Interprofessional continuing education (IPCE): When the team learns together, everyone wins!

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June 2018

Current Health Care Environment

Surgeon Relies on Memory, Removes Wrong Kidney

Dec 4, 2014 8:30 AM CST

STUDY SAYS

Errors With Meds Happen in Half of All Surgeries

Oct 26, 2015 2:19 PM CDT

Teamwork could have saved baby

■ By Citizen Reporter

A CORONER has savaged Milton Keynes Hospital's maternity department at an inquest into a baby's death.

This comes [illegible] weeks after a Healthcare Commission's report branded its services the UK's worst.

Hospital obstetrics/gynaecology consultant said Romy Feast's death would 'probably have been prevented' had there been an earlier Caesarean.

Instead, warnings – including scans showing abnormally high heart-rates – were ignored.

Mum-of-two Liz Feast gave birth to Romy five hours after being admitted, this week's inquest has been told.

said: "In hindsight, we should have performed the Caesarean earlier."

Evidence also suggested babies born at weekends, like Romy, are at greater risk – as decision-making consultants usually are not on-site.

MK Deputy Coroner Tom Osborne said: "One of the concerns the Feasts have voiced, and a concern, no doubt, shared by other Milton Keynes parents, is that it appears that MK Hospital has an inferior service available at weekends."

Romy was confirmed dead [illegible] minutes after coming into the world on June 8 last year.

Mr Osborne told : "We've heard lots about hospital teamwork.

"But we've not seen a great deal of it – when we know you have a midwife of 33 years' experience (wanted the caesarean much earlier) and you don't talk to her.

"Everyone's working in isolation.

"Midwives aren't talking to registrars.

"Registrars aren't talking to consultants.

"Anaesthetists aren't involved early on, etc.

"There's no teamwork. Where's the communication?"

Criticisms by Romy's parents, of Barlow Crescent, Oakley Park, included:

- They were not told of the urgent need for delivery;
- delays summoning the obstetrics/gynaecology registrar and anaesthetist;
- not all test results passed between midwives;
- a home-based consultant made decisions by phone;
- guidelines say there should be 30 minutes maximum between an emergency caesarean green light and delivery. It took [illegible].

said: "It's very easy to say the system has failed the Feasts.

"The system's been working in the NHS for years."

A postmortem put the cause of death as lack of oxygen to the brain and lung bleeding.

The three-day inquest at Milton Keynes civic offices finishes today (Thursday) when witnesses including the Feasts and the anaesthetist will be questioned.

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This Isn’t New…

- Started in 1972
  - *Educating for the Health Team*
  - “Interdisciplinary”
  - how to use existing manpower optimally to meet the health needs of individuals and communities

- 1999: *To Err is Human*
- 2001: *Crossing the Quality Chasm: A New Health System for the 21st Century*
- 2003: *Health Professions Education: A Bridge to Quality*
- 2010: *Redesigning Continuing Education in the Health Professions*
- 2011: *The Future of Nursing: Leading Change, Advancing Health*

What's in a Name?

Interdisciplinary

vs

Multidisciplinary

vs

Interprofessional

Terminology

Interprofessional education (IPE): when **students** from two or more professions **learn with, from and about each other** to enable effective collaboration and improve health outcomes (World Health Organization, 2010)

Interprofessional continuing education (IPCE): when **members** from two or more professions **learn with, from and about each other** to enable effective collaboration and improve health outcomes (www.jointaccreditation.org)

Interprofessional collaborative practice (ICPC): when multiple **health workers** from different professional backgrounds **work together** with patients, families, carers, and communities to **deliver the highest quality** of care (WHO, 2010)

- IPE (interprofessional education)

- Residency/Fellowship

- IPCE (interprofessional continuing education) and IPCP (interprofessional collaborative practice)

VALUES AND ETHICS

ROLES AND RESPONSIBILITIES

INTERPROFESSIONAL COMMUNICATION

TEAMS AND TEAMWORK

American Association of Colleges of Nursing

aacom AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE

ASPH

American Association of Colleges of Pharmacy AACP

ADEA AMERICAN DENTAL EDUCATION ASSOCIATION

AAMC Tomorrow's Doctors, Tomorrow's Cures®

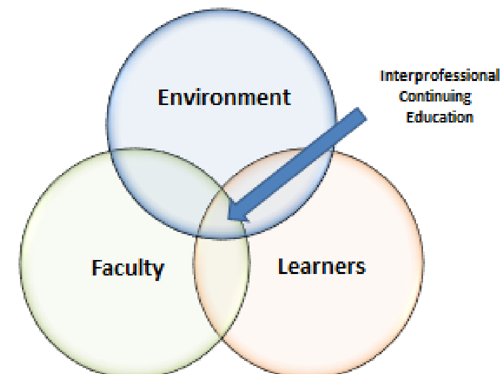
Core Competencies for Interprofessional Collaborative Practice

Sponsored by the Interprofessional Education Collaborative*

Report of an Expert Panel

*IPEC sponsors:
American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy
American Dental Education Association
Association of American Medical Colleges
Association of Schools of Public Health

Culture Change is a Start



Can 360-Degree Reviews Help Surgeons? Evaluation of Multisource Feedback for Surgeons in a Multi-Institutional Quality Improvement Project

Abstract presented at the American College of Surgeons 100th Annual Clinical Congress, San Francisco, CA, October 2014.

Suliat M. Nurudeen, MD, MPH, Gifty Kwakye, MD, MPH, William R. Berry, MD, MPH, MPP, FACS, Elliot L. Chaikof, MD, PhD, FACS, Keith D. Lillemoe, MD, FACS, Frederick Millham, MD, MBA, FACS, Marc Rubin, MD, FACS, Steven Schwaitzberg, MD, FACS, Robert C. Shamberger, MD, FACS, Michael J. Zinner, MD, FACS, Luke Sato, MD, Stuart Lipsitz, ScD, Atul A. Gawande, MD, MPH, FACS, Alex B. Haynes, MD, MPH

Interprofessional Continuing Education (IPCE)

- An integrated planning process that includes health care professionals from 2 or more professions.
- An integrated planning process that includes health care professionals who are reflective of the target audience members the activity is designed to address.
- An intent to achieve outcome(s) that reflect a change in skills, strategy or performance of the health care team and/or patient outcomes.
- Reflection of 1 or more of the interprofessional competencies to include: values/ ethics, roles/ responsibilities, interprofessional communication, and/or teams/teamwork.
- Opportunity for learners to learn from, with and about each other

- 2 physicians plan an educational activity and physicians, nurses, and respiratory therapists attend

- 1 physician and 1 nurse plan an educational activity and only nurses attend

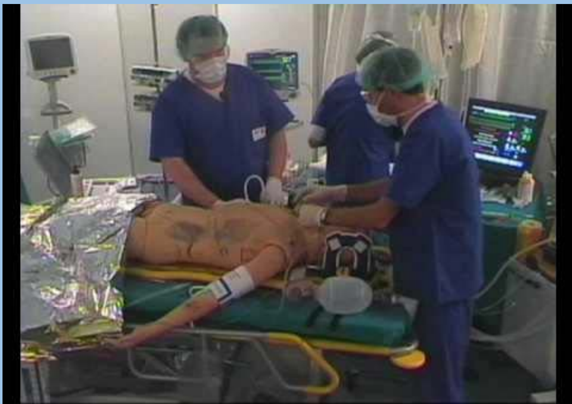
Which is the interprofessional activity?

Why?

Your experience with IPCE

- What does interprofessional continuing education (IPCE) look like in your organization?
- Who participates in planning?
- What types of outcomes do you want to achieve?
- What types of outcomes are you measuring?

Reflection



Interprofessional Education
vs
Uniprofessional Education

Differences

Similarities

Where is the evidence?

- What are the existing models of interprofessional practice that give evidence to the utility of this significantly challenging approach to the education of new professionals?

- What is the proof of concept?

- Are we simply living with an idealized notion of how we can improve care?

Strategies

Evidence related to improving patient outcomes/care provided by teams:

- Evidence from 5 studies; 4 control group designs, 1 comparison design
- Interprofessional, practice-based interventions:
  - Interprofessional rounds
  - Interprofessional meetings
  - Interprofessional audit activities

Zwarenstein, Goldman, Reeves, 2009

ALL EFFECTIVE STRATEGIES

Systematic Review (2016)

Outcomes	Positive	Neutral	Mixed	Not Reported
Level 1: Reaction	25	0	7	14
Level 2a: Perceptions and Attitudes	14	1	11	20
Level 2b: Knowledge and Skills	19	1	6	20
Level 3: Behavioral Change	15	0	5	26
Level 4a: Organizational Practice	11	1	2	32
Level 4b: Patient/Client Care	9	1	1	35

