

Silos to Teamwork: Shaping an Interprofessional Education & Practice Culture

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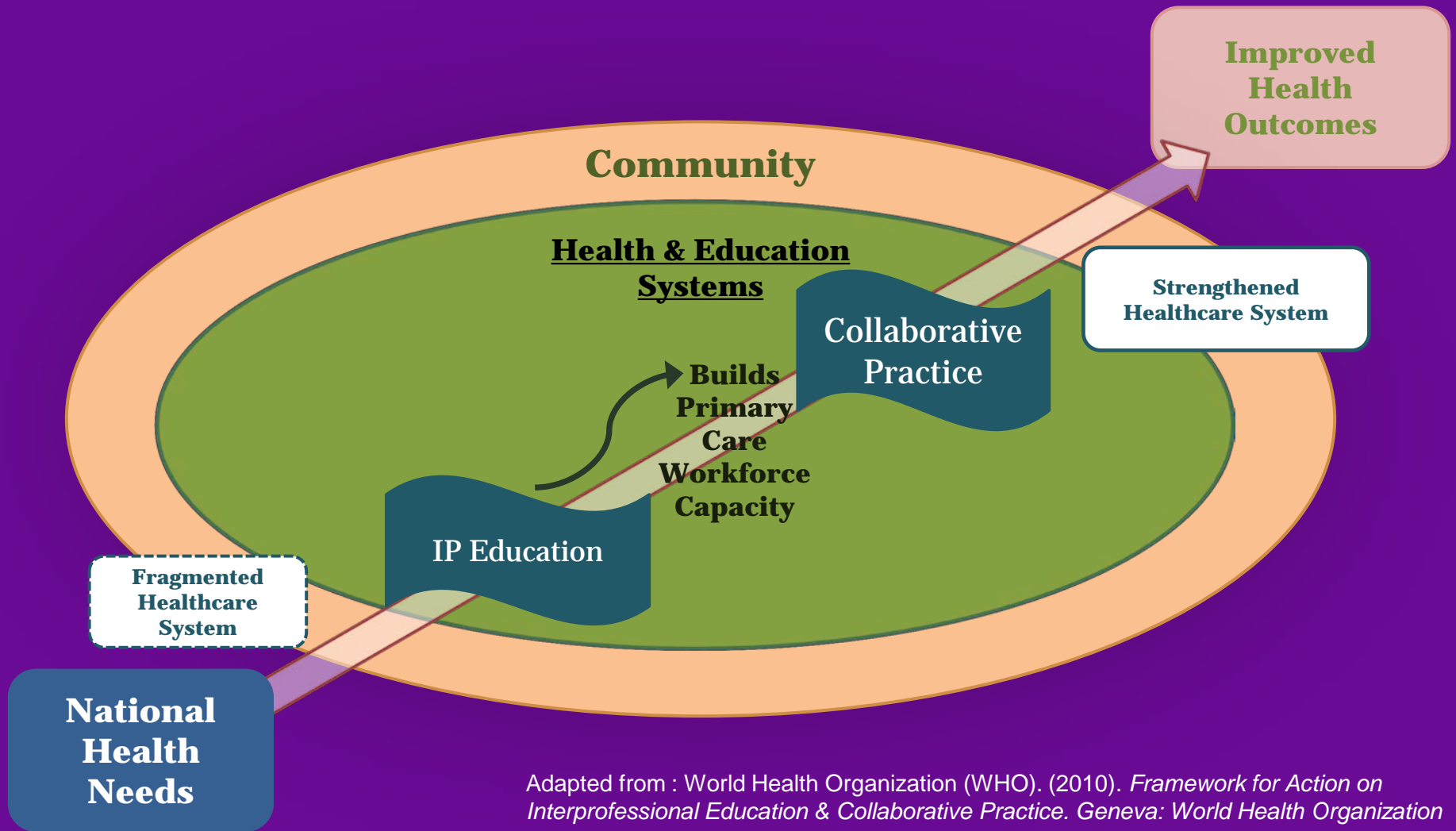
Working in the Professional “Silo”

