Innovative Clinical Education: Designing Interprofessional Learning Activities for the Clinic

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Learning Objectives
By the end of this course, participants will be able to:

• Discuss the operational definitions, core competencies and sub-competencies of IPEC’s interprofessional collaboration competency domain.
• Describe the benefits, barriers and rationale for integrating interprofessional learning activities in clinical education experiences.
• Analyze factors that influence the design of interprofessional clinical learning activities.
• Design an interprofessional learning activity for your practice setting using a systematic framework.

An optimal interprofessional clinical learning experience can provide:
• For patients and families
  – Safer care and improved health outcomes
• For learners
  – Preparation to engage in safe and effective interprofessional collaboration throughout their career
• For health care organizations and health systems
  – Improved quality of care and lowered costs
• For academic medical centers
  – Ability to train a workforce in optimal care models, translating knowledge to improved practice of patient care
Background

- 2009 - the Interprofessional Education Collaborative (IPEC) was established
- 2011 - IPEC developed core competences built on each profession’s expected disciplinary competencies
  - Vision that interprofessional collaborative practice is key to the safe, high-quality, accessible, patient-centered care desired by all.
  - IPEC competencies strive to engage students of different professions in interactive learning with each other
- 2016 – IPEC update
  - Influenced by Triple Aim & Affordable Care Act

IPEC’s Core Competencies Framework

- Operational definitions
- Interprofessional collaboration competency domain

IPEC’s Core Competencies Operational Definitions

- Interprofessional education (IPE)
- Interprofessional collaborative practice
- Interprofessional teamwork
- Interprofessional team-based care
- Professional competencies in health care
- Interprofessional competencies in health care
IPEC’s Core Competencies
Interprofessional Collaboration Competency Domain

Four Core Competencies
• Values/Ethics for Interprofessional Practice - Work with individuals of other professions to maintain a climate of mutual respect and shared values.

Four Core Competencies
• Roles/Responsibilities – Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.
Four Core Competencies

- Interprofessional Communication—Communicate with patients, families, communities, and professionals in health and other fields in responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.

Four Core Competencies

- Teams and Teamwork—Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

Why are we focusing on Interprofessional Learning?

- Educational accreditation requirements
- Facility accreditation requirements
Accreditation Requirements

- ACOTE – OT & OTA - Be prepared to effectively communicate and work interprofessionally with all who provide services and programs for persons, groups, and populations.

Accreditation Requirements

- CAPTE – PT-6L3 & PTA-6J3 - The curriculum plan includes clinical education experiences for each student that encompass, but are not limited to involvement in interprofessional practice.

Accreditation Requirements

- 3.1.1A & 3.1.1B Professional Practice Competencies (Aud & SLP):
  - Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values.
  - Communicate – with patients, families, communities, interprofessional team colleagues and other professionals caring for individuals – in a responsive and responsible manner that supports a team approach to maximize care outcomes.
  - Understands the roles and importance of interdisciplinary/interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.
  - Understand how to apply values and principles of interprofessional team dynamics.
  - Understand how to perform effectively in different interprofessional team roles to plan and deliver care – centered on the individual served – that is safe, timely, efficient, effective, and equitable.
Accreditation Requirements

• Joint Commission
• Commission on Accreditation of Rehabilitation Facilities (CARF)

Benefits and Barriers to Integrating IPE in the Clinical Environment

• Review of the literature

Review of the Literature

Reeves - Positive effects of IPE in the clinical environment:
• Understanding the roles and responsibilities of other professional groups
• Learners’ attitudes towards one another’s professions
• Knowledge of the nature of interprofessional collaboration
• Actual collaborative behavior in practice
• Organizational practice (referral practices, documentation)
• Delivery of care (patient satisfaction, length of stay)
• Clinical outcomes (clinical error rates, infection rates)
Benefits of Interprofessional Learning Activities

University of Kansas:
• Heightened awareness of the importance of skilled communication
• Appreciation for the constraints to interprofessional teamwork
• Learning how other members of the healthcare team work
• Experiencing how care is delivered at the level of the hospital, unit, or the clinic
• Improved knowledge of illnesses and treatments

Benefits of Interprofessional Learning Activities

Education Management Solutions:
• Empowers team members
• Closes communication gaps
• Enables comprehensive patient care
• Decreasing readmission rates
• Promotes a team mentality
• Promotes patient-centered care

