



SCHOOL OF
NURSING
UNIVERSITY of ROCHESTER
MEDICAL CENTER

Interprofessional Education (IPE): Finding Our Way Forward 35 Years after the First IOM Report

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AAMC Strategic Plan

- **Context – Key trends**

“New paradigms in learning, discovery and health care delivery”

Learning → competency-based, *interdisciplinary team-based*, systems skills

Health care delivery → *skilled interprofessional teams of practitioners*

Discovery → *interdisciplinary research teams*

All technology-enhanced.

IPE and IPP: A “Horizon” Issue

- a strategic area in which the AAMC knows it needs to engage
- How?
- “Willing-can we find the way”?



The 25-Minute Plan

- **Why is IPE important? → rationale and definition**
- **Is this something new? → history**
- **What is happening now? → current events**
- **What is IPE? → purposes, pedagogy, evidence**
- **What are key gaps and challenges?**

IPE Rationale:

It's all about good practice

- **Cyclical rediscovery of importance of IPP (health care teams) in discrete areas of health care from the late 1940's to the present day, e. g., rehab, primary care, rural care, mental health care, geriatrics, critical care, hospice and palliative care, *patient safety, quality and costs of care.***

Interprofessional Practice

“...[integration] of observations, bodies of expertise, and spheres of decision making to coordinate, collaborate, and communicate with one another [across professions] in order to optimize care for a patient or group of patients” (IOM, Health Professions Education, 2003)

Practice Drivers

- **Needs for comprehensive care**
- **Access to care issues for the underserved**
- **Work force issues- professional shortages**
- **System issues- teamwork processes, related to safety, quality and cost.**

Interrelationships of IPP and IPE

- **IP Practice initiatives** → enhance patient [and other] outcomes
- **IP Educational initiatives** → enhance learner outcomes (preparing a “collaboration-ready” workforce)

Untested hypothesis:

Educational initiatives → enhance patient outcomes

Definition of Interprofessional Education:

“...formal/planned occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care.”

*UK Center for Advancement of
Interprofessional Education (CAIPE),
1977*

History: Pre-1970's

- **Role of the family physician**
- **Initial IPP models for family health care: Cherkasky, Silver, Deisher & Baldwin**
- **Silver-Ford collaboration to create NP role**
- **Expansion of federal funding for allied health disciplines**

The First IOM Report : 1972/74

**(First) IOM Committee (1972) and Report (1974):
Educating for the Health Team
(chaired by Edmund Pellegrino MD)**

- **Administrative:** the *obligation* to engage in IPE,
- **Teaching:** the value of clinical settings for developing IPE,
- **National:** the need for governmental and professional support of IPE for health care delivery teams.

A Second IOM Report: 2002/2003

IOM Summit on Health Professions Education (2002) and Report (2003):

Health Professions Education:

A Bridge to Quality

“All health professionals should be educated to deliver patient-centered care as members of an *interdisciplinary team*, emphasizing evidence-based practice, quality improvement approaches, and informatics.”

History of IPE-Federal Advocacy

- **Early 1970's: legislative authorization for AHECs**
- **Foundation partnering with federal efforts**
- **Institute for Health Team Development (David Kindig MD and Jo Ivey Boufford MD) (RWJF funded)**
- **HRSA-BHM- Office of Interdisciplinary Programs (David Kindig MD)**

History of IPE

- **Early University leadership in federally funded IPE demonstration projects → primary care focused**
- **1975- Rubin, Plovnick, & Fry: “Improving the coordination of care: A program for health team development” - first manual for IP team development**

History of IPE: Late 1970's- 1980s

- **Growth of VA Interdisciplinary Team Training in Geriatrics (ITTG) program [1990's->ITTP]**
- **HRSA- establishment of Geriatric Education Centers (GECs; 1985)**
- **Growth of AHECs**
- **Initial establishment of rural training programs (ITHCRA→Burdick Rural Training Program)**

History of IPE: National dialogue

- **Annual Interdisciplinary Health Care Team Conferences → 23 years of national interprofessional meetings**

Why are we doing this again?

- **IPE was looked at with suspicion by organized medicine**
- **It was never mainstreamed**

New Priority on IPE

- **Influential educational reports from diverse groups in mid-1990s--those of the PEW Health Professions Commission, especially “Critical Challenges: Revitalizing the Health Professions for the Twenty-First Century”**
- **Role of AAHC in 1990’s**

Into The New Millennium: Quality and Safety Problems

- ✓ *Numerous* influential gov't reports
 - ✓ Presidential level attention : Quality First: Better Health Care for All Americans, 1998
 - ✓ IOM, To Err is Human, 2000;
 - ✓ IOM, Crossing the Quality Chasm, 2001;
IOM, Keeping Patients Safe, 2004

All pointing to need for better inter-professional teamwork

Practice Imperatives for IPE

➤ Role of IHI

- ✓ Introduction of aviation models of teams, crew resource management
- ✓ Infusing government studies with business and systems approaches related to safety and quality

JCAHO Conference, 2005

- **Expert roundtable panel : health care administration, medicine, nursing, pharmacy
→ white paper**
- **JCAHO Conference: September 14-15, 2005
“Transforming Health Professions Education:
Core Competencies, Microsystems and New
Training Venues”**