<http://youtu.be/QT856ZbvY4Q>



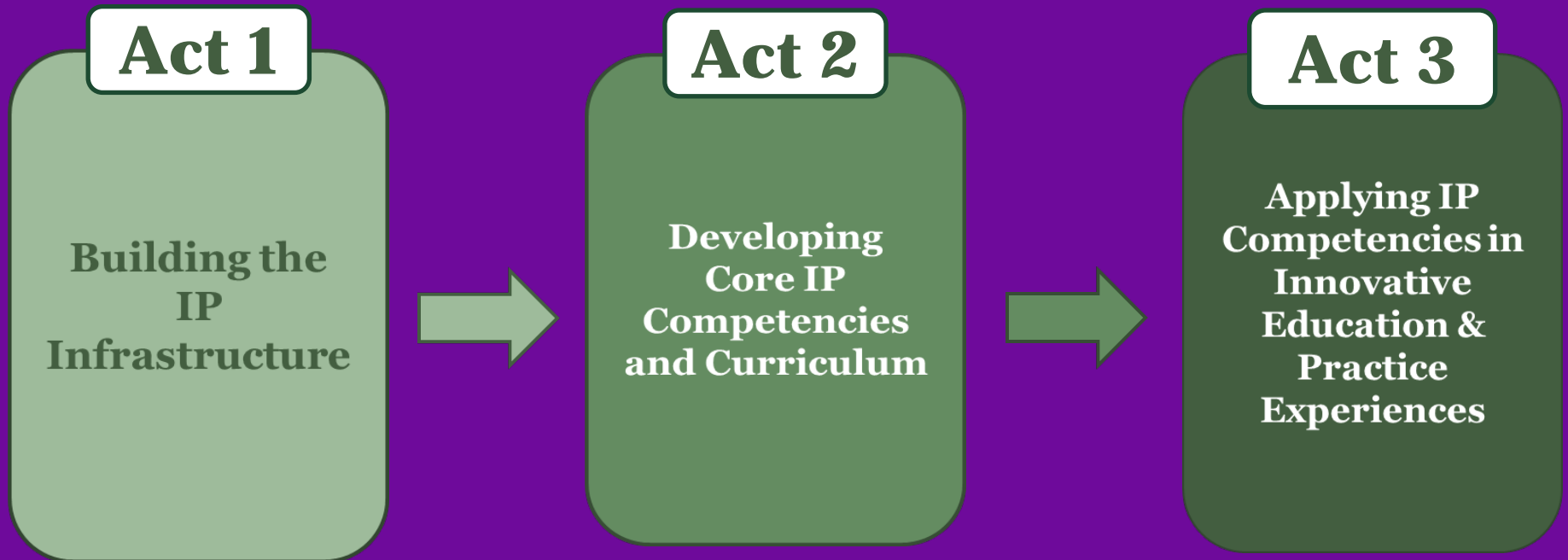
How can they work together
if they don't learn together?

IP Education and Collaborative Practice Model



Adapted from : World Health Organization (WHO). (2010). *Framework for Action on Interprofessional Education & Collaborative Practice*. Geneva: World Health Organization

