

## INTERPROFESSIONAL PRACTICE RESOURCES

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### OVERVIEW

#### OVERALL LEARNING OBJECTIVE

Build interprofessional practice and education knowledge using cutting-edge resources

#### OBJECTIVES

- Identify and share **existing resources** to guide clinicians to plan, implement, and evaluate cutting-edge interprofessional team activities for health professions students, clinicians, and patients
- Enhance learner's **knowledge and skills** in developing and implementing interprofessional team activities for health professions students, and patients that align with the institution's clinical education priorities;

#### UNE (University of New England)

- A health and sciences university grounded in the liberal arts
- On a 25-acre campus in Portland and a 400-acre campus along the Atlantic Ocean and Saco River estuary in Biddeford, Maine (campuses are 20 miles apart)
- 12,000 students enrolled
- Has 15 health professions degree programs – DO, PA, Nursing (BSN, accelerated BSN, RN to BSN), Nurse Anesthesia, Pharm D, Dental Medicine Doctorate, Dental Hygiene, MSW, OT, PT, MPH, Athletic Training, Applied Exercise Science, Health Informatics, Applied Nutrition

#### WHY DO WE NEED EFFECTIVE TEAM-BASED PRACTICE?

##### Patient Safety!!

##### 210,000 – 440,000 die every year in the U.S. due to medical errors

- 1999: To Err Is Human, IOM report estimated up to 98,000 in the U.S. die from hospital medical errors every year
  - Institute of Medicine. 2000. To Err Is Human: Building a Safer Health System. Washington, DC: The National Academies Press. <https://doi.org/10.17226/9728>.
- 2010: Office of the Inspector General for U.S. DHHS estimated 180,000 deaths from hospital mistakes among Medicare recipients alone.
  - <https://oig.hhs.gov/oei/reports/oei-06-09-00090.pdf>
- 2013: Journal of Patient Safety a study by John T. James, a toxicologist with NASA and who runs an organization called Patient Safety America, estimates the number of hospital deaths due to errors to be 210,000 – 440,000. This number has been supported by several prominent patient safety experts, including Harvard's Lucian Leape, MD.
  - James, JT. 2013. A new, evidence-based estimate of patient harms associated with hospital care. Journal of Patient Safety 9(3):122-128. doi: 10.1097/PTS.0b013e3182948a69
  - American Hospital Association (AHA). 2014. Fast Facts on US Hospitals. <http://www.aha.org/research/rc/stat-studies/fast-facts2014.shtml>.
- 2016: British Medical Journal meta-analysis by Johns Hopkins surgeon and researcher shows 250,000 deaths annually due to medical errors in hospitals, and if medical errors were listed as a cause of death, it would be **the 3<sup>rd</sup> leading cause of death** in the U.S., after cancer and cardiovascular disease.
  - Makary Martin A, Daniel Michael. Medical error – the third leading cause of death in the US. BMJ 2016; 353 :i2139. doi: <https://doi.org/10.1136/bmj.i2139>

## 80%

Root cause analysis of deaths due to medical errors shows that 80% are due to poor communication (60%), collaboration, or coordination. In other words, **poor team work**.

Resources:

- The Joint Commission. *Improving America's Hospitals. The Joint Commission's Annual Report on Quality and Safety 2007*; page 49. Washington, DC: 2007. [http://www.jointcommission.org/assets/1/6/2007\\_Annual\\_Report.pdf](http://www.jointcommission.org/assets/1/6/2007_Annual_Report.pdf). Accessed September 14, 2017. Shows root causes of hospital sentinel events, including 65% due to communication issues.
- Bedell S, Deitz DK, Leeman D, Delbanco T. Incidence and characteristics of preventable iatrogenic cardiac arrests. *Journal of American Medical Association* 1991;265:2815-20.
- Leape L, Lawthers A, Brennan T, Johnson W. Preventing medical injury. *Quality Review Bulletin* 1993;8:144-9.
- Bates DW, Cullen D, Laird N, Petersen LA, Small SD, Servi D, et al. Incidence of adverse drug events and potential adverse drug events: implications for prevention. *Journal of American Medical Association* 1995;274:29-34.
- AHRQ's Patient Safety Initiative. Most Common Root Causes of Medical Errors. <http://archive.ahrq.gov/research/findings/final-reports/pscongrpt/psini2.html>
- Teamwork as an Essential Component of High-Reliability Organizations. *Health Services Research*. August 2006; 41(4Pt2): 1576-1598. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1955345/>
- Internet Citation: Chapter 5. Conclusions and Recommendations: Medical Teamwork and Patient Safety: The Evidence-based Relation. July 2005. Agency for Healthcare Research and Quality, Rockville, MD. <http://archive.ahrq.gov/research/findings/final-reports/medteam/chapter5.html>

## A TEAM OF EXPERTS IS NOT AN EXPERT TEAM

Teaching teamwork is critical. Lucian Leape, MD, the Harvard physician known as the “father of the patient safety movement” calls training in teamwork the most critical ingredient for addressing patient safety