Barriers

Core Competencies for Interprofessional Collaborative Practice:
• Organizational
• Discipline specific jargon
• Legal and scope of practice
• Team
Barriers
Lawlis, Anson, & Greenfield:
- Government and professional
  - Lack/limited financial resources
  - Changes within organizations and educational institutions
- Institution
  - Lack/limited financial resources
  - Lack/limited support
  - Scheduling of IPE within current programs
- Individual
  - Attitudes
  - Lack of reward
  - High workload
  - Limited knowledge about other health professionals
  - Not understanding IPE concept
  - Lack of perceived value
  - Different student learning styles
  - Turf or professional battles
  - Bias towards own profession
  - Lack of respect towards other health professionals

Overcoming Barriers
- Start small
- Look at activities you are currently doing to see if there is opportunity for IPE/IPP
- Be flexible in coordinating with other disciplines
- Create experiences that correspond well to the learners clinical knowledge
- Start with building relationships where students can educate others on roles and responsibilities of their discipline
- Consider an activity to promote best-practices in communication

Implementing IPE in the clinic
Overcoming barriers, maximizing benefits
- Assessment
- IPEC competency
- Expected goal/outcome
- Disciplines involved
- Facilitator/mentor
- Timing and length
- Environment
- Resources needed
- Educational format/pedagogy
- Learning activity
Assessment

**What to measure**
- Knowledge, attitudes, skills
- Individual student vs. team performance
- Impact on patient care
- IPEC competency/goal attainment*

*Some IPEC sub-competencies can be difficult to assess short-term

**Who assesses**
- Self (reflection on action)
- Peer
- Patients/caregivers
- Facilitator/mentor
- Same discipline vs other discipline

*multi-source feedback is beneficial in IPE

Assessment Options

**Formative and Summative**
- Conventional testing (quiz, test, questioning)
- Project/product assessment
  - Formal (rubric) vs informal feedback
- Performance observation (simulation and with patients)
- Reflective journal (reflection on action)
- "Homegrown" tools (site or academic program)
- Standardized IPE assessment tools
- Discipline specific summative tool

IPE Assessment Tools

- Many available
  - Most focus on attitudes and knowledge through self-report surveys
  - Less frequent = objective assessment of skills/behaviors
- Resources for more information
  - National Center for Interprofessional Practice and Education - [https://nexusipe.org/](https://nexusipe.org/)
  - Canadian Interprofessional Health Collaborative - [http://www.cihc.ca/](http://www.cihc.ca/)
Common IPE Assessment Tools

Knowledge and attitude
• Readiness for Interprofessional Learning Scale (RIPLS)
• Interdisciplinary Education Perception Scale (IEPS)
• Attitudes Towards Interprofessional Health Care Teams Scale (ATHTS)

Skills and behaviors
• Interprofessional Collaborator Assessment Rubric (ICAR)
• Team Performance Observation Tool (TPOT)
  – TeamSTEPPS 2.0

IPEC competency and expected outcome(s)

• Area(s) of focus
  – Values/Ethics
  – Roles/Responsibilities
  – Interprofessional Communication
  – Teams and Teamwork
• Emphasize one area or multi-faceted focus

• Setting goals/outcomes
  – Format (SMART goals, ABCD format, others?)
  – Use action verbs
  – Learner focused
  – Outcome focused

*Overall goal of IPE = to develop students who can be collaborative practitioners

Disciplines and size

• Small groups
  – Typical range = 2-15 students
• Discipline mix
  – Equal mix = better
  – Average = 2-3 professions
• Disciplines relevant to learning activity
Facilitator/mentor

- Facilitator not teacher (pivotal construct)
- Single discipline or team of mentors
  - Positive role model(s)
  - If team, outline roles and responsibilities
- Comfort with guiding and directing students from other disciplines

Facilitator/mentor

- Must be able to facilitate and manage:
  - Interactivity and interpersonal dynamics
    - Dissonance may occur – be prepared to resolve it
  - Positive interdependence
  - Fluid leadership-followership
  - Individual accountability and team functioning
  - Group processing

Timing and length

- Level of clinical experience
  - Novice, intermediate, terminal
- Timing within the clinical experience
  - Early weeks through final weeks
  - Appropriate progression
- Single session vs. longitudinal series
  - If series, number of required attendances, length of time for project, etc.
Learning Environment