Steps for Shaping an IP Education & Practice Culture



The Weave Approach



Interprofessional Patient Centered Care

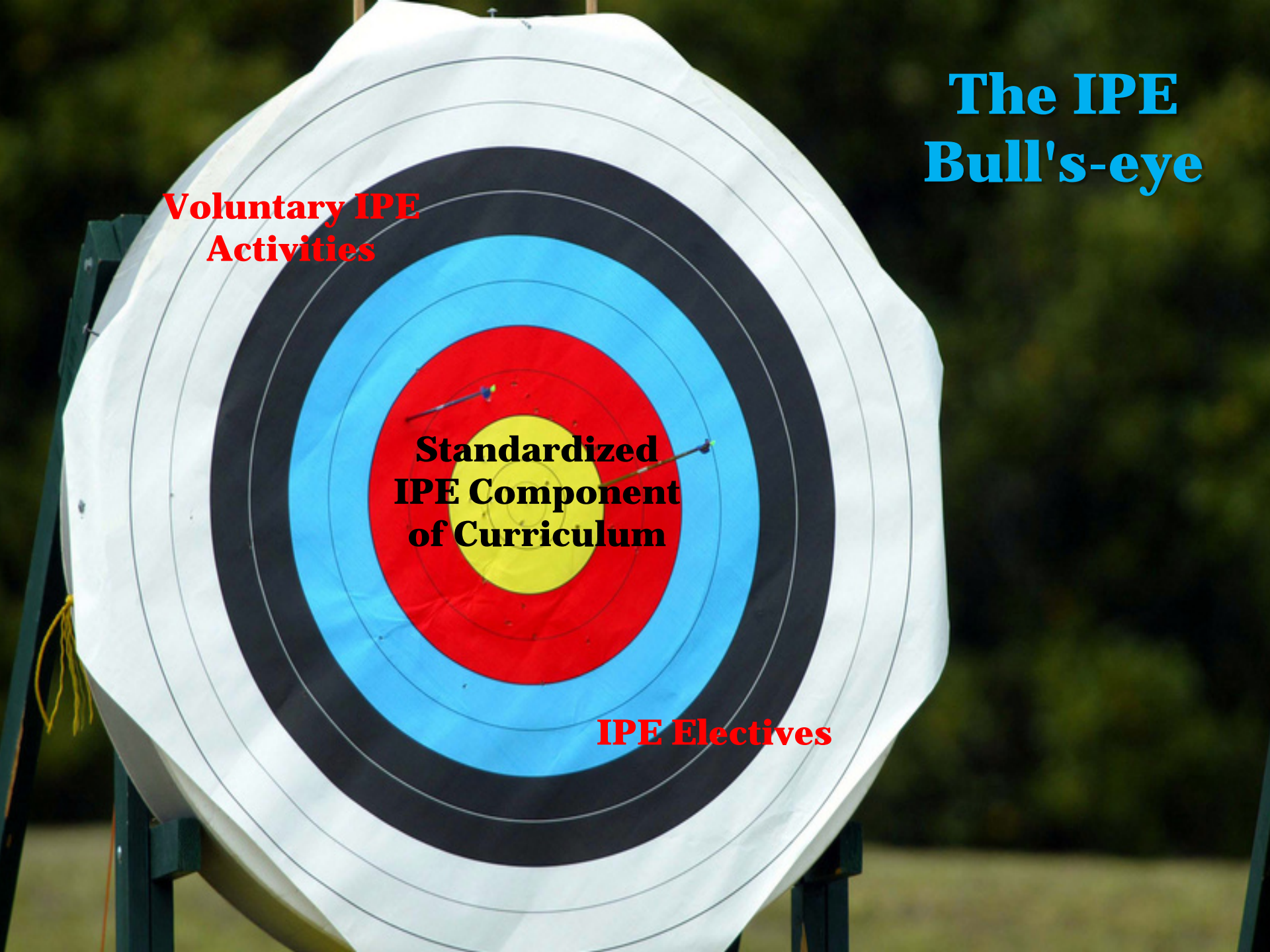


The IPE Bull's-eye

**Voluntary IPE
Activities**

**Standardized
IPE Component
of Curriculum**

IPE Electives



Interprofessional Faculty Development



Interprofessional Curriculum Integration

- Collaborative courses
 - Content/Student/Faculty
- Workshops/Mini-courses
- Service Learning
 - Local/international
- Clinical experiences
 - Unfolding case studies
 - Standardized Patients
 - Virtual Cases
 - Simulation
 - Clinical rotations



NYU Interprofessional Behavioral Health MSW Course



Instructor: Jamesetta A. Newland, PhD,
FNP-BC, FAANP, DPNAP, Clinical
Associate Professor at NYUCN

- Focuses on the understanding and application of the theoretical principles/evidence base of:
 - Public and community health nursing practice
 - Culturally competent care
- Topics introduced in the context of primary care:
 - IPEC Competencies
 - Interprofessional Collaboration
 - Impact of Chronic Disease
 - Health Promotion and Disease Prevention
 - Health Belief Model/Theory of Planned Behavior
 - Health Disparities

University of Missouri-Kansas City



- Collaborative course on patients with Multiple Chronic Conditions
- Adult-Geriatric/Family Nurse Practitioner, Dentistry, Pharmacy, Graduate Social Work students
- Focuses on:
 - Interprofessional communication
 - Motivational interviewing
 - Chronic care model
 - IPEC core competencies

W University of Washington

Team training session: “Teams Collaborating for Care: Elizabeth—a Typical or Troubled Teen?”

- Family medicine residents, adult/family/pediatric NP, graduate social work, and physician assistant students
 - Allowed time to mingle, explain roles, and debunk discrepancies about their professions
 - IP teams collaborate on an unfolding case featuring a teen patient with complex primary care and psychosocial needs
 - Team establishes priorities for treating the patient



Medical University of South Carolina

Presidential Scholars Program

- Monthly evening sessions for two semesters
- Students work in interprofessional teams on a student selected and designed project
- Past projects have included:
 - Human papillomavirus vaccine education for parents of elementary and middle school aged students
 - Heart attack awareness: educating rural South Carolina populations to improve survival
 - Eliminating childhood obesity in inner-city elementary school children



NYUCN Pediatric Nurse Practitioner Oral Health Outreach

- Who participates: Pediatric Nurse Practitioner students, dental students and Pediatric Dental Residents, NYUCD and NYUCN faculty
- Objective for DDS: Learn effective behavioral management of pediatric dental patients from PNPs
- Objective for Nursing: Learn to perform an oral exam and apply fluoride varnish from dental students



UCONN Urban Service Track



University of Connecticut
Center for Public Health and Health Policy
Connecticut Area Health Education Center Network

Urban Service Track

School of Medicine School of Pharmacy School of Dental Medicine School of Nursing School of Social Work Quinnipiac University Physician Assistant

Interprofessional Training and Mentoring of Health Professions Students
Committed to Providing Care for Underserved Urban Populations

The graphic features a blue header with the university name and center information. Below is a stylized city skyline. The main title 'Urban Service Track' is in large white letters on a dark background. Below the title are six colored circles, each containing the name of a participating school. At the bottom, a white box contains the text about interprofessional training and mentoring.

