpose of delivering optimal patient care.
- ▶ Involves a process of joint decision making among professions and a joint ownership of decisions and collective responsibility for outcomes.

CAIPE: Center for the Advancement of IP Education, 1997  
WHO: World Health Organization, 2010

## INTER-PROFESSIONAL

- IPE thus involves interaction among the participants, a development of knowledge and skills that improve collaboration and teamwork
- IPE requires faculty from more than one profession collaboratively involved in the development of courses, modules and other learning experiences, teaching, and assessment of outcomes.

## SO WHAT MAKES SOMETHING IPE? EXPLICIT IPE LEARNING OBJECTIVES

- Explicit learning outcomes directed at IPE/IPCP Core Competencies
- Explicit learning outcomes and activities that develop skills around collaborative decision making, teamwork, communication or other documented attributes in the literature

## EQUATION FOR CLINICAL SUCCESS



Saint Louis University AHEC Model for Integrating Clinical Skills and Teamwork (Pole/Rottnek, 2010)

## INTERPERSONAL CONFLICT & PATIENT OUTCOMES

*Positive Correlation between Interprofessional Conflict and Medical Errors in US Hospital Residents*

D. Baldwin, Jr. and S. Daugherty (ACGME & Rush Medical College) Journal of Interprofessional Care, Dec 2008; 22(6) 573-586

### Of residents reporting no serious conflicts

- ▶ 23% report SME
- ▶ 4% report resulting APO

### Residents reporting serious conflict with another resident

- ▶ 42% report a significant medical error (SME)
- ▶ 12% report resulting adverse patient outcome (APO)

## INTERPERSONAL CONFLICT & PATIENT OUTCOMES

*Positive Correlation between Interprofessional Conflict and Medical Errors in US Hospital Residents*

D. Baldwin, Jr. and S. Daugherty (ACGME & Rush Medical College) *Journal of Interprofessional Care*, Dec 2008; 22(6) 573-586

Of residents reporting serious conflict with other medical professionals, staff, etc.

- ▶ 0 Conflicts: 23% report SME; 4% APO
- ▶ 1 Conflict: 36% report SME; 8.3% APO
- ▶ 2 Conflicts: 51% report SME; 16% APO

MOVING FROM PROGRAMS  
TO COMPETENCIES...