Reeves, S., Fletcher, S., Barr, H., Birch, I., Boet, S., Davies, N., McFadyen, A., Rivera, J., & Kitto, S.C. (2016). A BEME systematic review of the effects of interprofessional education: BEME Guide No. 39. *Medical Teacher*

Continuing education (interprofessional continuing education) is a **vital mechanism** to ensure practicing healthcare providers develop the attitudes, behaviors, knowledge and skills for highly reliable and effective team performance

Weaver et al., 2010

Interprofessional education
is a minority component of the
educational activity

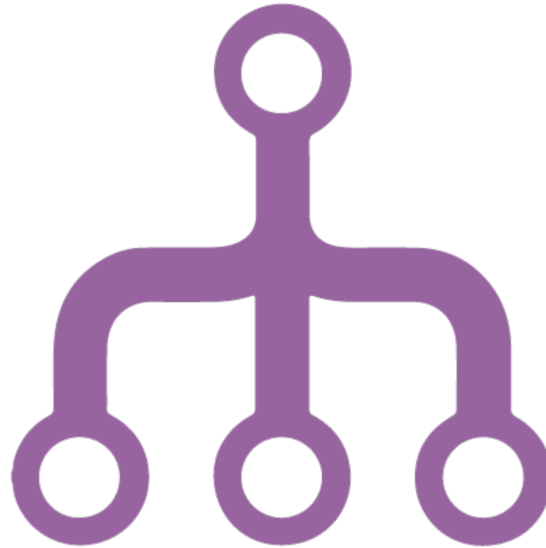
Emphasis on interprofessional
collaboration dominates the
educational activity

Effective Continuing Education

- Emphasizes the value proposition
- Approaches from a systems perspective
- Develops faculty/educator skills
- Incorporates active learning strategies
- Creates a safe environment
- Uses practical, meaningful scenarios
- Build time for practice and reflection
- **Incorporates team skills in practical ways**
- Uses formative and summative evaluation
- Reinforces skills used in daily practice

Weaver et al., 2010

"Culture eats structure for breakfast, lunch, and dinner."



Coordination ≠ *Collaboration*

Measuring Impact

Synthesis from the literature:

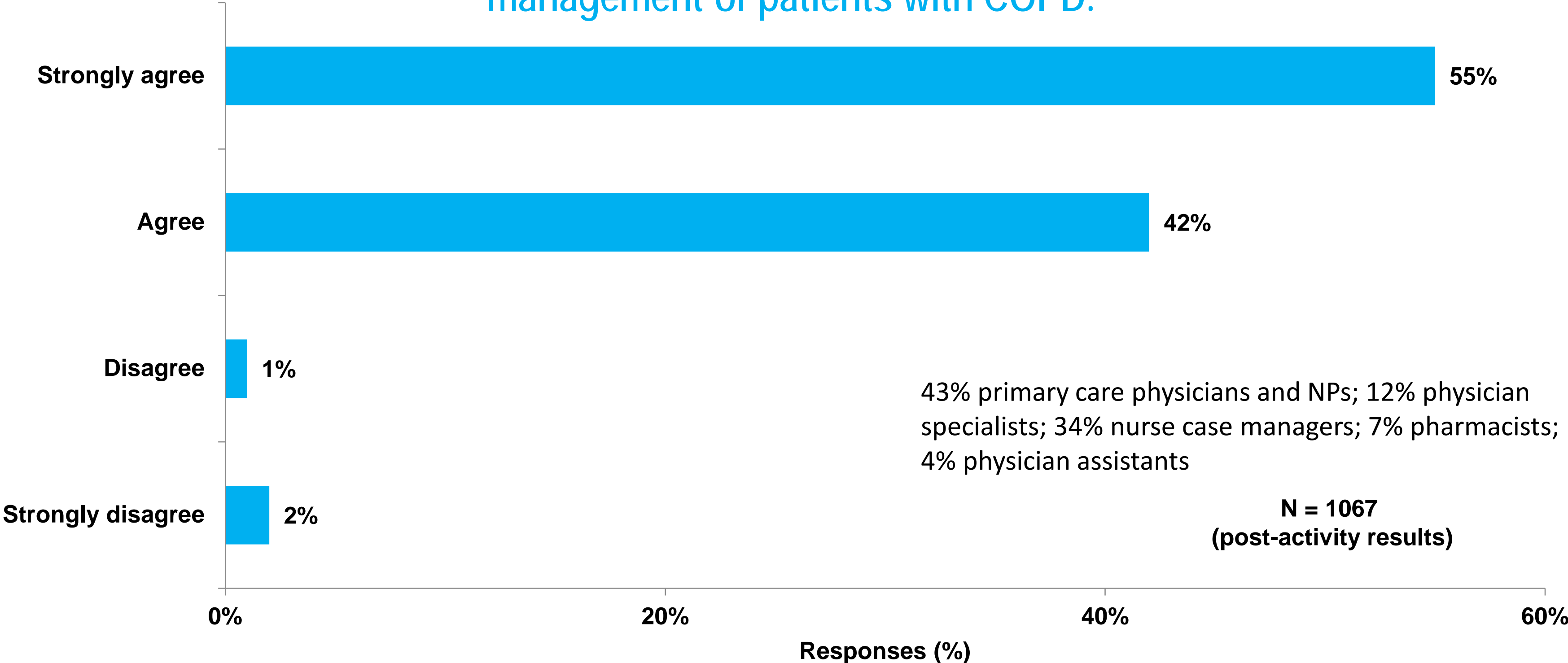
- Teamwork
- Roles/Responsibilities
- Communication
- Learning/Reflection
- The Patient
- Ethics/Attitudes