(*NEJM* 2014;370:1063-1064, March 13, 2014, DOI: 10.1056/NEJMe1315851)

Numerous studies also reinforce the critical aspect of team:

- **Peter Pronovost**, MD, PhD at Johns Hopkins with **excellent video on patient safety**: [https://www.youtube.com/watch?time\\_continue=1320&v=jxxkz-WeV\\_w](https://www.youtube.com/watch?time_continue=1320&v=jxxkz-WeV_w)  
Start at about 22 minutes for the section on teamwork.
- Baker D.P., Day R., Salas E.: **Teamwork as an essential component of high reliability organizations**. *Health Serv Res* 41(4 pt. 2):1576–1598, Aug. 2006. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1955345/>
- Sorbero ME, Farley DO, Mattke S, Lovejoy S. **Outcome measures for effective teamwork in inpatient care** (RAND technical report TR-462-AHRQ). Arlington, VA: RAND Corporation, 2008.
- Friedman D.M., Berger D.L.: **Improving team structure and communication: a key to hospital efficiency**. *Arch Surg* 139:1194–98, Nov. 2004.

**“It is clear that *HOW* care is delivered is as important as *WHAT* care is delivered”.**

- Institute of Medicine. (2001). *Crossing the quality chasm*. Washington DC: National Academy Press.

## INTERPROFESSIONAL COLLABORATIVE PRACTICE (IPCP)

Definitions of IPCP on page 2 of: <http://www.aacn.nche.edu/education-resources/ipecreport.pdf>. Basically, IPCP is a type of team-based care that assures **effective relationships among a broadly defined team**.

- World Health Organization. Framework for Action on Interprofessional Education & Collaborative Practice. [http://apps.who.int/iris/bitstream/10665/70185/1/WHO\\_HRH\\_HP\\_N\\_10.3\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRH_HP_N_10.3_eng.pdf?ua=1). Accessed September 11, 2017.

### 3 – 2 – 1 EXERCISE

Think back to a team you were a part of that was exemplary – a health care team or sports team or other team. What were the characteristics that made it an exemplary team? Share as many of those characteristics as possible: over 3 minutes in pairs; 2 minutes with others at your table; and in 1 minute we'll quickly name as many of them from the various tables. Or just ask the audience members to share directly to the rest of the audience.

**LEAGUE OF LEGENDS**, a common web-based game, has integrated support for one's team members into the formula for winning. Video explanation: <https://www.youtube.com/watch?v=ugXC7g3p0JU>

### IPCP/IPE IN HEALTH CARE REFORM

These next several slides include some examples of health care reform activities that require IPCP to be effective and that lend themselves to IP student learning activities, with the overall relevant strategies being **payment reform** (from fee for service to value-based payment, i.e., for quality outcomes) and **integrated care** (primary care, behavioral health, and oral health integrated).

- **Three Buckets of Prevention by John Auerbach**  
[http://journals.lww.com/jphmp/Citation/publishahead/The\\_3\\_Buckets\\_of\\_Prevention\\_99695.aspx](http://journals.lww.com/jphmp/Citation/publishahead/The_3_Buckets_of_Prevention_99695.aspx)
- **State Innovation Model (SIM)**. Community Care Teams (CCT) are one component of Maine's SIM (and others states as well) that UNE has leveraged to add IP student teams to the CCT home visits of patients from the practice site of the student teams. The student teams broaden the perspectives of the CCT, which are mostly comprised of social workers and/or nurses. The teams then bring information on the patients back to the practice site and report back to the practice team. Most of these student teams are comprised of medical, pharmacy, and/or social work students.
- **Patient Centered Medical Homes (PCMH)**. For states that PCMHs are a major priority, the NCQA standards lend themselves to IP clinical curriculum.
- **CMS' Comprehensive Primary Care (CPC), CPC Plus, and Million Hearts** initiatives also have criteria that lend themselves to student clinical IP learning activities that provide added value to the clinical site as well as to the students, and build IP competencies among both students and staff in the clinical site.

### COMPETENCIES DEVELOPED BY NATIONAL IPEC

The national Interprofessional Education Collaborative (IPEC) consists of 20 health professions education associations, that have come together to promote and encourage constituent efforts that would advance substantive interprofessional learning experiences to help prepare future health professionals for enhanced team-based care of patients and improved population health outcomes. The competencies were developed in 2011 by IPEC's founding associations of schools of nursing, MD, DO, pharmacy, dental, & public health (AACN, AAMC, AACOM, AACP, ADEA, and ASPPH), and revised in 2016. The overall four competencies are: Values/Ethics, Roles/Responsibilities, Communication, Teamwork.

- Interprofessional Education Collaborative. Core Competencies for Interprofessional Collaborative Practice: 2016 Update.  
<https://www.mededportal.org/download/322304/data/corecompetenciesforcollaborativepractice.pdf>.