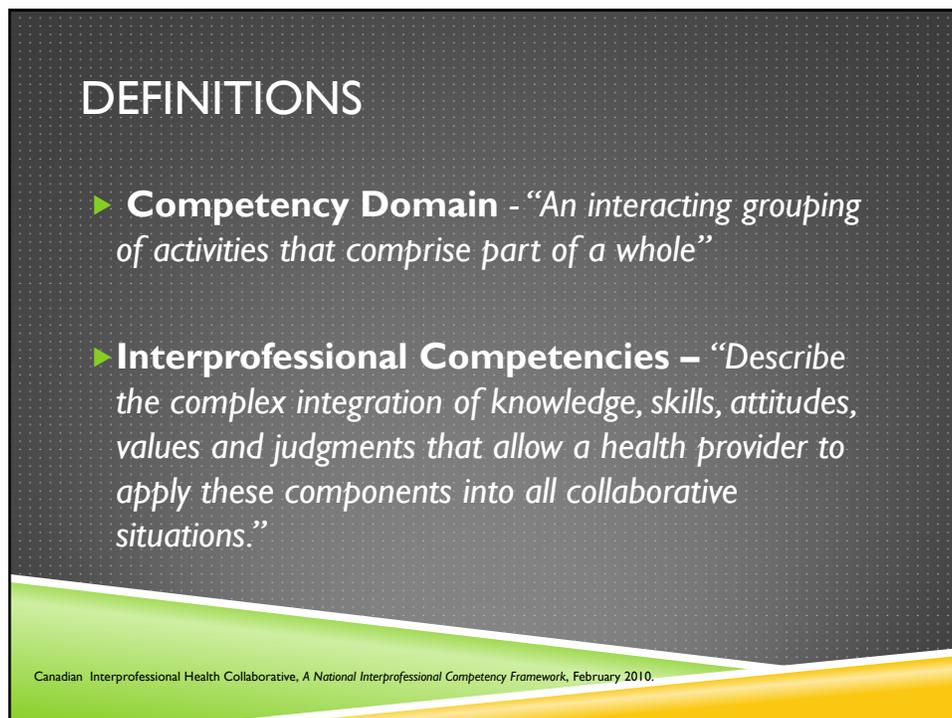
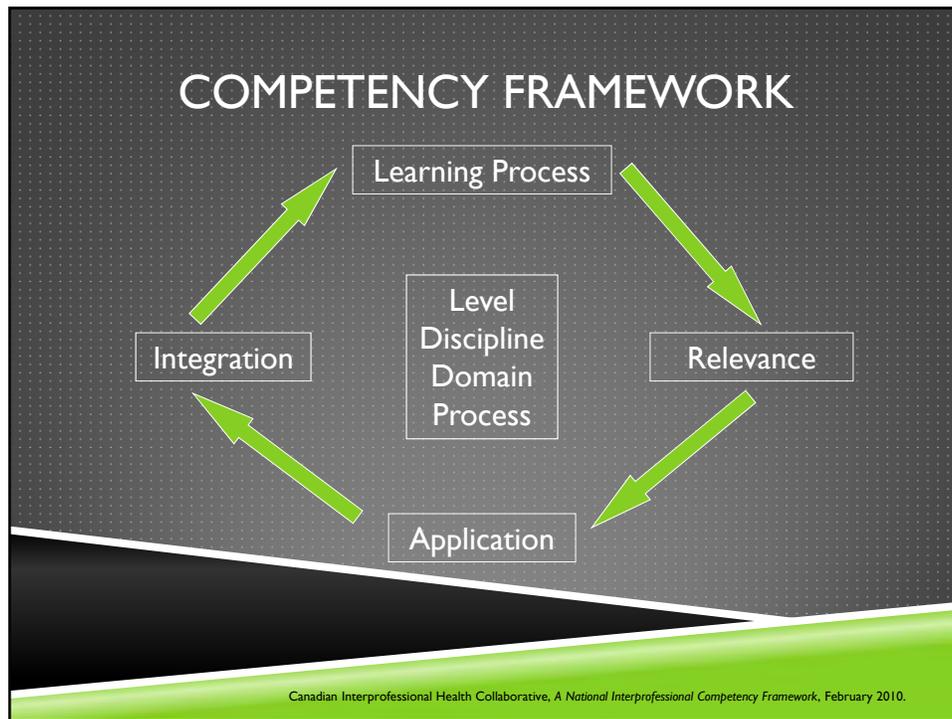


## THE COMPETENCY ODYSSEY

- ▶ **2000** – AACN releases 30 geriatrics core competencies for baccalaureate nursing
- ▶ **2008** - CSWE publishes 10 core competencies common to all social work practice; Mezey et al compare geriatric competency domains across 5 health care disciplines
- ▶ **2009** - AAHSA proposes action agenda to identify core competencies for the professional LTC workforce; “Don’t Kill Granny” minimum geriatric competencies for medical students; AGHE Geriatric Curriculum Development Task Force begins work on identification of interprofessional geriatrics competencies
- ▶ **2010** – Partnership for Health in ‘Aging (PHA) releases Multidisciplinary Competencies in the Care of Older Adults at the Completion of the Entry-level Health Professional Degree ; Canadian Interprofessional Health Collaborative (CIHC) publishes *A National Interprofessional Competency Framework*
- ▶ **2011** - DHHS-HRSA convenes an Interprofessional Educational Collaborative (IPEC) and releases Core Competencies for Interprofessional Collaborative Practice

## COMPETENCY

- ▶ Knowledge
  - ▶ Skills
  - ▶ Attitudes
  - ▶ Abilities/Behaviors
- } KSAs



## LOOKING AT CORE COMPETENCIES

Core Competencies for Interprofessional Collaborative Practice (IPCP)  
Issued by the IPE Collaborative, 2011

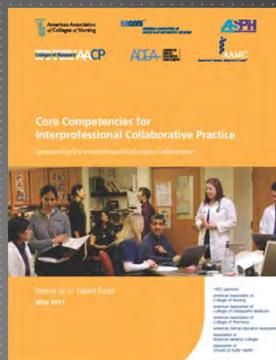
### Four Domains:

Values and Ethics for IP Practice

Roles and Responsibilities for IPCP

Interprofessional Communication

IP Teamwork and Team-based Care



## VALUES AND ETHICS FOR IP PRACTICE

- Place interests of patient at the center of care delivery
- Respect dignity and privacy of patient while maintaining confidentiality of team-based care
- Respect and value unique cultures, values, roles, responsibilities of other health professions
- Work in cooperation with those who receive care, provide care, and support care

## ROLES & RESPONSIBILITIES FOR IPCP

- Communicate one's roles and responsibilities clearly to patients, families, & other professionals
- Engage other health professionals to develop strategies to meet specific patient care needs
- Use your full scope of knowledge and skills to provide care that is safe, timely, efficient, effective, and equitable
- Engage in continuous CE and professional development in IP collaborative practice

## INTERPROFESSIONAL COMMUNICATION

- Choose effective communication tools that facilitate discussions & enhance team function
- Organize and communicate information to families and health care team members that is understandable and clear (i.e. transitions of care)
- Demonstrate respect and skills during crucial conversations and IP conflict

## IP TEAMWORK & TEAM-BASED CARE

- Describe the process of team development and attributes of effective teams
- Develop consensus of ethical principles to guide patient care
- Engage in collaborative decisions making process
- Develop skills at effective team leadership
- Develop skills at having crucial conversations and productive conflict



WHERE DO WE GO FROM HERE?

HOW DO WE USE THIS INFORMATION?

## COMPETENCIES TO LEARNER OUTCOMES

(They have to be aligned and connected)

Professional Competency



Educational Program



Learning Objectives



Learning Activities to Support Objectives

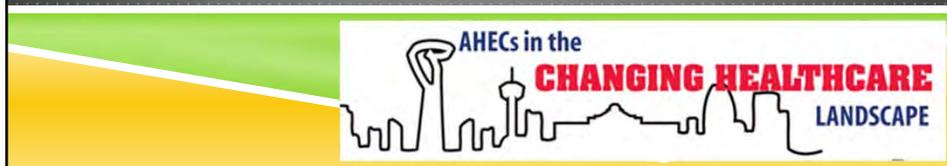


Assessing Competency-Based Learner Outcomes

Source: Damron-Rodriguez, J. and Frank, J., Gerontological Society of America, 2011.

# IPE PROGRAMS AND RESOURCES

DISCUSS EXAMPLES PROVIDED IN THE NAO SURVEY



The top section has a blue header bar. Below it, on the left, is a grey triangle containing a white medical symbol. To the right is the "TeamSTEPPS" logo in a white box, with the tagline "Team Strategies &amp; Tools to Enhance Performance &amp; Patient Safety". Below the logo are three photographs of healthcare professionals in clinical settings. The bottom of the slide features logos for AHRQ (Agency for Healthcare Research and Quality), Patient Safety, and TRICARE.

## TEAM STEPPS

### Team Strategies and Tools to Enhance Performance and Patient Safety

- ▶ Designed to improve quality, safety, efficiency of healthcare
- ▶ Developed by the Department of Defense (DOD) in collaboration with AHRQ ([www.ahrq.gov](http://www.ahrq.gov))
- ▶ Evidence-based teamwork system
- ▶ Customizable

## TEAM STEPPS FRAMEWORK



From Team STEPPS, AHRQ Publication No. 06-0020-4, revised September 2011.

## 4 CORE COMPETENCY AREAS

Each TeamSTEPPS Domain has Teachable and Learnable Skills

### Leadership

- ▶ Clarify team member roles
- ▶ Provide effective leadership
- ▶ Engage in team events
- ▶ Facilitate team problem-solving

### Mutual Support

- ▶ Correct workload distribution
- ▶ Give and receive constructive and evaluative feedback
- ▶ Resolve conflict / Critical conversations
- ▶ Advocate and assert

### Situation Monitoring

- ▶ Cross-monitor to anticipate needs
- ▶ Provide feedback STEP model
- ▶ Establish a safety culture

### Communication

- ▶ Use structured communication techniques
- ▶ Ensure information is conveyed through follow-up and acknowledgement
- ▶ Develop skills to improve transitions of care



## TEACHABLE / LEARNABLE SKILLS

### Sample Team STEPPS Program Outcomes

- ▶ Effective communication and teamwork skills are essential for the provision of quality healthcare and for the prevention and mitigation of medical errors
- ▶ 50% decrease in adverse outcomes
- ▶ 50% reduction in ICU length of stay after implementing interdisciplinary communication tool to improve rounds
- ▶ Decrease in clinical error rates from 30% to less than 5% directly related to positive attitudes and skills toward teamwork