Thistlewaite et al., 2010

So what does this mean when developing evaluation questions?

*"This course has **completely changed** me. Prior to this course, I was very task driven and concerned with what I needed to do. I would get upset if people asked me to do other things like call insurance companies. Halfway through this course, **something clicked and I realized this is all important for the patient**. I am no longer concerned just with what I have to do. But now I willingly make calls or **whatever needs to be done for the patient and their family**."*

Learners Gain Understanding of the IP Care Team

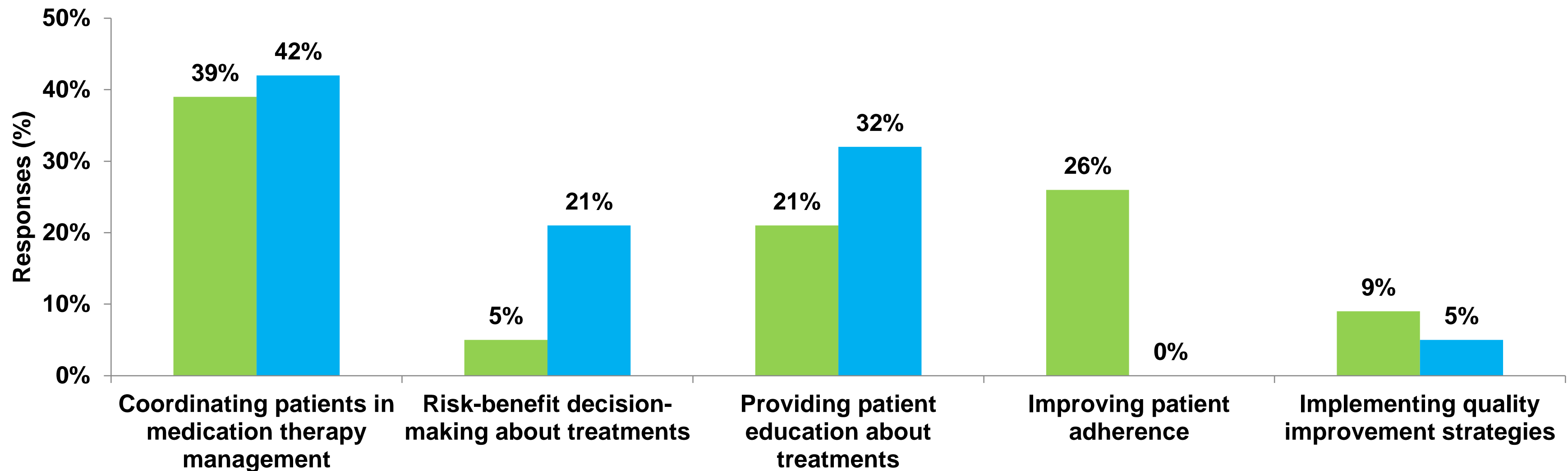


Engaging COPD in Patients in Shared Decision-Making Across the Continuum of Care. PRIME Education, Inc. March 2016.