- Goal: to build a pipeline of well-qualified health care professionals committed to caring for Connecticut's urban underserved populations & who are equipped to work in interprofessional teams
- Mastery of the competencies accomplished through participation in
 - Community outreach field activities focused in clinical care, education, and advocacy
 - Community-based research activities
 - Advocacy
 - Quarterly learning retreats

NYUCN - Teaching Oral-Systemic Health (TOSH) Program

- Goal: to promote an interprofessional, team-based approach to oral-systemic health promotion and disease prevention in primary care settings
- Interprofessional oral-systemic education experience at NYSIM
 - 330 Dental, Medical, NP, and NM students; 59 Faculty
 - Oral-systemic case study, standardized patients, case discussion, and team building
 - ICCAS Pre/Post Survey to evaluate
- NP rotation in Dental Clinic 1A



University of Mary

Bismarck, North Dakota



Billie Madler, DNP, FNP

- Clinical experiences
 - Four 8hr interprofessional:
 - Ophthalmology, Cardiology, Dentistry, and Elective
- Goals:
 - Identify roles and responsibilities of healthcare team
 - Recognize need for interprofessional collaboration as part of the overall health care plan
- Pre and Post survey-ICCAS



TOSH Pediatric Oral Health Interprofessional Clerkship

Patient 1	Patient 2	Patient 3
NP reviews chart	MD reviews chart	DDS reviews chart
NP takes history	MD takes history	DDS takes history
DDS does HEENOT exam and FV	NP does HEENOT exam and FV	MD does HEENOT exam and FV
All collaborate on plan	All collaborate on plan	All collaborate on plan
MD gives education prevention, anticipatory guidance, handouts, referral and follow-up	DDS gives education prevention, anticipatory guidance, handouts, referral and follow-up	NP gives education prevention, anticipatory guidance, handouts, referral and follow-up



University of Louisville Schools of Nursing and Dentistry

- Designed to address Kentucky's critical gap in access to oral health care
- IPE seminars, web-based clinical learning experiences featuring the Smiles for Life curriculum, and team-based clinical simulation advanced assessment experiences using standardized patients
- A dental school-based Nurse Practitioner primary care consultant promotes interprofessional team-based care



NYU D4 Honors Rotation



Thomas Jefferson University

- Interprofessional teams, including nurses, physicians, a respiratory therapist, residents, medical students, NP students, and faculty, participate in one hour simulated neonatal/pediatric resuscitation every 6 weeks
- Use of JTOG (Jefferson Tool of Observation Guide) in all NP courses
- NP and medical student joint clinical rotations
 - Debriefing seminar
 - Completion of the JTOG tool based on some interprofessional team they participate with or observe





University of Colorado College of Nursing



- HRSA funded interprofessional program at Sheridan Health Services, a nurse-managed health center
- High-quality, team-based medical, dental, and behavioral health care for vulnerable populations
- Nurse-led care teams consisting of an APRN, a physician, a behavioral health professional, a pharmacist and a doctor of nursing practice (DNP) student
- Medical students, pharmacy students, dental students, BSN and NP students also participate



Rutgers College of Nursing



- Interprofessional collaborative practice: FOCUS Wellness Center
- HRSA grant to implement a nurse-managed interprofessional collaborative model of care
- Provides primary care services, behavioral health services, health education classes, and community wellness activities to the residents of Newark
- Collaboration with School of Pharmacy, the School of Social Work, and the International Institute of Peace

Tips for Building an IPE Program

- Create an interprofessional advisory council
- Establish formal communication mechanisms
- Involve external communities of interest
- Designate IPE champions
- Measure outcomes



Tips to Facilitate IPE Experiences

- Be professionally neutral
- Establish collaborative learning climate
- Motivate, encourage, and support the IPE process
- Listen actively
- Encourage diplomacy
- Encourage diversity
- Be flexible
- Understand and respond to group dynamics
- Provide direction and focus
- Encourage interaction and collaboration
- Address conflicts
- Observe, reflect, and summarize



Evaluating IPE

- Surveys
 - Attitudes
 - Behavior
 - Knowledge, Skills, Ability
 - Organizational Practice
 - Patient Satisfaction
 - Provider Satisfaction
 - Faculty Satisfaction
- Smiles for Life Utilization
- Graduate Follow-Up