- Varied
- Formal and informal
- Foster positive culture
  - Respect, equal status
  - Collaborative
  - Non-threatening
  - Open communication

Resources needed

Ensure feasibility

- Time commitment (students and mentors)
  - Include prep, assessment and feedback
  - Timing ACROSS disciplines can be challenging!
- Space and equipment

Educational format/pedagogy

- Variability
  - Range = lecture about IPE authentic interdisciplinary patient care
  - Interaction and reflection are critical
    • Ensure “two or more professions learning about, from AND with each other…”

Categories for today:

- Introductory activity
- Observation
- Simulation
- Experiential Learning
- Projects/meetings
  - In-person or virtual
*can combine formats
Educational format/pedagogy

• Introductory activity
  – Team building
  – Team goal setting
  – Orientation sessions
  – Online modules
  – Lectures
  – Literature review
  – Activity and/or IPE instructions

Prepared students for IPE is essential!

Educational format/pedagogy

• Observation
  – Authentic patient care
    • Individual disciplines, team interactions
  – Video or online resources
• Provide purpose/direction
  – Questions, checklists, goals
• Ensure discussion and reflection after observation

Educational format/pedagogy

• Simulation
  – Simulation labs and technology
  – Role playing case studies
    • Standardized patients vs team role playing
  – Role playing/practice team meetings
    • Discussions, debates, educational
  – Skill development practice sessions
  – Role blurring/release
Educational format/pedagogy

- Experiential learning
  - Authentic patient care
  - Team evals/screening, co-treats
  - Team wards/rounds
  - Leading exercise class or support group
  - Community service learning activity

*IPE learning in practice setting > value than classroom learning because of authentic exposure

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Educational format/pedagogy

- Projects
  - Case/case study discussions
  - Journal clubs
  - Develop handout, brochure, etc.
  - Presenting case study/care rounds
  - Formal policy analysis

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Workshops and inservices

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Educational format/pedagogy

Sample sequencing

- Week 1
  - Orientation activities
  - Observations
- Week 2
  - Experiential learning
  - Present at team meeting
- Week 3
  - Community education activity
- Throughout
  - Weekly team discussions
  - Literature reviews

Learning activity

• Student centered/relevant
• Interactivity required
• Planned vs. teachable moments
• Increasing complexity (scaffolding)
• Reflection in practice/action

Group Activity
Developing IPE learning activities for your setting

• Small group of similar practice setting
• Design at least one IPE activity
  – Document on handout
• Share examples with full group

Moving forward....
What did you learn today that you can use down the road?
Questions?

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References

- Council on Academic Accreditation Standards for Accreditation. Available at: https://caa.asha.org/reporting/standards/
References...continued

- University of Kansas. Center for Interprofessional Education. Available at: http://www.kumc.edu/center-for-interprofessional-practice-education-and-research.html
Interprofessional Education Collaborative Core Competencies
– Operational Definitions

• **Interprofessional education (IPE):** “When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.” (WHO 2010)
  - Provides an ability to share skills and knowledge between professions and allows for a better understanding, shared values, and respect for the roles of other health care professionals. When students are exposed to IPE they begin to practice in order to build a basic value of working within interprofessional teams.

• **Interprofessional collaborative practice:** “When multiple health workers from different professional backgrounds work together with patients, families, [careers], and communities to deliver the highest quality of care.” (WHO 2010)
  - Elements of ICP include responsibility, accountability, coordination, communication, cooperation, assertiveness, autonomy, and mutual respect. This partnership creates an IP team designed to work on common goals to improve patient outcomes.

• **Interprofessional teamwork:** The levels of cooperation, coordination and collaboration characterizing the relationships between professions in delivering patient-centered care.
  - In a successful team, every member is relied on to execute his/her unique role. “Win as a team, lose as a team”.

• **Interprofessional team-based care:** Care delivered intentionally created, usually relatively small work groups in health care who are recognized by others as well as themselves as having a collective identity and shared responsibility for a patient or group of patients.
  - Examples include: operating room team, rapid response team, palliative care team, primary care team.

• **Professional competencies in health care:** Integrated enactment of knowledge, skills, values, and attitudes that define the areas of work of a particular health profession applied in specific care contexts.
  - Discipline specific competencies.