### **COMPETENCIES BY CANADIAN INTERPROFESSIONAL HEALTH COLLABORATIVE (CIHC) 2010**

Similar to IPEC Competencies but adds collaboration and conflict resolution  
Canadian Interprofessional Health Collaborative. A National Interprofessional Competency Framework. [https://www.cihc.ca/files/CIHC\\_IPCompetencies\\_Feb1210.pdf](https://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf)

### **DOES IPCP/IPE WORK?**

Evidence that it works: it reduces **costs**, improves **quality**, and improves the **patient experience** as well as that of providers. Specifically, IPCP reduces: Total client complications; Length of hospital stay; Tension and conflict in caregivers; Staff turnover; Hospital admissions; Clinical error rates; and Mortality rates. IP practice is based on relational-centered practice, which is focused on the importance of the interaction among people as the foundation of any therapeutic or health activity. Relationships are critical to the care provided a source of satisfaction and positive outcomes for patients and practitioners.

- 2013 Cochrane Review of 15 studies on the evidence of Interprofessional Education  
<http://summaries.cochrane.org/CD002213/training-health-and-social-care-professionals-to-work-together-effectively>  
Indicates positive outcomes on healthcare processes and on patient health outcomes. 7 of these studies indicate positive outcomes in diabetes care, medical errors, OR care, patient satisfaction, behavioral health care
- 2009 Cochrane Review. Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes  
[http://www.cochrane.org/CD000072/EPOC\\_interprofessional-collaboration-effects-of-practice-based-interventions-on-professional-practice-and-healthcare-outcomes](http://www.cochrane.org/CD000072/EPOC_interprofessional-collaboration-effects-of-practice-based-interventions-on-professional-practice-and-healthcare-outcomes)
- Some pithy white papers and resources from Life Wings (which uses airline industry approaches with TeamSTEPPS and Lean Management) with evidence of effectiveness:  
<http://www.saferpatients.com/lifewingsresources/white-papers-case-studies/>
- Implementing **IP Practice** tools such as TeamSTEPPS works to reduce errors and improve outcomes and care  
<https://www.ahrq.gov/teamstepps/evidence-base/index.html>

### **NATIONAL IPE/IPP RESOURCES**

#### **National Center for Interprofessional Practice and Education at the U of MN**

<https://nexusipe.org/>

This HRSA-designated and funded center offers and supports evaluation, research, data and evidence that ignites the field of interprofessional practice and education and leads to better care, added value and healthier communities. The website is a compendium of helpful information and tools.

- **Interprofessional Preceptor Toolkit**  
<https://nexusipe.org/engaging/learning-system/preceptors-nexus-toolkit>
- **How do I get started with IPE?** <https://nexusipe.org/aihc/vodcast>
- **Train the Trainer** <https://nexusipe.org/t3-train-trainer-faculty-development-program-interprofessional-education-faculty-development>

- **National Center for Interprofessional Practice and Education. Resource Center.**  
<https://nexusipe.org/informing/resource-center>.
- **Practical Guides from the National Center for Interprofessional Practice and Education.**  
University of Minnesota Bookstores. General and Reference Books.  
<https://www.bookstores.umn.edu/viewCategory.cgi?categoryID=9866#.WWfN0tPyvBI>.  
This set of booklets provide practical guides for educators and practitioners on developing and implementing interprofessional collaborative practice. They are produced by the HRSA-funded National Center for Interprofessional Practice and Education at the University of Minnesota.

#### **University of Toronto resources**

- For determining the extent to which an activity meets the IPE criteria, see **University of Toronto's PIPES** (Points for Interprofessional Education System) tool: Centre for Interprofessional Education, University of Toronto. Points for Interprofessional Education System (PIPES).  
<http://www.ipe.utoronto.ca/sites/default/files/PIPES%20Information%20Package.pdf>.
- U Toronto's book *Creating the Health Care Team of the Future*  
Nelson S, Tassone, M, Hodges, BD. *Creating the Health Care Team of the Future: The Toronto Model for Interprofessional Education and Practice*. Ithica, New York: Cornell University Press; 2014.  
<http://www.ipe.utoronto.ca/interprofessional-education-curriculum>  
<http://www.amazon.com/Creating-Health-Care-Future-Interprofessional/dp/080147941X>  
The University of Toronto is an international leader in interprofessional education among health professionals. Their book is an easy read and practical guide to developing and implementing IPE and IPP.

#### **IPEC Institutes (Interprofessional Education Collaborative):**

IPEC consists of 20 health professions education associations, that have come together to promote and encourage constituent efforts that would advance substantive interprofessional learning experiences to help prepare future health professionals for enhanced team-based care of patients and improved population health outcomes.  
3-day team planning sessions with national speakers and other university teams  
<https://www.ipecollaborative.org/institutes---events.html>.

#### **Evaluation of Teamness**

**National Center for Interprofessional Practice and Education Assessment and Evaluation Site**, can sort by type of assessment tool, whom is being assessed, etc.  
National Center for Interprofessional Practice and Education. Assessment and Evaluation.  
<https://nexusipe.org/advancing/assessment-evaluation>.

#### **ACE-15 Survey from Oregon Health Sciences University**

<http://www.tandfonline.com/eprint/SEZyZpTZWDZKNb26Ve5I/full>  
Tilden VP, Eckstrom E, Dieckmann, NF. Development of the assessment for collaborative environments (ACE-15): A tool to measure perceptions of interprofessional "teamness". *Journal of Interprofessional Care*. 2016;30(3):288-294.

#### **TeamSTEPPS (Team Strategies & Tools to Enhance Performance & Patient Safety)**

Effective teamwork does not come easily, but much of it can be trained. TeamSTEPPS is one tool that has been shown to be effective. Federal AHRQ-funded, materials low cost or free.

TeamSTEPPS is an evidence-based set of teamwork tools, aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals. It includes a comprehensive set of ready-to-use materials and a training curriculum to successfully integrate teamwork principles into any health care system. Originally developed by the federal Agency for Healthcare Research and Quality (AHRQ), TeamSTEPPS is rooted in the science of teaminess from the military and aviation industries.

- **U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality.** Team Strategies and Tools to Enhance Performance and Patient Safety. <https://www.ahrq.gov/teamstepps/index.html>.  
<http://teamstepps.ahrq.gov/>
- **TeamSTEPPS Learning Management System**, free online certifications <https://tslms.org/login/index.php>
- **AHA HRET national implementation** of TeamSTEPPS. <http://www.hret.org/quality/projects/teamstepps.shtml>.
- **Saint Louis University**, School of Medicine. Team STEPPS Modules. <http://www.slu.edu/medicine/family-and-community-medicine-home/medical-student-education/ahc-program/team-steps-modules>.
- **Lifewings Partners.** <http://www.saferpatients.com/>.
- U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. Pocket Guide: TeamSTEPPS. <https://www.ahrq.gov/teamstepps/instructor/essentials/pocketguide.html#brief>. Accessed
- **St. Louis University (SLU) Module** (is a bit more engaging than the federal certification system) <http://www.slu.edu/medicine/family-and-community-medicine/ahc-program/team-steps-modules>  
<http://familymedicine.slu.edu/uploads/lectora/STEPPSmodules/Essentials/index.html>
- **TeamSTEPPS Pocket Guide** is helpful for prompting on correct ways for briefings, debriefings, huddles <http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/instructor/essentials/pocketguide.html>
- **TeamSTEPPS 15 short videos** (each on a TeamSTEPPS tool) with discussion questions for groups or individuals <http://www.une.edu/academics/centers-institutes/center-excellence-health-innovation/clinical-interprofessional-curriculum/orientation-interprofessional-student-teams>
- **AHRQ TeamSTEPPS Primary Care Module** <http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/primarycare/>
- **Evidence that TeamSTEPPS works** <https://www.ahrq.gov/teamstepps/evidence-base/index.html>
- **One-Page TeamSTEPPS Core Tools** [http://www.mainequalitycounts.org/image\\_upload/TeamSTEPPS%20Abbreviated%20Tools3.pdf](http://www.mainequalitycounts.org/image_upload/TeamSTEPPS%20Abbreviated%20Tools3.pdf)
- **Video on Crew Resource Management and Healthcare Safety** [https://www.youtube.com/watch?v=L\\_oXvXtQIBA](https://www.youtube.com/watch?v=L_oXvXtQIBA)  
TeamSTEPPS is “Initiative based on evidence derived from team performance...leveraging more than 25 years of research in military, aviation, nuclear power
- **Is your team ready for change?**  
12 questions adapted from the TeamSTEPPS readiness checklist:

U.S. Department of Health and Human Services, Agency for Healthcare Research Quality. Readiness Assessment. <https://www.ahrq.gov/teamstepps/readiness/index.html>.

### **AAMC MedEdPORTAL**

<https://www.mededportal.org/190142/search.html?ct=316774&s=rec&r=10&q=IPE&p=1>

Association of American Medical Colleges. <https://mededportal.org>.

The American Association of Medical Colleges (AAMC) hosts this open access portal covering health professions education. Materials are stand-alone, complete teaching or learning modules that have been tested and peer-reviewed.

### **Leading a Culture of Safety: A Blueprint for Success**

American College of Healthcare Executives and the National Patient Safety Foundation (NPSF), Lucian Leape Institute. *Leading a Culture of Safety: A Blueprint for Success*. Chicago, IL: American College of Healthcare Executives; 2017. <http://www.npsf.org/page/cultureofsafety>. This guide for building an institutional culture of safety is issued by the American College of Healthcare Executives, in collaboration with the National Patient Safety Foundation and Institute for Healthcare Improvement.

### **Canadian Interprofessional Health Collaborative**

Canadian Interprofessional Health Collaborative. <http://www.cihc.ca/>.