National Center for



Interprofessional
Practice and
Education

Working Together as a Team

<http://youtu.be/qh4ms4xgHko>

Knowledge, Trust, Respect, Collaboration



Interprofessional Education and Team-Based Care



Brenda Zierler, PhD, RN, FAAN
 April 6, 2014; 8:00 to 11:00 AM
 National Organization of Nurse Practitioner Faculties

Disclosures

– None



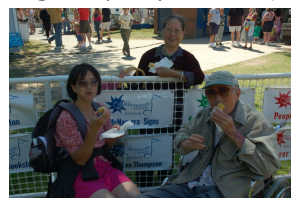
Definition of IPE

Occasions when two or more professions learn with, from and about each other to improve collaborative practice and the quality of care. (CAIPE 2002)

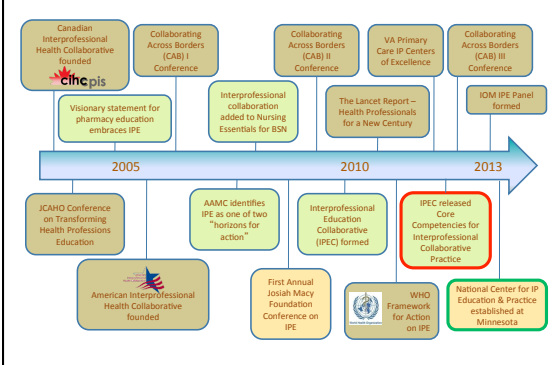


Interprofessional Collaborative Practice – who does it?:

When multiple health workers from different professional backgrounds work together with patients, families, carers [sic], and communities to deliver the highest quality of care.” (WHO 2002)



Recent Timeline of IPE Initiatives



General Reasons Earlier IPE Efforts Didn't "Take"

- Primary care not a locus of power in medicine
- Other health care occupations early in professionalization
- New roles, e.g. primary care NP, were controversial and linked to IPE
- Explosion of clinical knowledge; little interest in health care delivery processes
- Lack of evidence for outcomes
- No education or practice alignment with idea of collaborative or team-based care
- IPE usually an "elective" not required

Source: Mattie Schmitt, 2011, used with permission

Rationale for IPE and Collaborative Practice

- IOM discussed the problems with current system of uncoordinated, siloed care
- Patients report that providers don't know what other members of the team are doing (IOM, 2001)
- 85% of providers report that one or more adverse outcomes have resulted from uncoordinated care (IOM, 2003)
- Shift from diagnose and treat to prevention
- Shift from specialty care to primary care
- 40% of US population have a chronic condition requiring team based care



The Influence of Healthcare Reform

- The current system is incapable of meeting the needs of the increasing proportion of complex patients
- New structural models- medical homes, ACOs
- Requires the expansion of roles of many healthcare providers
- Newer models emphasize teamwork



It's different this time ...



"As the health care community is looking for new strategies, and new ways of organizing to optimize our efforts—teamwork is fundamental to the conversation."

Mary Wakefield, PhD, RN, HRSA Administrator

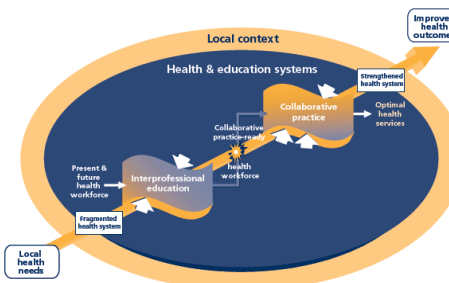
"When people aren't educated together, it is extremely challenging to get them to work as a team. This disrupts care and places a huge financial and time burden on health systems."



Malcolm Cox, MD, chief academic officer, Veterans Health Administration

The Robert Wood Johnson Foundation. Teamwork and collaborative decision-making: keys to improving care. *Charting Nursing's Future*; November, 2011

Framework for Action on IP Education and Collaborative Practice



Reprinted with permission from: World Health Organization (WHO). (2010). *Framework for Action on Interprofessional Education & Collaborative Practice*. Geneva: World Health Organization.

Evidence for Interprofessional Practice

- Zwarenstein, Goldman and Reeves (2009)- Cochrane Report
- Improvements in patient care such as drug use, length of stay and total hospital charges
- Specific Areas:
 - Halprin, Barnett, Burton (2004)- Team reduced A-fib following cardiac surgery
 - Holland et al (2005)- Team reduced hospital admission and mortality for CHF
 - Provonost and Freishlag (2010)- Teamwork reduced surgical mortality



Improvement in Nurse-Physician Collaboration



- Improves patient satisfaction¹
- Improves patient outcomes²
- Decreases risk-adjusted length of stay³
- Reduces medication errors⁴
- Improves job satisfaction for health care workers¹

¹ Baggs, JG and SA Ryan. *Nursing Economics* 1990; 8:386-92.