• **Interprofessional competencies in health care:** Integrated enactment of knowledge, skills, values, and attitudes that define working together across the professions, with other health care workers, and with patients, along with families and communities, as appropriate to improve health care outcomes in specific contexts.
  - The set of IPEC Core Competencies. A set of core competences that all clinicians should possess, regardless of their discipline, to meet the needs of the 21st-century health care system including: provide patient-centered care, work in interdisciplinary teams, employ evidence-based practice, apply quality improvement, and utilize informatics.

From:
Interprofessional Education Collaborative (IPEC)
Core Competencies & Sub-competencies

*Bold = 2016 updates

• **Values/Ethics for Interprofessional Practice** – Work with individuals of other professions to maintain a climate of mutual respect and shared values.
  
  o Place interests of patients and populations at center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.
  o Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.
  o Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.
  o Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.
  o Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs.
  o Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).
  o Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.
  o Manage ethical dilemmas specific to interprofessional patient/population centered care situations.
  o Act with honesty and integrity in relationships with patients, families, communities, and other team members.
  o Maintain competence in one’s own profession appropriate to scope of practice.

• **Roles/Responsibilities** – Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.
  
  o Communicate one’s roles and responsibilities clearly to patients, families, community members, and other professionals.
  o Recognize one’s limitations in skills, knowledge, and abilities.
  o **engage diverse professionals** who complement one’s own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.
  o Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.
  o Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable.
  o Communicate with team members to clarify each member’s responsibility in executing components of a treatment plan or public health intervention.
  o Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.
  o Engage in continuous professional and interprofessional development to enhance team performance and collaboration.
  o Use unique and complementary abilities of all members of the team to optimize health and patient care.
  o **Describe how professionals in health and other fields can collaborate and integrate**
• **Interprofessional Communication**—Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.

  - Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
  - Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.
  - Express one’s knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.
  - Listen actively, and encourage ideas and opinions of other team members.
  - Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.
  - Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.
  - Recognize how one’s uniqueness (experience level, expertise, culture, power, and hierarchy within the health team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).
  - Communicate the importance of teamwork in patient-centered care and population health programs and policies.

• **Teams and Teamwork**—Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

  - Describe the process of team development and the roles and practices of effective teams.
  - Develop consensus on the ethical principles to guide all aspects of team work.
  - Engage health and other professionals in shared patient-centered and population-focused problem-solving.
  - Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.
  - Apply leadership practices that support collaborative practice and team effectiveness.
  - Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among health and other professionals and with patients, families, and community members.
  - Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
  - Reflect on individual and team performance for individual, as well as team, performance improvement.
  - Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.
  - Use available evidence to inform effective teamwork and team-based practices.
  - Perform effectively on teams and in different team roles in a variety of settings.

From:
INTERPROFESSIONAL LEARNING ACTIVITY

Audiology, Physical Therapy, Speech-Language

Assessment of learning:
Focused on: □ Individual performance □ Team performance □ Other: ______________________

Responsible party:
□ Student self-assessment □ Peer assessment □ Patient/Caregiver
□ Mentor: □ Same discipline OR □ Team leader: ______________________

Assessment method:
□ Conventional test □ Project/product assessment □ Performance observation
□ Reflective journal □ Facility survey/tool □ Standardized IPE tool

Description/reference for assessment method:

________________________________________________________________________

Interprofessional Education Collaborative Competency:
□ Values/Ethics □ Roles/Responsibilities
□ Interprofessional Communication □ Teams/Teamwork

Expected goal(s)/outcome(s):

Disciplines involved:
□ PT □ OT □ SLP □ AuD □ Nsg □ MD/DO □ PA
□ SW □ Resp □ Pharm □ Dietetics □ AT □ Others: ______________________

Mentor(s):
Audiology, Physical Therapy, Speech-Language

INTERPROFESIONAL LEARNING ACTIVITY

Recommended timing:

☐ Early clinical experience
☐ Intermediate clinical experience
☐ Terminal clinical experience

Timing in clinical experience

Environment(s):

Resources needed

Time commitment:

Space:

Equipment:

Educational format/pedagogy:

☐ Introductory activity
☐ Observation
☐ Simulation
☐ Experiential Learning
☐ Project/Meetings
☐ Other: ____________________________

Description of the interprofessional learning activity: