Accelerating an Institutional Culture of Interprofessional Education and Practice

David Farmer, PhD, LPC, LMFT
Director Department of Interprofessional Education & Practice
Assistant Professor Medical Education
Objectives

1. Identify the elements of an organizational change model for Interprofessional Education and Practice.

2. Define factors in accelerating a culture of interprofessional education and practice.

3. Identify and discuss organizational models of IPE.

4. Discuss the role of program evaluation and student outcomes assessment.

5. Identify the role of faculty development in enhancing IPE program effectiveness.
Where are You Currently in IPE/P Development?

- Organizational Readiness for Interprofessional Education and Practice (IPE/P) Checklist Form (handout).
“…when organizations are in crisis, it’s usually because the business is broken.”

“Culture is not something you fix, cultural change is what you get after you’ve put new processes or structures in place to tackle tough business challenges like reworking an outdated strategy or business model.” (Healthcare)

“Culture EVOLVES as you do this important work”

Accelerating a Healthcare Education & Practice Culture Change

1. Create the Urgency for IPE/P
2. Form Your IPE/P Leadership Team
3. Create an IPE/P Vision
4. Enlist Your IPE/P Champions
5. Generate Innovative Solutions for Challenges
6. Take Advantage of Early IPE/P Wins
7. Sustain IPE/P Program Momentum
8. Practice Continuous Improvement & Innovation

The Big Opportunity:
An Improved Healthcare System, Interprofessional Practice

Adapted from Kotter’s Organizational Change Model. Kotter International http://www.kotterinternational.com/the-8-step-process-for-leading-change/
A Crisis in Health Care: Patient Harm

Makary and Daniel; British Medical Journal 2013

Deaths Due to Medical Error
For Every Death 18-30 additional patients have significant harm

U.S.
251,000 Annually
688 Day
(US 12,400-20,630 Harm/Day)

Texas
21,600 Annually
59 Day
(TX 1,065-1,775 Harm/Day)

DFW Area
5,520 Annually
15 Day
(270-450 Harm/Day)

Medical Error 3rd leading cause of death, Heart Disease (1st) Cancer (2nd)

Texas Statistics, Thomas Diller, MD, MMM, Executive Director, UNTHSC Institute for Patient Safety 2017.
### Percentage of Burn Out Among Physicians

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Care</td>
<td>53%</td>
</tr>
<tr>
<td>Emergency Med</td>
<td>52%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>50%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>50%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>50%</td>
</tr>
<tr>
<td>HIV/Infectious Dis.</td>
<td>50%</td>
</tr>
<tr>
<td>Radiology</td>
<td>49%</td>
</tr>
<tr>
<td>Ob/Gyn</td>
<td>49%</td>
</tr>
<tr>
<td>Neurology</td>
<td>49%</td>
</tr>
<tr>
<td>Urology</td>
<td>48%</td>
</tr>
</tbody>
</table>

**Burn Out Defined As**...

“A loss of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment.”

High Performing Interprofessional Teams

Effective Collaboration among health Professions Teams Is a Factor In:

- Improved patient safety,
- Improved quality of care,
- And Improved health professions work satisfaction

Perform an Environmental Scan

2. Form Your IPE/P Leadership Team

- Gather information about your organization’s awareness and openness to IPE/P (internal)

- Gather information about the external environment, who are the potential team members?

- Gather information about the sources of opportunities, challenges, organizational or profession pressures.

- Use surveys, formal or informal interviews, focus groups, existing research.
UNT's Internal and External Environment

- 2012 New President
  - Physician and former hospital CEO focused on QI and Safety
- New Pharmacy School ACPE standards required IPE
- AOA and AAMC IPE competency requirements for medical students, EPAs and Milestones around Collaborative Practice
- Texas Christian University (TCU) private undergraduate/graduate institution interested in developing IPE for their students as well. (Complimentary Professions)
Outcomes:
Multi Institutional IPE/P Collaborations

- UNTHSC, TCU, TWU, and Texas Wesleyan

  - Medicine
  - Pharmacy
  - PA
  - PT
  - Public Health
  - Nursing
  - Speech Language Pathology
  - Dietetics
  - Biomedical Sciences
  - Social Work and Counseling
  - Athletic Training
  - Dental Hygiene

Common IPE Calendar Achieved
A Common IPE Curriculum
Institutional Agreements (MOUs)
### Develop Your IPE/P Logic Model

#### 3. Create an IPE/P Vision

<table>
<thead>
<tr>
<th>Antecedents</th>
<th>The Planned Work</th>
<th>The Intended Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assumptions</td>
<td>Resources</td>
<td>Outputs and Outcomes</td>
</tr>
<tr>
<td>Conditions/Drivers</td>
<td>Activities</td>
<td>Impact</td>
</tr>
</tbody>
</table>
IPE/P Program
Organizational Models

- **Bottom UP**
  - Grassroots Faculty Initiated
  - Grassroots Student Initiated

- **Top Down**
  - Institution Mandated
  - Program Mandated

- **Multi Institution Collaborations**

- **Academic Driven**

- **Clinically Driven**

- **Funding**
  - Institution Funding
  - Program Funding
  - Grant Funding
Create An IPE/P Vision

• To **improve** the **quality** and **safety** of healthcare
• To train health professions students to be **collaborative practice ready** upon graduation
• To **create IPE opportunities for students across health professions** to learn about, from and with each other
• To **remove institutional silos** to create a culture of multi Institutional IPE/P collaborations.
• To **remove the health profession training silos** and create a culture of Interprofessional education, practice, and research.
Develop Guiding IPE/P Principles
IPE/P Must:

• Focus on collaborative practice competencies development and **Culminate into Opportunities** to apply or practice with students from other professions..

• Be **Integrated** into each college/school’s curriculum

• **Begin** with the **Initial Year**

• Be **Reinforced** across all years of education and training

• Be **Leveled Appropriately** based on student & program readiness

• Include **Faculty & Preceptor Development**

• Be **Assessed for effectiveness** across levels of competency
How Will You Deliver the IPE/P Curriculum

Considerations for Curriculum Delivery

Courses or Content to supplement existing course curriculum
Team experiences in academic or clinical settings
A common content across programs
Context within which the curriculum is presented
All professions or specific pairings

Start where you can and build from that point
4. Enlist Your IPE/P Champions

UNTHSC Institutional IPE Curriculum Committee

- Representatives from each UNTHSC program (IPE Coordinators), Dean appointed faculty interested in IPE
- Members of their programs curriculum committee
- Representatives form each TCU health profession
- Function: to develop IPE curriculum, plan IPE team activities, coordinate program schedules, explore areas for IPE integration, recruit faculty for IPE events, Debrief after all IPE events and work on process improvement.
5. Generate Innovative Solutions for IPE/P Challenges

- Don’t assume IPE means the same thing to everyone,
  - Define what it is & create faculty training.

- With collaboration challenges can be overcome

- Adaptability and flexibility work best.

- Collaboration must be win/win.

- It’s really all about relationships, be protective of them.

- Faculty within each profession know their students, listen to them!

- Institutional oversight of IPE is key.
6. Take Advantage of Early IPE/P Wins

- Pick the low hanging fruit first
- Start simple and small, build from there
  - Started with 1st year students
  - Several professions first, later invited more
- Often develops at a point of need or strong interest, explore the possibilities and champions
- Become the conduit of possibilities
- www.IPEmatchmaker.com
Where does IPE fit in the curriculum?

• Natural Fits Across the Professions:
  • Professionalism,
  • Communication,
  • Systems-Based Practice,
  • Ethics
  • Patient Safety

GAPS in the curriculum:
Knowledge about other health professions and Communication Skills
Knowledge of how to deal with conflict on a treatment team
Leadership Skills Training and Team Development
Process Improvement & Patient Safety from a Team Perspective
Nutrition, Mental and Oral Health, Population Health
• 10% of IPE College/School Coordinators salary paid through the Department of IPE/P to ensure that time is dedicated to IPE.

• Added FTE (Assistant Director) to IPE/P Department

• TCU created an assistant Dean position within the nursing school to oversee IPE.

• Assess IPE outcomes
IPE Assessment

- IPEC Core IPE Competencies
  - Values/Ethics for Interprofessional Practice
  - Roles/Responsibilities
  - Interprofessional Communication
  - Teams and Teamwork

- G.E. Miller’s Competency Development Model
  - Knows (Recognition and Recall)
  - Knows How (Application to Case Based Scenarios)
  - Shows (Demonstration of Procedural Knowledge)
  - Does (Consistent and Spontaneous Display)

https://ipecollaborative.org/Resources.html
Interprofessional Education and Practice at UNTHSC

Department of IPEP

Centralized IPE Examples
(IPEP Department Implemets)

- UNTHSC IPE Curriculum Committee
- IPEP Workshops 1st and 2nd year
- TeamSTEPPS Training Faculty and Students
- IPE Faculty Development
- Institutional IPE Assessment
- IPE Symposium

De-Centralized IPE Examples
(IPEP Department Supports)

- Pediatric Mobile Clinic, Catch 1 for Health & Dietetics Internship
- SAGE
- FM/TCU Code Simulation
- Integration of IPE into Programs’ Curriculum
- Integration of IPE into Clerkships
- IPEP Preceptor Training
- Integration of IPE into GME
8. Practice Continuous Improvement & Innovation

- **Debrief** after each IPE activity
- **Survey students** for program evaluation and learning outcomes
- **Survey faculty** for program evaluation
- **Conduct a program Operational Assessment**
- **Work to continuously improve** the program, modify activities, throw some away, must **approach IPE/P as an evolution**.