² Horak BJ et al. *Journ for HC Qual* 2004; 26:6-13

³ Shortell SM et al. *Medical Care* 2000; 38:207-17.

⁴ Sim TA and J Joyner. *Journ on Qual Improv* 2002; 28:403-9.



The Case for IPE- Why?

- Evidence from literature – high functioning teams improve outcomes of care
 - 70% of errors related to poor communication within and across teams
- We educate students in silos with no opportunity to learn and practice together
- Interdependencies between education/ practice



The Case for Collaborative Practice Patient-Centered Care/Shared Decision-Making



The Case for IPE- It Is All About the Patient



- Oral health disparities – major public health problem
- Won't be solved by dentists alone—need team of collaborative health providers (NPs, PAs, MDs, dentists, school nurses)



Overview of National IPE Initiatives

- 2010
 - Lancet Commission Report: *Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World* (Frenk et al., 2010).
- 2011
 - Interprofessional Education Collaborative Expert Panel. *Core competencies for interprofessional collaborative practice: Report of an expert panel.*
- 2012
 - IOM Forum on Innovation in Health Professional Education



The Lancet Report

- “Instructional reforms should: adopt competency-driven approaches to instructional design; ...promote **interprofessional** and transprofessional education that breaks down professional silos while enhancing **collaborative** and non-hierarchical relationships in **effective teams.**”¹

¹ Frank J, Chen L, Bhutta Z, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet*, 2010; 376:1923-1958.



Interprofessional Collaborative Practice Competency Domains (38 sub-

Competency Domain 1:	Values/Ethics for Interprofessional Practice
Competency Domain 2:	Roles/Responsibilities
Competency Domain 3:	Interprofessional Communication
Competency Domain 4:	Teams and Teamwork

Interprofessional Education Collaborative Expert Panel. Core competencies for interprofessional collaborative practice: Report of an expert panel. May, 2011. Washington, D.C. Interprofessional Education Collaborative.

IOM Global Forum on Innovations in HPE 54 members, 14 professions, 8 countries

2012:

Workshop I: Educating for Practice: Improving Health by Linking Education to Practice Using IPE

Workshop II: Educating for Practice: Learning How to Improve Health from IP Models Across the Continuum of Education to Practice

2013:

Workshop I: Establishing Transdisciplinary Professionalism for Health

Workshop II: Assessing Health Professions Education (10/9/13)

2014:

Workshop I: Envisioning the Future of Health Sciences Education: Bold Ideas and Solutions

Workshop II: Community-Based Health Professional Education

National Center for Interprofessional Practice and Education

- Public-private partnership
- Funded by HRSA and four private foundations
- Launched in fall 2012
- Located at the University of Minnesota
- National Center Director: Barbara Brandt, PhD
- Join the National Center's conversation at www.nexusipeblog.com.
- Coming soon: Twitter, LinkedIn, and a new website

The National Center for Interprofessional Practice and Education is supported by a Health Resources and Services Administration Cooperative Agreement Award No. UESH25067. © 2013 Regents of the University of Minnesota, All Rights Reserved

IPE as an Innovative Tool

- Links the education system and the healthcare delivery system to address the "Triple Aim" (Goal of IOM Global Forum). Not IPE for IPE-sake
 - To achieve **better patient care**
 - To achieve **better public health**
 - To achieve a more **efficient and affordable healthcare system (lower costs)**

Bisognano M, Kenney C. *Pursuing the Triple Aim: Seven Innovators Show the Way to Better Care, Better Health, and Lower Costs*. San Francisco: Jossey-Bass Publishers; 2012.



Recommendations: Macy Foundation, 2013

1. Engage **patients**, families, and communities in the design, implementation, improvement, and evaluation of efforts to link IPE and collaborative practice.
2. Accelerate the design, implementation, and evaluation of **innovative models** linking IPE and collaborative practice.
3. **Reform the education** and life-long career development of health professionals to incorporate interprofessional learning and team-based care.

Continued – Macy Recommendations:

4. Revise professional **regulatory standards** and practices to permit and promote innovation in IPE and collaborative practice.
5. **Realign existing resources** to establish and sustain the linkage between IPE and collaborative practice.



Building an IPE/Collaborative Practice Program – What does it look like?

