Interprofessional Practice and Education for the Long-term
Agenda

- IU IPE Updates (Andrea)
- TEACH Curriculum Updates (Joe and Laura)
- TEACH Database (Jennifer)
Mission

Prepare IU health science learners to work across professions to improve population and individual health outcomes through high quality interprofessional team care.
IU Center for IPE

- IU Schools of Dentistry, Fairbanks Public Health, Health and Rehabilitation Sciences, Medicine, Nursing, Optometry, Public Health Bloomington, Social Work
- Purdue University College of Pharmacy
- Partners: Student Outreach Clinic, IU Health, Eskenazi, AHEC
- 2017 TEACH Cohort: 2555 learners
Steps toward Mature Processes

Reacting (0-25%)
Characterized by activities rather than by processes, and they are largely responsive to immediate needs or problems. Goals are poorly defined.

Early Systematic Approaches (30-45%)
The organization is beginning to carry out operations with repeatable process, evaluation and improvement and there is some early coordination among organizational units. Strategy and quantitative goals are being defined.

Aligned Approaches (50-65%)
Characterized by repeatable processes that are regularly evaluated for improvement. Learnings are shared and there is coordination among organizational units. Processes address key strategies and goals.

Integrated Approaches (70-100%)
Characterized by repeatable processes that are regularly evaluated for change and improvement in collaboration with other affected units. The organization seeks and achieves efficiencies across units through analysis, innovation and the sharing of information and knowledge. Processes and measures track progress on key strategic and operational goals.

Leadership Skills Needed in Evolving Health Care Landscape

- Building culture: 47%
- Communication: 42%
- Building teams: 31%
- Process management: 22%
- Leveraging data: 19%
- Decisive decision-making: 17%
- Financial acumen: 13%
- Delegation: 4%

What top two leadership skills are most important in the evolving health care landscape?

Sample size = 495. Multi-response

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society
Faculty and Staff Leaders

- **Andrea Pfeifle**  
  Director

- **Linda Altmeyer**  
  Deputy Director

- **Laura Romito**  
  Assoc. Dir. Faculty  
  Development & Curriculum

- **Jennifer Taylor**  
  Assoc. Dir. Evaluation &  
  Scholarship

- **Aurelian Bidulescu**  
  Special Project Leader for IU  
  Nexus Innovations Research

- **Sarah Childs**  
  Intern

- **Shannon Cooper**  
  Instructional Design Mgr

- **Sarah Goletz**  
  Evaluation Coordinator

- **Theresa Joyce**  
  Project Coordinator I

- **Monica Reiff**  
  Administrative Asst.

- **Michael Scott**  
  Project Coordinator II

- **Alexandra Simonton**  
  SOC Clinic Co-Manager

- **Joe Thomas**  
  TEACH Program Manager

- **Lauren Tom**  
  SOC Clinic Co-Manager
Accomplishments

• >2900 IP learners
• National Center for IPE Pioneer Innovations Incubator site
• Extramural funding, >$6,840,000
• Dedicated IPE space, IU Bloomington Health Education Building
• August 2017, all IU health science students begin longitudinal IP team training
Accomplishments

- 2400 IP student-learners
- TEACH Curriculum Framework and Curriculum Plan
- Student Outreach Clinic - Implementation of IP Clinic Management Model and Nexus research project
- Emerging Practice Partnerships – Student Outreach Clinic, IU Health Onboarding, Artistry Clinic, Eskenazi Clinics
- Extramural funding collaborations $6,843,421 + IU Grand Challenge / $1,292,412 salary savings IU IPE 2015-2021
- Scholarship - 15 peer-reviewed publications, 55 peer-reviewed presentations, 2 book chapters (still gathering data)
- Interprofessional health education building with dedicated space for IPE
- State-wide IPE conference
# TEACH 2.0 (Team Education Advancing Collaboration in Healthcare)
## Framework for Interprofessional Collaboration and Practice Competencies