### **VA National Center for Patient Safety Clinical Team Training**

<https://www.patientsafety.va.gov/professionals/training/team.asp>

### **British Medical Journal, team-training in healthcare: a narrative synthesis of the literature**

2014 authors from Johns Hopkins

<http://qualitysafety.bmj.com/content/23/5/359>

### **Institute for Healthcare Improvement (IHI)**

Online courses on patient safety, including on teamwork and communication

<http://www.ihl.org/education/ihlopenschool/courses/Pages/default.aspx>

### **Building an Integrated Team That Works**

U.S. DHHS SAMHSA HRSA

<http://www.integration.samhsa.gov/about-us/esolutions-newsletter/e-solutions-april-2014>

### **AHEC**

HRSA AHEC grants now have a focus building interprofessional teams of students for the underserved

- <https://nhsc.hrsa.gov/corpsexperience/aboutus/nationaladvisorycouncil/meetingsummarie/s/03-17-overview.pdf>
- <http://www.nationalahec.org/>

### **Liberating Structures**

Tools for formatting meetings in innovative ways to achieve creative thinking and outcomes

Liberating Structures: Including and Unleashing Everyone. <http://www.liberatingstructures.com/>.

### **Thomas Kilmann Conflict Model Instrument (TKI)**

<https://www.cpp.com/products/tki/index.aspx>

**Kotter's model for change**, which provides some framework for implementing changes in both clinical and campus settings.

<http://www.kotterinternational.com/the-8-step-process-for-leading-change/>

## **VUCA**

It's a VUCA World (Volatile, Uncertain, Complex, Ambiguous)

You can change VUCA with Vision, Understanding, Clarity, and Agility.

Bennett N, Lemoine JG. What vuca really means for you. *Harvard Business Review*. (January-February 2014). <https://hbr.org/2014/01/what-vuca-really-means-for-you>.

HBR VUCA article

<https://hbr.org/2014/01/what-vuca-really-means-for-you>

HBR VUCA Series: Leading in Volatility

<https://hbr.org/2010/11/leading-in-a-vuca-environment.html>

HBR VUCA Series: Leading in Uncertainty

[https://hbr.org/2010/11/leading-in-a-vuca-environment-1?cm\\_sp=Article-Links-Top%20of%20Page%20Recirculation](https://hbr.org/2010/11/leading-in-a-vuca-environment-1?cm_sp=Article-Links-Top%20of%20Page%20Recirculation)

HBR VUCA Series: Leading in Complexity

<https://hbr.org/2010/12/leading-effectively-in-a-vuca.html>

HBR VUCA Series: Leading in Ambiguity

[https://hbr.org/2011/01/leading-effectively-in-a-vuca-1?cm\\_sp=Article-Links-Top%20of%20Page%20Recirculation](https://hbr.org/2011/01/leading-effectively-in-a-vuca-1?cm_sp=Article-Links-Top%20of%20Page%20Recirculation)

Blog on Leading Change in a VUCA World from the John Hartford Foundation

<http://www.jhartfound.org/blog/leading-change-in-a-vuca-world/>

Four Actions to Manage Complex, Continuous Change

<http://media.ccl.org/wp-content/uploads/2015/08/continuous-change-white-paper.pdf>

## **Pronovost Video**

Pronovost P. Johns Hopkins Medicine. The Science of Improving Patient Safety [video].

Youtube. [https://www.youtube.com/watch?tme\\_continue=1320&v=jxxkz-WeV\\_w](https://www.youtube.com/watch?tme_continue=1320&v=jxxkz-WeV_w). Published September 13, 2011. Dr. Pronovost from Johns Hopkins is one of the leading patient safety and quality experts in the world, and is featured in this excellent video. Start at 22:50 minutes for the section on teamwork.

## **Paper Chain Exercise**

In this exercise, you're going to team up with the other people at your table and complete a team-building activity.

Place at each team of ~5 participants, a pile of about 20 1" x 6" strips of colored construction paper, regular tape in a dispenser

Demonstrate how to make the chains as you explain:

Do you remember making paper chains as a youngster or with your children? That is what we are going to do. This is a timed event with the goal to see which team can construct the longest chain.

Here are the ground rules:

Place your dominant hand behind your back. To make the chains, take the strips of construction paper, make links by taping together the ends of a strip, then loop the next strip through it.

Continue this process to make a chain. You have 30 seconds to brief and plan, then 2 minutes to make the chains. Go! After the time is up, have participants display the length of their chains.

Now debrief with the team. Ask questions such as the following:

How did you work together?

What worked well?

What was most challenging?

What kinds of communication and leadership tools were used?

Was there situation monitoring occurring?  
What about mutual support?  
What did you learn about yourself?  
What did you learn about your team?

### **Learning from Youth**

**741741**

An example of how engaging students/young people can lead to unstoppable innovations.  
How Can Text Messaging Save Lives?