## Example: SLU IP Team Seminar - Curriculum Links to IP Core Competencies

Learning Objectives	Learning Activities
1. Communicate your professional role and responsibilities clearly to patients, families and other care professionals and explain the roles and responsibilities of other care providers and how you will work together as a team to meet patient care needs.	<p><b>Session 1:</b> Intro self, intro profession, discuss scope of training; students provided a complex patient case, introduce concerns and/or contributions to care by their profession (<b>Obj. 1</b>)</p> <p><b>Session 2:</b> Students given three complex patient cases (paper) with chart notes from their profession. Students will practice having a BRIEF TEAM HUDDLE, introduce chart notes from their profession and discuss needs, concerns, and potential patient safety issues (<b>Obj. 1, 2</b>)</p>
2. Understand the relationship between effective team communication and improved patient safety and health outcomes and choose effective communication tools and techniques to facilitate discussions and interactions that enhance team function.	<p><b>Session 3:</b> Discuss three perspectives of bias (provider, patient, HC system) that impact the patient encounter, sample vignettes. Introduce specific tools for crucial conversations and how to improve teamwork and patient care (<b>Obj. 2, 3</b>)</p> <p><b>Session 4:</b> Students given three complex cases (paper) with chart notes from all other professions. Students review other professions chart notes, discuss, clarification, conflicting issues, hold an IP TEAM MEETING (<b>Obj. 2, 3</b>)</p>
3. Demonstrate skills at effective interprofessional team and patient-centered communications that integrate the knowledge and experience of other health professionals and patients to provide appropriate care of the patient	<p><b>Session 5:</b> Evaluating Adverse Outcomes. Students will be provided a framework for identifying systems issues contributing to real patient errors/adverse outcome cases. Use skills from previous sessions, identify action items for preventing repeat and/or future error (<b>Obj. 2, 3</b>)</p> <p><b>Session 6:</b> Students bring own case and written reflection based on own experience with good/poor IP teamwork. (<b>Obj.3</b>)</p>

## Example: SLU IP Team Seminar - Curriculum Links to IP Core Competencies

Core Competencies for IP Collaborative Practice / Session
<p><b>Domain I: Values/Ethics for IP Practice</b></p> <p>1. Place interest of patients and populations at the center of IP health care delivery (<b>2, 3, 4</b>)</p> <p>4. Recognize and respect the unique cultures, values, roles/responsibilities, and expertise of other health professions (<b>1, 2, 4</b>)</p> <p>6. Develop a trusting relationship with patients, families, and other team members (<b>1, 2</b>)</p> <p>9. Act with honest and integrity in relationships with patients, families, and other team members (<b>4, 5</b>)</p>
<p><b>Domain II: Roles and Responsibilities for Collaborative Practice</b></p> <p>1. Communicate one's roles and responsibilities clearly to patients, families, and other professionals (<b>1</b>)</p> <p>6. Communicate with team members to clarify each member's responsibilities in executing components of a treatment plan (<b>2, 4</b>)</p> <p>8. Engage in continuous professional and interprofessional development to enhance team performance (<b>3, 5</b>)</p>
<p><b>Domain III: Interprofessional Communication</b></p> <p>1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussion and interactions that enhance team functions (<b>2, 3, 4</b>)</p> <p>2. Organize and communicate information with patients, families, and health care team members in a form and format that is understandable, avoiding discipline specific terminology when possible (<b>3, 4, 5</b>)</p> <p>3. Express one's knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, and work to ensure common understanding of information, treatment, and care decisions (<b>1, 2, 3, 4, 5, 6</b>)</p> <p>6. Use respectful language appropriate to a given difficult situation, crucial conversation, or interprofessional conflict (<b>3, 5</b>)</p> <p>8. Communicate consistently the importance of team work in community and patient-centered care (<b>3, 5</b>)</p>
<p><b>Domain IV: IP Teamwork and Team-based Care</b></p> <p>3. Encourage other health professionals – appropriate to the specific care situation – in shared patient-centered problem solving (<b>2, 4, 6</b>)</p> <p>6. Actively encourage self and others to identify and constructively manage disagreements about values, roles, goals, actions that arise among health care professionals and with patients and families (<b>2, 3, 4, 5</b>)</p>

# TEAMWORK ATTRIBUTES

A Review of Literature  
Conducted by  
Saint Louis University AHEC  
(2011)