<table>
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<tr>
<th>IPEC Core Competencies</th>
<th>Pre-Exposure: Baseline Assessment Formative Assessment</th>
<th>Interprofessional Communication</th>
<th>Teams and Teamwork</th>
<th>Values/Ethics for Interprofessional Practice</th>
<th>Roles/Responsibilities</th>
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</table>
| **EXPOSURE**            | • Recognize that healthcare includes individuals, populations, and communities.  
                          • Recognize the value of diversity and individual differences to improve outcomes relevant to prevention and healthcare.  
                          • Demonstrate respect for the unique cultures, values, roles/responsibilities, contributions, and expertise of professions. | • Communicate one’s professional roles, responsibilities, and contributions to others.  
                          • Recognize one’s limitations in skills, knowledge, and abilities.  
                          • Describe how the team works together to improve health, healthcare, and community outcomes and prevent disease.  
                          • Recognize that individuals, populations and communities must have a voice in decisions that affect them. | • Describe the process of team development and the characteristics and practices of effective teams.  
                          • Reflect on individual and team performance.  
                          • Recognize that all members of the healthcare team share accountability to improve outcomes relevant to prevention and healthcare. | | |
| **IMMERSION**           | • Work in cooperation with those who receive or provide care, and others who contribute to or support the delivery of prevention and health services and programs.  
                          • Respect the dignity and privacy of others while maintaining confidentiality in the delivery of team-based care.  
                          • Act with honesty and integrity in relationships with patients, clients, families, community, and other team members. | • Explain the roles, responsibilities and contributions of other care providers and how the team can work together to optimize outcomes.  
                          • Communicate with team members to clarify each member’s responsibility in executing components of a treatment plan or public health intervention.  
                          • Facilitate unique and complementary abilities of other team members to optimize health, healthcare, and service outcomes. | • Choose effective communication tools and techniques to enhance team function.  
                          • Communicate information with patients, clients, families, and healthcare team members in a manner that is understandable, while avoiding discipline-specific terminology when possible.  
                          • Use respectful language, attending to individual and team needs within a given situation, crucial conversation, or conflict. | | |
| **ENTRY-TO-PRACTICE**   | • Place interests at the center of interprofessional healthcare and service delivery.  
                          • Demonstrate high standards of ethical conduct in quality of care and community health services.  
                          • Manage ethical dilemmas specific to interprofessional care situations.  
                          • Demonstrate competence in one’s own profession appropriate to scope of practice.  
                          • Develop a trusting relationship with others. | • Engage diverse professionals to develop strategies to meet specific needs of individuals and populations.  
                          • Forge interdependent relationships with other professions within and outside the health system to improve collaboration and advance learning.  
                          • Use the full scope of knowledge, skills, and abilities of professionals to provide care that is safe, timely, efficient, effective, and equitable. | • Express one’s knowledge and opinions to team members to ensure common understanding of information, treatment, interventions, and/or health service decisions.  
                          • Recognize how one’s uniqueness contributes to effective communication, conflict resolution, negotiation, priority setting, and positive interprofessional working relationships. | | |

**Reflection In and On Action ultimately leading to Reflection Beyond Action**

**Learning Continuum**

Developed by the IPE/Advisory Board. Adapted from (c) University of Toronto, Centre for Interprofessional Education: A Framework for the Development of Interprofessional Education Values and Core Competencies. If you are interested in seeing full language for this framework, including a glossary of terms and references, contact us at pinci@utoronto.ca to receive a copy of the TEACH 2.0 Competencies supplement.


Note: Interprofessional Learning Anchors are grounded in community engagement to address individual and population concerns related to Indiana state health priorities.
# TEACH (Team Education Advancing Collaboration in Healthcare) 2.0 Curriculum Plan with Interprofessional Learning Anchors (IPLA)*

**EXPOSURE**

- **IPLA #0**: Orientation to Interprofessional Practice and Education
- **IPLA #1**: Introduction to Interprofessional Practice and Team Science
- **IPLA #2**: Using Interprofessional Practice and Team Practice Tools

**IMMERSION**

- **IPLA #3**: Interprofessional Practice within Person and Community Centered Care (Ethics Workshop)
- **IPLA #4**: Simulated Interprofessional Practice

**ENTRY-TO-PRACTICE**

- **IPLA #5**: Direct Observation and Feedback Around Interprofessional Collaborative Competencies Integrated into Clinical/Practical Experiences and Assessed Throughout
- **IPLA #6**: Choose one or more...
  - Guided Observation & Interview
  - Team Observation & Reflection
  - Community Partnership
  - Volunteer at Student Outreach Clinic
  - Artistry or similar clinic
  - Other

**Selective/Elective IP Learning** -- Number to be determined by School/Program

**Reflection in and on Action** ultimately leading to **Reflection Beyond Action**

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**Additional co-curricular elements illustrating impact of interprofessional collaborative practice available for integration throughout required and elective coursework.**

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*Each IPLA includes preparation, IP collaboration, debriefing and integration

All IPLAs are person-centered and include individual, family, and community context.