<http://www.npr.org/2016/04/01/472451687/how-can-text-messaging-save-lives>

### **One Team**

The Lewiston Maine high school boys soccer team is comprised of players from 6 different countries, mostly African immigrants who fled refugee camps. Against many odds, they won the 2015 state championship, the first ever for this high school. The movie trailer points out some of the key ingredients to any team – vision, preparation for the unexpected, and having each others' backs. <http://www.oneteamfilm.com>

Trailer video:

<https://vimeo.com/145582582?from=outro-embed>

### **UNE IPE/IPCP EXPERIENCES, LESSONS LEARNED, AND UNE RESOURCES**

It's relatively easy to set up interdisciplinary sessions, but harder to do interprofessional, which is more relational. UNE has a long history of on-campus IPE. Since the 2010 the faculty-led Interprofessional Education Collaborative (IPEC) coordinates IPE for on-campus and some clinical settings. UNE leaned into IPE by: putting on some lunchtime events (and providing food) and getting some classes to require attendance at these events, making them interactive (half hour from a guest speaker, then table exercises for students, placed in interprofessional grouping at round tables); providing faculty development; supporting student IP social and other activities. One of UNE's signature events is the Interprofessional Team Immersion (IPTI), in which DO, Nursing, Pharmacy, and PA students meet in IP teams of 6 – 8 students several times during the semester, participate in IP simulation, case reviews, and learning exercises related to speaker topics. In the fall of 2015 UNE added the DO students, and since they are on a different campus (Biddeford) than the other students in IP Immersion (who are on the Portland campus), the DO students attend by Skype, with a laptop at each team's table with the DO students on the team "beaming in", and attend in person when possible.

A sampling of UNE IPE Learning Activities:

**On Campus IPE Activities through UNE's IPEC (faculty-led collaborative):**

<http://www.une.edu/wchp/ipec>

**On Campus IP Play Group**

<http://www.une.edu/wchp/ctc>

includes OT, PT, and Social Work

**Motion Analysis Lab**

<http://www.une.edu/wchp/mal>

OT, PT, Applied Exercise Science, Athletic Training

**UNE Clarion Competition**

<http://www.une.edu/wchp/ipec/students/ipsat/une-interprofessional-case-competition>

**U Minnesota's National Clarion Competition**

<https://www.chip.umn.edu/clarion>

**UNE Interprofessional Undergraduate Health Shared Curriculum**

UNE requires 4 courses, based on the IPEC competencies, of all undergraduates in the health professions, e.g., BSN, OT, athletic training, applied exercise science, etc.

### **IP Service Learning**

<http://www.une.edu/wchp/service/servicelearning>

<http://www.une.edu/wchp/service>

### **UNE's Ghana IP Immersion:**

<http://www.une.edu/wchp/service/ghana>

**UNE COMPTIME**, an online module for collaborative health care

<http://www.une.edu/wchp/ipec/comptime>

### **IPCP Summit**

In order to bring other clinical sites on board, UNE conducted a 2-day Interprofessional Collaborative Practice Summit in May of 2014. The first day from 9 am – 3 pm included plenary sessions with national speakers (pictured here are Drs. Stephen Shannon, Fred Chen, George Thibault, and Barbara Brandt) as well as the video and a live panel of clinical preceptors/faculty and students who have participated in the clinical IPE clerkship at the Family Medicine Institute (FMI). Over 100 clinical leaders from across the state attended. The first day from 3 pm to 8 pm as well as the 2<sup>nd</sup> day was modeled after the IPEC Institute, with short plenaries (“bursts”) followed by 45 – 90 minutes for interprofessional teams of 5 – 8 each, from 8 different clinical sites to plan their clinical IP learning activities. Three and six-month evaluations have shown most of the teams have further developed and implemented such activities, though most are based on the curriculum from FMI.

### **IPCP Summit in Northern Maine (Aroostook County)**

In order to expand clinical IPE to remote areas of the state and to work with multiple sites at once, UNE held a similar one-day summit in Presque Isle, which is a 6 hours drive from UNE's campus. UNE plans on developing other such one-day summits in other parts of the state. FMI see the Nexus Newsletter on lessons learned from this summit: <https://nexusipe.org/news/lessons-rural-interprofessional-education-can-teach-us>

### **Other Lessons Learned:**

- Identified and started with the sweet spots and early adopters
- Cultivated support among university and clinical leadership, students, and faculty
- Built infrastructure to support IPE: Faculty-led IPE Collaborative (includes faculty development); IP Honors Distinction; IP Student Group; Center of Excellence (clinically-focused)

### **UNE Clinical Interprofessional Curriculum**

<http://www.une.edu/clinical-interprofessional-curriculum>

The UNE Clinical Interprofessional Curriculum (CIPC) is designed for interprofessional teams of mostly graduate level health professions students to be used in primary care clinical settings such as Patient Centered Medical Homes (PCMH). CIPC builds competencies needed in today's practice environments, including:

- **IPEC (Interprofessional Education Collaborative) competencies** related to teamwork, communication, leadership, values and ethics and roles and responsibilities;
- **TeamSTEPPS skills;**
- Comprehensive patient assessments such as those that involve an assessment for social determinants of health, medication management review, a care plan;
- Health literacy;
- Health communications;
- Health disparities;
- **Shared decision-making;**
- **Population health** assessments and strategies using health informatics;

- **Quality Improvement** related to clinical quality measures, care coordination, patient/family/caregiver experience and/or health disparities.