Development of Core Curricula

- **CQI- CBQIE-HP (HRSA and IHI) and ACT (RWJF) curricula**
- **Clinical Prevention and Population Health Curriculum Framework (ATPM-now APTR- and AAHC)**
- **Substance Abuse curriculum (HRSA contract)**
- **Patient Safety curriculum (for faculty-HRSA contract)**
- **Patient safety curriculum (Health Sciences students) Telluride Institute –in process**
- **Adaptation of TeamSTEPPS- DOD and AHRQ**

IPE: Unity in Diversity

- **Myriad of approaches**
- **Fundamental purposes and principles**
- **Core competencies**

Purposes of IPE

- 1. Preparing individuals for collaborative practice– knowledge and skills, perceptions & attitudes (KSAs)**
- 2. Learning to work in teams- i.e., experience of applying #1 in working together in a team**

(Barr, 2007)

Purposes of IPE

3. Developing services to improve care [in organizations]-

4. Improving the quality of life in communities-

**“becomes IPE if and when learning is built in between the participant professions”
(Barr, 2007)**

“Learning as participation [is] not simply a way of acquiring skills, but also of developing an identity and sense of belonging in a community”. (Barr, 2005)



**Professional self
developed in
silos**



**Inter-professional
self**

Interprofessional Ethical Framework

- **Basic values uniting all who work in [a particular sphere of] health care: the common good**
- **Mutual obligations**
- **Expression in societal values, professional codes of ethics, organizational and educational mission statements, and personal values**

The problem of professional values

- Values specific to a profession are exclusive.
- Values confused with value, as in worth.

Valuing Differences

- **“The common learning ethos exerts pressure to reconcile values as the parties find common cause, but comparative learning argues sometimes for honest acknowledgement of differences to be reconciled, at other times to be tolerated and for it to be built into the learning when helpful. The danger lies in overlooking the powerful influence of values, or in denying or fudging differences. “(Barr et al, 2005, p 116)**

Basic elements of IPE

- **Ethical framework**
- **Knowledge, attitudes, and skills**
- **Teamwork training- “collaboration readiness”**

IP Knowledge- Process Oriented and Relationship Focused

- **Own role**
- **Other health team members' role, training and capabilities**
- **Principles of communication and teamwork**
- **Conflict resolution approaches**
- **Systems-small and large**
- **IP improvement approaches**

Teamwork Competencies--a Hierarchy: Three “C’s” Plus One



Effective *Communication* processes underlie every “C”

Pedagogy of IPE: Educational Principles and Strategies

- **Leveling, timing and sequencing IPE training**
- **Combining didactic and experiential learning**
- **Both education-based and work-based:**
- **Active learning**
- **Problem-based learning**
- **Reflective learning**
- **Situated learning**
- **Self-directed learning**

Learner outcomes → Knowledge

Didactic- e.g.,

**Studying codes of ethics,
examining personal
stereotypes (reflection),
looking at socio-
political, professional
and organizational
context**

Experiential e.g.,

**Talking to young people
as a group of health
professions' students
about different roles**

**Interviewing persons
from other
“professions”**

**Shadowing/ engaging in
the work of other
professional**

Learner outcomes→ Knowledge and Skills

Didactic e.g.,

Reading about basic theories/principles of teamwork; observing role models in practice;

Quality improvement approaches to team meetings and care

Use of Team STEPPS and other electronic educational resources

Experiential e.g.,

Teamwork

exercises/games*

Problem-based team competitions, e.g., Clarion

Simulation exercises

Second Life family

***communication distortion, cooperation, hand-offs/coordination, time-limited**

**Learner Outcomes → Knowledge and Skills
and Patient & Community Improvement
Outcomes**

**Training wards and student-run
clinics**

**Student-led or practitioner-led
organizational and community needs
assessment and health improvement
projects**

Developing IPE Pedagogies

- **Freeth, D. , et al. (2005). *Effective Interprofessional Education: Development, Delivery & Evaluation*. London: Blackwell.**
- **Canadian Interprofessional Health Collaborative**

<http://www.cihc.ca/>

Evidence: Outcomes of IPE

Cochrane reviews –Mark Zwarenstein and Scott Reeves

UK Joint Evaluation Team (JET) 8-year effort to conduct worldwide reviews of the outcomes of IPE

2005: Hugh Barr et al. *Effective Interprofessional Education: Argument, Assumption and Evidence*. Blackwell.

2007: M. Hammick et al. A best evidence systematic review of interprofessional education. BEME Guide no. 9. *Medical Teacher*, 29(8), 735-51.

Gaps and Challenges

- **Need for IPE is broader than patient safety/quality issues**
- **It's not just about medicine and nursing**

Gaps and Challenges

- **Health professional versus health worker**
- **Ethical Framework**
- **Competencies**

Gaps and Challenges

- **Faculty and Preceptor Development**
- **Funding issues**

Gaps and Challenges

IPE is a “cottage industry” (Wartman, 2004)

IPE as a global issue



- **Global health systems change**
- **Global movement towards IPE as a required part of health professions education**
- **WHO update of the 1988 Technical report on interprofessional education**
- **International meetings- ATBH V, CABII**

Collaborating Across Borders II

- **May 20-22, 2009 Halifax, Nova Scotia**

[http://www.cabhalifax2009.dal.ca/Conference
Abstracts/](http://www.cabhalifax2009.dal.ca/ConferenceAbstracts/)

The Potential of IPE

- **Practice cannot remediate the absence IPE; only QI specific IPE training can occur**
- **Consider the depth of positive change that we could bring to the delivery of health care if together we met the challenge of preparing a collaboration-ready workforce**