*Note: IPLAs grounded in community engagement to address individual and population concerns related to Indiana health priorities.*
TEACH Timeline and Progress

**AY 2014-15**
- Assess Institutional readiness
- Build school level IPE leadership capacity
- Space and simulation inventory
- Design and validate TEACH Framework
- Launch IU SOC Nexus project

**AY 2015-16**
- Approve TEACH Framework
- Inventory existing IPE
- Partnership with IUHP and Student Outreach Clinic
  - Phase I TEACH pilots
  - Infrastructure: Statewide Advisory Board & Academic Steering Committee

**AY 2016-17**
- Phase II TEACH pilots
  - Determine TEACH metrics
  - Faculty equipping
  - Prototype and pilot “Peer IPE Leadership Program”
  - Identify IP/IPE practice exemplars
  - Regional IPE work groups

**AY 2017-18**
- Full scale implementation and formative assessment of TEACH, all campuses
- Pilot “Peer IPE Leadership Program”
- Ongoing faculty equipping
- Quarterly IP/IPE clinics
- Phase III TEACH Pilots: Practice-based IPE
Faculty Development

- **Wave 1**
  - Build excitement for IPE & Enhance collaborative culture
  - All Faculty Levels; Statewide kick-off events

- **Wave 2**
  - F-T-F; Remote events
  - IP Faculty Groups
  - Focus: IP Skills, Process
  - IPLA -associated FD
Selective/Elective IPE

- Midwest Area Aids Education Center (HRSA-Funded)
- Geriatric Workforce Enhancement (HRSA-Funded)
- Modified TeamSTEPPS training (Josiah Macy Jr, National Center IPE)
- Integrating Precision Health into health science schools’ curriculum (IU Grand Challenge)
Opportunities

• Graduate Medical Education and Fellowships
• Precision Medicine Initiative
• Collaborating Across Borders VII Conference
• Practice transformation & workforce development
• Statewide IPE conference
• Associate Degree and Certificate programs
• Clinical and Translational Science
Practice Transformation

Realignment of the Relationship between Practice and Education around IP Teamwork
GME

• High-need, high-cost patients represent 5% of the patients and comprise 50% of the care costs
  – Transitions of Care (CLER project)
  – Geriatrics Resources for Assessment and Care of Elders (GRACE)
  – Acute Care for the Elderly (ACE)

• Resident-as-Teacher curriculum
Artistry Clinic

- Team Training: IU Health Onboarding
- Integration of Physical Therapy, Pharmacy, Social Work, Medical Students into Primary Care
Student Outreach Clinic

Medicine ● Social Work ● Dentistry ● Nursing ● Health and Rehabilitation Sciences ● Public Health ● Pharmacy
Primary Care & Dentistry

- Phase I: Pediatric Wellness / Dental Hygiene Clinics
- Phase II: Adult Primary Care and Dentistry Clinic
Example of Step 1 of identifying the logistics of an IPE Ethics Event such as dates, times, and the need to create a registration hyperlink.
Example of Step 2 of identifying the logistics of an IPE Ethics Event.

In this step, we can step up the specific IPE teams within each event. In this case, we can identify the max number of learners (by discipline) that may attend each event.

We also have the option to pre-register learners for each event.
Example of Step 3 involves identifying the competencies of an IPE Ethics Event. We can identify which IPEC domain (Teams and Teamwork, Roles and Responsibility, etc.) and specific competency that is either addressed, assessed, or addressed and assessed during the event.
Step 4 involves identifying and scheduling the specific resources (space, personnel, equipment, and supplies) needed to facilitate the anchor event.

We have the administrative capability to modify both the type of resources we have, as well as schedule the resources for specific blocks of time.

This will also us to better plan the use of IU-IPE Center resources.
Step 4 involves confirming all of the logistical components of event.

In this step, a checklist of tasks or steps is included for this event.

We have the administrative capability to modify the items listed on the checklist.
Once students are registered for the event, the system is set up to automatically place students into teams based on the configuration set up by the Center. In this example, two teams were set up of Health and Rehabilitation students (this will be more specific such as PT/OT), medicine, and nursing.
Once the teams are determined, members of the IPE team can download an excel spreadsheet of each team and their team members. Additional information will be included such as learner academic program and school.
Information for each learner is collected within the database for longitudinal tracking purposes. Data metrics include:

- Name
- Email
- Student ID
- School
- Academic Program
- Program start date
- Program end date

The collection of this information will allow for the longitudinal tracking of learners as they progress through the IU-TEACH Curriculum.
The Vision: IU IPE

• Interprofessional Education: All Indiana University learners are systematically prepared to collaborate across professions to improve population and individual health outcomes through high quality team-based care.

• Scholarship: Conduct and disseminate scholarship emerging from and supporting continuous improvement of interprofessional practice and education.

• Workforce Development: Build community and practice partnerships that include interprofessional collaborative practice and teamwork initiatives that include learners as one resource to improve individual and population health. Education center for health professionals about team-based, safe, and patient-centered care - offering robust trainings and educational opportunities.
Discussion

• How can the Center collaborate most effectively with you to develop the link between interprofessional education and practice?

• What additional opportunities exist to leverage interprofessional education for practice transformation across the state?

• What do you see happening in the next 3-5 years that should influence IPE priorities?

• Other feedback?
Contact Information

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