CIPC is set up as a menu of 10 learning activities that are based on the [NCQA Patient-Centered Medical Home \(PCMH\) Recognition Standards \(2014 and also 2017\)](#), and should assist primary care practices in attaining such recognition. In other words, these learning activities are designed for interprofessional teams of health professions students to add value to outpatient settings as well as achieve important competencies. Not all of the activities need to be undertaken. Practices should choose those that are most relevant and helpful to them in achieving PCMH recognition and that are most appropriate for the student teams. As the NCQA standards evolve, we plan on updating these learning activities to maintain alignment with them. The 10 interprofessional team-based learning activities are divided into three categories (with the relevant NCQA PCMH Standard listed):

- Cross-Cutting Learning Activities
  - Care Team Roles and Responsibilities (Standard 2)
  - Briefing and Debriefings (Standard 2)
- Care Management Learning Activities
  - Comprehensive Patient Assessment and Care Plan (including a comprehensive health assessment, medication management review, care plan and a patient encounter that may include a home visit) (Standard 3 and 4)
- Population Health Learning Activities
  - Diversity and Health Literacy (Standard 2)
  - Population Health Profile (Standard 3)
  - Population Health Management Review (Standard 3)
  - Health Communication and Shared Decision-Making (Standards 3 and 4)
  - **Quality Improvement** (on Clinical Quality Measures, Resource Use and Care Coordination, Patient-Family Experiences, or Health Disparities) (Standards 2 and 6)
  - Public Health Uses for Electronic Health Records (Standard 6)
  - Review of Any Standard (Standard 6)

#### **CIPC Quality Improvement Learning Activities**

<http://www.une.edu/academics/centers-institutes/center-excellence-health-innovation/clinical-interprofessional-curriculum/population-health-learning-activities>

#### **Planning Guide for Clinicians**

<http://www.une.edu/academics/centers-institutes/center-excellence-health-innovation/clinical-interprofessional-curriculum/implementing-clinical-interprofessional-education>

#### **Cross-Cutting Clinical IPE Student Activities**

<http://www.une.edu/academics/centers-institutes/center-excellence-health-innovation/clinical-interprofessional-curriculum/cross-cutting-learning-activities>

#### **NCQA PCMH Standards**

<http://www.une.edu/sites/default/files/NCQA%20PCMH%20Standards%202015%20update.pdf>

CIPC also includes **orientation** activities for interprofessional teams of students:

<http://www.une.edu/academics/centers-institutes/center-excellence-health-innovation/clinical-interprofessional-curriculum/orientation-interprofessional-student-teams>

### **CIPC Recommended Evaluation Tools**

<http://www.une.edu/academics/centers-institutes/center-excellence-health-innovation/clinical-interprofessional-curriculum/evaluation>

### **ACE-15 OHSU Assessment for Collaborative Environment Tool**

<http://www.ncbi.nlm.nih.gov/pubmed/27029641>

### **Videos on UNE's efforts:**

**UNE MaineGeneral Hospital's Family Medicine Institute (FMI)** is the site of the first non-UNE clinical IPE site, started in the fall of 2012.

<https://www.youtube.com/watch?v=2zkQ0f3sluk&feature=youtu.be>

**Eastern Maine Medical Center (EMMC) IPE Video** is another clinical site that implemented clinical IPE after attending a UNE IPE summit. Here is a short video with a summary of their approach: <https://vimeo.com/211361920>

## **IPE/IPP ACCREDITATION IN HEALTH PROFESSIONS EDUCATION**

### **Some Accreditation and Other Standards Requiring IPE:**

- **American Association of Medical Colleges (AAMC) Entrustable Professional Activities (EPA) for Residency**  
EPA 9: Collaborate as a member of an interprofessional team.  
2014 EPA, Pages 55 – 60:  
<https://members.aamc.org/eweb/upload/Core%20EPA%20Curriculum%20Dev%20Guide.pdf>  
<https://www.aamc.org/initiatives/coreepas/>
- **Liaison Committee on Medical Education (LCME) Standard 7.9**  
*The faculty of a medical school ensure that the core curriculum of the medical education program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.*  
March 2017 Standards: <http://lcme.org/publications/>
- **Commission on Osteopathic College Accreditation (COCA) Standard 6.4**  
*6.4 The COM must help to prepare students to function on health care teams that include professionals from other disciplines. The experiences should include practitioners and/or students from other health professions and encompass the principles of collaborative practices.*  
*Guideline: Competencies for interprofessional collaborative practice may include the ability to:*
  - 1. Work with individuals of other professions in a climate of mutual respect.*
  - 2. Apply knowledge of the osteopathic physicians' and other professionals' training, knowledge, skills and competencies to address the health care needs of the patients and populations served.*
  - 3. Communicate with patients, families, communities, and other professionals in a manner that supports the team approach to the care of the patient, the maintenance of health and treatment of disease.*
  - 4. Apply principles of team dynamics to plan and deliver patient/population centered care that is safe, timely, efficient and effective.*August 2016 Standards, page 22:

<http://www.osteopathic.org/inside-aoa/accreditation/COM-accreditation/Documents/com-accreditation-standards-8-29-2016.pdf>

<http://www.osteopathic.org/inside-aoa/accreditation/COM-accreditation/Pages/default.aspx>

- **Accreditation Council for Pharmacy Education (ACPE) Standards**

*3.4. Interprofessional collaboration – The graduate is able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.*

*11.1. Interprofessional team dynamics – All students demonstrate competence in interprofessional team dynamics, including articulating the values and ethics that underpin interprofessional practice, engaging in effective interprofessional communication, including conflict resolution and documentation skills, and honoring interprofessional roles and responsibilities. Interprofessional team dynamics are 3 A professional degree program in an institution that meets the definition of and has an institution-wide commitment to “cooperative education” (Cooperative Education and Internship Association; <http://www.ceiainc.org>) may apply to ACPE for a waiver of this requirement. 8 introduced, reinforced, and practiced in the didactic and Introductory Pharmacy Practice Experience (IPPE) components of the curriculum, and competency is demonstrated in Advanced Pharmacy Practice Experience (APPE) practice settings.*

*11.2. Interprofessional team education – To advance collaboration and quality of patient care, the didactic and experiential curricula include opportunities for students to learn about, from, and with other members of the interprofessional healthcare team. Through interprofessional education activities, students gain an understanding of the abilities, competencies, and scope of practice of team members. Some, but not all, of these educational activities may be simulations.*

*11.3. Interprofessional team practice – All students competently participate as a healthcare team member in providing direct patient care and engaging in shared therapeutic decision-making. They participate in experiential educational activities with prescribers/student prescribers and other student/professional healthcare team members, including face-to-face interactions that are designed to advance interprofessional team effectiveness.*

*13.3. Interprofessional experiences – In the aggregate, students gain in-depth experience in delivering direct patient care as part of an interprofessional team.*

*25.6. Interprofessional preparedness – The college or school assesses the preparedness of all students to function effectively and professionally on an interprofessional healthcare team*

2016 Standards:

<https://www.acpe-accredit.org/pharmd-program-accreditation/>

<https://www.acpe-accredit.org/pdf/Standards2016FINAL.pdf>

- **Commission on Dental Accreditation (CODA)**

*2-19: Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.*

*Intent:*

*Students should understand the roles of members of the health care team and have educational experiences, particularly clinical experiences, that involve working with other healthcare professional students and practitioners. Students should have educational experiences in which they coordinate patient care within the health care system relevant to dentistry*

<http://www.ada.org/en/coda/current-accreditation-standards>

2016 Standards, Page 28: <http://www.ada.org/~media/CODA/Files/pde.pdf?la=en>

- **Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)**

*B1.08: The curriculum must include instruction to prepare students to work collaboratively in interprofessional patient centered teams. Such instruction includes content on the roles and responsibilities of various health care professionals, emphasizing the team approach to patient centered care beyond the traditional physician-PA team approach. It assists students in learning the principles of interprofessional practice and includes opportunities for students to apply these principles in interprofessional teams within the curriculum.*

Defines interprofessional practice as: Practice involving individuals from different health care professions working together to provide patient centered care in a collaborative manner.

November 2016 Manual, Page 35: <http://www.arc-pa.org/wp-content/uploads/2016/11/AccredManual-4th-edition.Nov2016.pdf>  
<http://www.arc-pa.org/accreditation/standards-of-accreditation/>

- **Council on Social Work Education (CSWE) 2015**

2015 Standards, Page 8:

[https://www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS\\_Web\\_FINAL.pdf.aspx](https://www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS_Web_FINAL.pdf.aspx)

<https://www.cswe.org/Accreditation/Standards-and-Policies>

- **American Association of Colleges of Nursing (AACN)**

Essentials of **Baccalaureate** Education for Professional Nursing Practice 2008

Essential VI, Interprofessional Communication and Collaboration for Improving Patient Health Outcomes, pages 22 – 23:

<http://www.aacn.nche.edu/education-resources/BaccEssentials08.pdf>

Essentials of **Master's** Education in Nursing 2011

Essential VII Interprofessional Collaboration for Improving Patient and Population Health Outcomes, pages 22 – 23:

<http://www.aacn.nche.edu/education-resources/MastersEssentials11.pdf>