Table 1: Literature Review and Synthesis of Key Domains and Attributes of Effective Teamwork		
Domains Identified by SLU Team	Attributes	Author
1 Demonstrate an understanding of interprofessional practice and the roles and responsibilities of multiple other professions in patient care (orientation toward what is interprofessional care) (orientation towards appreciating other professions role and scope of practice) (orientation toward patient safety)	<p><b>Team cognition</b> – shared understanding of characteristics, roles and expertise of team members, belief in importance and value of team in patient care, mission, resources</p> <p><b>Mutual Trust</b> – members perform their roles, information sharing, willing to accept feedback, protect roles and interest of fellow team members</p> <p><b>Interpersonal skills, professionalism, and communication</b> – debriefing skills, encouraging participation based upon understanding roles and responsibilities, communicating feedback</p> <p><b>Back up Behaviors</b> – ability to anticipate needs of team members, redistribute tasks based upon awareness of roles and responsibilities, strengths and weaknesses</p> <p><b>Patient Safety and Quality Outcomes</b> – To Sir is Human: Building a Safer Health System; Crossing the Quality Chasm</p>	<p>Morrison (2010) Fernandez (2008) Thistlethwaite (2010) WFO (2002) Baker (2005) Scales (2005) Chakraborti (2008) Morrison (2010) Morrison (2010) Macdonald (2010) TeamSTEPs (AHRQ) Scales (2005) Chakraborti (2008) Baker (2005) IOM (2000)</p>
2 Demonstrate an understanding of patient-centered care and the ability to develop patient-centered outcome goals with an interprofessional team (orientation towards patient centered) (orientation towards teamwork)	<p><b>Patient Centered</b> – Respect for patients' values, preferences and expressed needs, coordination and integration of care, information, communication and education, physical comfort, emotional support and alleviation of fear and anxiety, involvement of family and friends, transition and continuity, and access to care</p> <p><b>Patient Centered</b> – (IOM) Same as above plus integration of cultural competency and health literacy. (Testing of skills for selfmanagement).</p> <p><b>Team collective orientation</b> – belief in team goals over individual, take into account other's input, inter-relatedness in care, information sharing, participation, goal setting, shared mental model (IOM), collective efficacy of team</p> <p><b>Knowledge of Teamwork</b> – components of team work, process of developing teams purpose, norms, objectives, resources, team process – form, storm, norm, perform</p> <p><b>Communications</b> – open information flow, non-punitive, participatory culture, collaboration, shared decision making, conflict negotiation, empowerment focused</p> <p><b>Provider Skills to Address Low Health Literacy</b> – use of plain language, teach-back, and other established techniques.</p>	<p>Eicker institute (website, 2011) IOM (2003) Baker (2005) Scales (2005) Chakraborti (2008) Morrison (2010) Fernandez (2008) Baker (2005) Lencioni (Book 2002) Scales (2005) Thistlethwaite (2010) AHRQ – Universal Precautions for Low Health Literacy Tool Kit</p>
3 Demonstrate the ability to negotiate and implement an interprofessional care plan and engage in mutual performance monitoring to accomplish patient-centered outcomes (orientation towards individual skills in teamwork) (orientation towards monitoring team performance and achievement of patient outcomes)  Outcomes: Team members develop skills at participating in high functioning and effective teams	<p><b>Mutual Trust and Cohesion</b> – focus on patient outcomes, diagnostic and care vs individual/profession focused, frequent proximity, open discussion, clear expectations, addressing power differences.</p> <p><b>Effective feedback and communication</b> – full participation, conflict resolution, adaptability and flexibility, feedback skills, communication environment of inquiry and shared learning</p> <p><b>Team leadership</b> – performance monitoring, maintaining goal orientation, assignment, facilitating problem solving</p> <p><b>Mutual performance monitoring</b> – effective and constructive feedback, shared responsibility, communications regarding corrective action, back-up behaviors</p>	<p>Scales (2005) Baker, L (2005) Scales (2005) Shapiro (2009) Morrison (2010) Baker (2005) Chakraborti (2008) Morrison (2010) Fernandez (2008) Baker (2005) Chakraborti (2008) Shapiro (2008) Morrison (2010) Fernandez (2008)</p>

## INTERPROFESSIONAL APPLICATIONS: A ROLE FOR AHECS IN BUILDING A FRAMEWORK FOR FUTURE HEALTH PROFESSIONS EDUCATION AND PRACTICE

- Train collaborative practitioners
  - Curriculum content
  - Adult learning strategies and methods
  - Learning outcomes
- Structure for Faculty Development and CE
- Capacity-building within AHEC programs and centers
- Develop select community-based training sites and staff as “experiential learning incubators” for collaborative practice





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Center for Interprofessional Education and Research

**Improving Teamwork and Patient Outcomes:  
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