

# Collaborating Across Borders V (CAB V)

*The Interprofessional Journey: Advancing Integration and Impact*

## AACOM Guest Participant Report

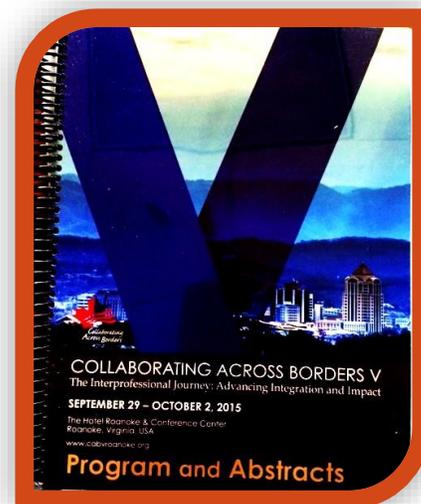
By Stephen Davis, PhD, OU-HCOM Director of Faculty Development

### Conference Overview

- 7-Member Executive Committee
- 16-Member Program Committee
- 26-Member Local Planning Committee
- 38 Sponsors
- Over 700 participants from six countries
- 122 Posters
- Approximately 240 presentations/workshops
- 8 Special Events
- 12 Keynote/Plenary sessions

### Contents

<b>Conference Overview</b> .....	1
<b>Contents</b> .....	1
<b>What Went On?</b> .....	2
<b>Items Attended</b> .....	2
<b>Reflections</b> .....	3
<b>Recommendations &amp; Resources</b> .....	4

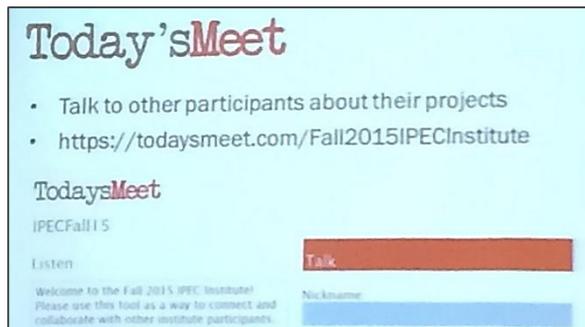


## What Went On?

As you can see by the [Conference Overview](#) above and picture below, CAB V was an impressive gathering of people devoted to all aspects of interprofessional education (IPE) and interprofessional collaboration (IPC). The majority of the CAB V attendees were from the pharmaceutical profession, but most other health care professions were also represented.



The CAB V event planners incorporated current technology, as seen in the following two photos:



And included these conference features:

- CAB V mobile device app
- Twitter hashtag (#CABV2015)
- CAB V 2015 [Facebook page](#)
- Flash drive with the fully annotated 228 page “Program and Abstracts” book (\$35 dollars for a hard copy) and a 51 page “Schedule-at-a-Glance” booklet (free and provided in hard copy, minus annotated session descriptions)

## Items Attended

One 3.5 hour workshop, “Train-the-Trainer Faculty Development Model for IPE and ICP,” entailed a hands-on small working group to learn about and exercise a framework of tables as a way to develop IPE curriculum

Other pre-conference workshops offered included:

- Interprofessional Collaboration on the Run: An Online Module Series for Busy People
- Strategies for Climate Change: Building a Positive and Sustainable Interprofessional Identity
- The National Center for Interprofessional Practice and Education: Generation of Evidence for IPECP
- Interprofessional Team Simulations: Bringing Clinical Relevance to “Roles and Scopes”
- Measuring the Impact of Interprofessional Education: Best Practices from Gerontology and Geriatrics Education
- There is Nothing so Practical as a Good Theory of IPE and IPP

Because my work is in faculty development, I keyed in on sessions related to this topic. In all, I attended 14 sessions; visited all the vendors, posters, and exhibits; and attended the 12 keynote and plenary sessions (outlined in the CAB V [conference materials](#)). A final analysis: There is a mountain of IPE/IPC work and no lack of examples available for anyone interested in starting or enhancing work in this area.

Finally, there was ample opportunity to meet and collaborate with many IPE/IPC-motivated health care professionals in a true interprofessionally collaborative way—via session small groups, hallway conversations, poster explanations, and connecting with new and past acquaintances.

## Reflections

It was very energizing to witness and experience the work and enthusiasm exhibited for IPE and IPC at CAB V. The organizing committees did an amazing job providing programming for novice to expert participants. The triple aim goal for IPE/IPC—to lower cost, improve patient care, and improve population health—was reiterated and reinforced at most every session.

It was clear to me, an IPE/IPC novice, that the foundation for this work is certainly set and the building blocks for institutional platforms and programs are available and free to all (see [resources](#) below).

Much of what I heard and experienced is common sense ... building consensus, managing schedules, funding initiatives, mainstreaming programs, relationship building, assessing, and quality improvement—all easier said than done! I got the impression that implementing IPE/IPC is a bit like mixing oil and vinegar ... if you keep shaking it, it's totally delicious, but if you let it set for any length of time the components naturally separate—the successful programs keep shaking.

**GOOD NEWS:** Champions, leaders, and organizations have blazed the trail and set the foundation. Therefore, what follows are some recommendations and selected resources (all free) to guide you in taking the next step, whether that's just gathering more information or attempting to lead or be involved in an IPE/IPC effort. Get shaking!

## Recommendations & Resources



- Attend the next CAB conference
- Explore “THE” premier IPE/IPC organization online: [Interprofessional Education Collaborative \(IPEC\)](#)
  - Attend the IPEC Faculty Development Institutes
  - Review their [Resources](#):
    - ❖ Core Competencies for Interprofessional Collaborative Practice (foundation for much of what’s happening)
    - ❖ Team-Based Competencies, Building a Shared Foundation for Education and Clinical Practice
    - ❖ Interprofessional Collaborative Practice Competencies
    - ❖ Advancing Interprofessional Clinical Prevention and Population Health Education
- Explore, join, and contribute to the IPE/IPEC research and literature
  - *Journal of Interprofessional Education & Practice* ([JIEP](#))
  - *Journal of Research in Interprofessional Practice and Education* ([JRPE](#))
  - *Health and Interprofessional Practice* ([HIP](#))
  - National Center for Interprofessional Practice and Education ([NEXUS](#))
    - ❖ 1,427 IPE resources
    - ❖ 2,098 Members (with directory)
- Peruse the [conference materials](#)

Finally, congratulations to AACOM for their endorsement and involvement as a CAB V GOLD sponsor!



AACOM Vice President and Chair for Medical Education Luke Mortensen, PhD, FAHA, and Administrative Project Coordinator Brendan Shepardson at AACOM’s conference booth.

END OF REPORT