- Develop IPE Event (quarterly/annually)?
- Create new IPE Course?
- Integration of IPE competencies within an existing course?
- Shared learning experiences – quality improvement or capstone projects?
- **Community engagement – addressing health needs**
- **Primary Care Practice – modeling “teamwork”**



Examples of Collaborative Practice



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Models for Team-based Care

- VA's Primary Care Centers of Excellence (DNP/MD shared residencies)
- Primary Medical or Health Home Models where ALL members of the team participate in care
- Other "Vectors" – palliative care, rehabilitation services, Quality Improvement, end-of-life, error disclosure
- TelePain Clinic – team approach to managing pain
- Pediatrics – model for pulmonary care
- Center for Pediatric Dentistry
- FQHCs
- Nurse-managed clinics (e.g. PEHC)

Models for Team-based Care

- One Health Concept (human, animal & environment)
- Rural practice
- AHECs
- Under-resourced countries



Current Disincentives for Team-based Care

- Hierarchies in health care delivery system
- Payment structures/reimbursement
- Regulation – mentoring/precepting of students from other professions
- Tribalism (professional organizations)
- Continuing Education siloed
- Education systems siloed



Future Incentives for Team-based Care

- Accountable Care Organizations (payment tied to quality not quantity)
- Reimbursement tied to teams
- Improved communication resulting in decreased errors
- Workforce needs & Accountable Care Act (increasing number of primary care providers)
- Task shifting



How Do We Assess IPE




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Does Collaborative Practice Work?

- Improved outcomes of diabetes care managed by teams
- Decreases waste/redundancy
- Increases satisfaction of patients & providers
- Increases retention of health workers when teaming is successful
- Changes the culture of the organization/practice



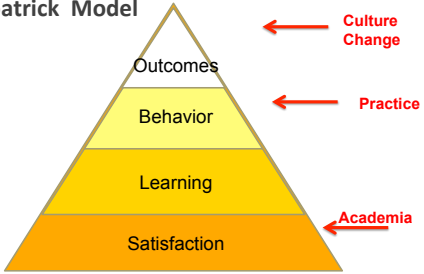
Assessing IPE: Kirkpatrick's Outcome Typology

- Level 1 – Reaction
- Level 2a – Attitudes/Perceptions..... **> We are here**
- Level 2b – Knowledge/Skills
- Level 3 – Individual Behavior **< Need to be here**
- Level 4a – Organization behavior
- Level 4b – Patient care



Assess Learners & Evaluate Program

- Students and/or faculty?
- What are you evaluating? (use a framework!)
- **Kirkpatrick Model**




Current State of Research Designs for Assessing IPE and CP

- Prevalence of single site pilot studies
- Focus on short-term outcomes:
 - IPE well received by learners (satisfaction)
 - Learner self-reported gains in knowledge & skills
 - Improved attitude about working in teams
- Limited data on behavior/practice changes
- Little focus on organizational/contextual factors
- Little focus on clinical outcomes relative to purposeful team training

Future of IPE: Learning, Pedagogy, Assessment


- Synthesize best practices/models of IPE in training & in practice
- Develop rigorous assessment of learner/trainee/practitioner performance
- Expand & evaluate faculty development




Site Preparation for Team-based Care:

- Faculty development
 - Giving feedback
 - Facilitating interprofessional students/trainees
- Team strategies
 - Team rounding
 - Briefs, huddles, debriefs
 - IP Journal Club/case presentations; QI projects
- Learning community
- Modeling and being explicit about “teaming” for trainees (expert team vs. team of experts)

IPE Example from UW




Center for Health Sciences Interprofessional Education, Research and Practice




Examples

- Two types of communication experiences/training
 - ❖ Acute and chronic simulation scenarios
 - ❖ Error disclosure and early apology team training



Using Simulation to Teach IPE

High and low technology
Fidelity should always be high



High Technology, high fidelity simulation lab



SD Actor wearing "Pardo Pants" – mimic post-partum hemorrhage (low tech, high fidelity)



Standardized patient actor w/ Congestive Heart Failure

Faculty Development for IPE



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Education, Research and Practice



Faculty Development – Activities Implemented

- Just-in-time training: acute care simulation & error disclosure
- Master Training: TeamSTEPPS Program
- Case development: using real, scrubbed cases
- Developing new skills: role playing, facilitating, providing feedback, small group discussions
- IPE Pictionary: activity for role clarity
- IPE Faculty Teaching Scholar's Program



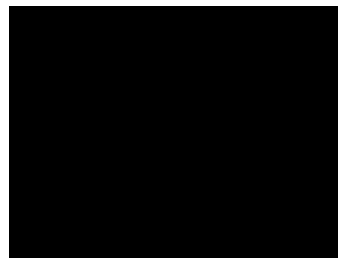
Faculty Competency in IPE Facilitation

• IPE Challenges (video scene)

- How do you address physician (or any other group) bashing? How do you call out the stereotyping/negative communication without derailing a positive learning experience?



Faculty Competency in IPE Facilitation



Teaching Pearls – give folks the words to say

- **Don't ignore these comments.** Stereotypes & 'bashing' comments need to be called out but in a non-aggressive manner.
- **Take control of the discussion briefly:** "You have brought an important issue to our discussion that I would like to take a minute to address."
- **Shift from the particular to the general:** "There are a lot of these types of beliefs – even myths – in health care. EX: Physicians aren't caring... Nurses don't learn science... Pharmacists are disengaged, etc."
- **Reaffirm the purpose of IPE learning:** "We want to offer all of you this opportunity to learn together, something most of us in health care did not have, so that you have the opportunity to not perpetuate those myths and stereotypes."

Teaching Scholars– Team Building Exercises



Faculty Development - Immersion



Faculty Development – Lessons Learned

- Timing of faculty training: Tension to develop faculty prior to training students
- Consider student evaluation of IPE competence:
 - *How does my Attending communicate with the charge nurse?*
 - *Is the Pharmacist an active and valued member of the team?*
- Keep the focus on the IP communication: Simplify cases and level the playing field
- Help faculty be knowledgeable: Provide resources such as articles, specific teaching strategies, technology assistance, JIT training, demonstrations

Challenges

Challenges of IPE

- **Logistics - infrastructure**
 - Timing of interprofessional experiences
 - Shared space for active learning (simulation lab)
 - Scheduling & academic calendars (logistics)
- **Faculty**
 - Changing culture
 - Creating IP learning opportunities (teaching in different ways)
 - Mentoring and modeling effective communication
- **Students**
 - Observing faculty (role models)
 - Complexity of cases
 - Demanding “active learning” (driving IPE)

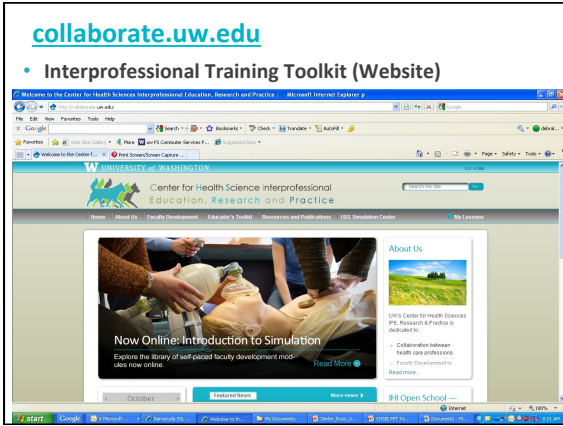
UW Lessons Learned

- **Actively involve students in initiatives that advance health & health care delivery**
- **Study the impact of IPE innovations on interprofessional practice, quality of care, access, cost, and overall satisfaction.**
- **Build partnerships with other schools (e.g., law, business, bioengineering, public policy)**
- **Provide forums where best practices and lessons learned can be shared & experienced**

Summary: IPE/CP

- IPE not for IPE-sake but for future practice
- End goal – meet the **Triple Aim**: health professionals who can work together effectively to deliver patient-centered care and improve population health in a more affordable and efficient manner
- Respect, inclusion, community engagement, relationship building

Bisognano M, 2012




ACKNOWLEDGMENTS

- Paul Ramsey, MD & Nancy F. Woods, PhD, RN, FAAN
- Dr. Carlos Pellegrini, Executive Director of Institute for Simulation and Interprofessional Studies (ISIS)
- RWJF – Nurse Executive Fellowship
 - Boeing Mentors – Mr. Jim Bouey & Mr. Steve Atkins
- Dr. George Thibault & the Josiah Macy Foundation




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- Erin Abu-Rish, PhD student (nursing)
- Elizabeth & Emily Malik (grad students)
- Sara Kim, PhD
- Megan Sherman, Farrah Leland, Elizabeth Buttrick & ISIS Simulation Techs





IPE Case Scenario #1





IPE Case Scenario

- Each table serves as consulting group for QUAHC
- Initial IPE effort last year that was unpopular with students
- Faculty team trying to decide whether to continue their IPE efforts

IPE Case Scenario

- Read the scenario at your tables
- Identify things that the team did well
- Identify areas in need of improvement
- Come up with three suggestions for improvement in their IPE efforts.

IPE Case Scenario #2



Collaborative Practice Scenario

Training Students for Collaborative Practice in Clinical Settings

Thinking about what it means to be collaborative practice ready, brainstorm together to think of 3 strategies that you might implement in a clinical setting for students to provide patient centered team care



Collaborative Practice Scenario

- What are the strategies?
- Anticipated challenges/barriers
- Solutions to anticipated barriers?