More Work to Be Done!

(Pharmacists' survey) I believe that nurses can best collaborate with pharmacists in:

(Nurses' survey) I believe that pharmacists can best collaborate with nurses in:

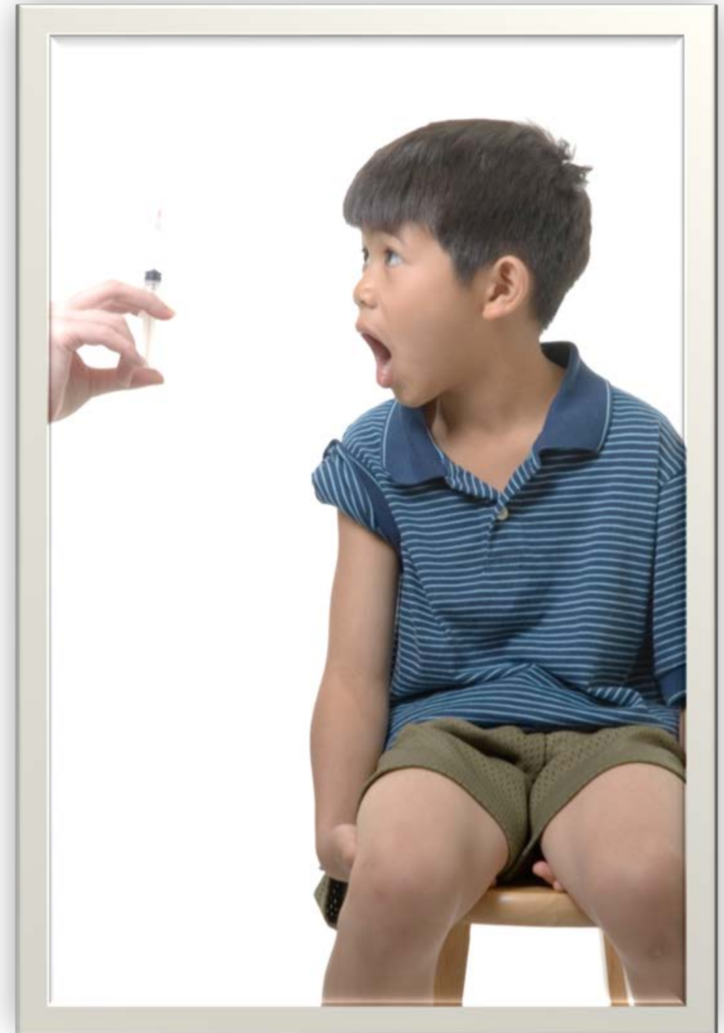


•26% of pharmacists believe that nurses can best collaborate with pharmacists in improving patient adherence; zero nurses feel pharmacists can work with nurses to improve adherence.

* 21% of nurses believe that pharmacists can best collaborate with nurses in risk-benefit decision-making about treatments; only 5% of pharmacists view nurses as able to support pharmacists in risk-benefit decision-making.

Putting it Into Practice: Cultural Context

- Between professions
  - Medicine and nursing
- Within professions
  - Horizontal violence
  - Shift to shift
  - Unit to unit
- Academia to practice
- Inpatient to outpatient



A roadmap for implementation…

- Need a champion
- Need leadership support
- Need to integrate into the organization
- Need to experience the positive outcomes

First steps…

Identify key decision makers, establish working relationships, find out what they value

- Ask them to be on your CE Committee
- Invite them to be speakers in CE activities
- Invite them to be on a planning committee for a CE activity
- Develop a connection with individuals at all levels within the organization

First steps…

- Work hard to establish a level of trust. Go above and beyond to show you can be trusted.
- Demonstrate that your focus is on the big picture and **teamwork** not on ‘your’ area alone
- Establish a CE Committee made up of representatives from different professions and clinical areas as applicable

First steps…

Establish and maintain respect between you and the committee members/other health professionals.

- Listen to their interests and educational needs
- Integrate their suggestions into the process
- Ask them for their feedback
- Treat their suggestions/input with respect and dignity
- Treat all health professionals equally recognizing their skills and expertise.

What to do with…

- Naysayers (“it will never work”)
- Overly enthusiastic supporters (everything is an interprofessional activity!)
- Those that want to stay in their silos and do not want their turf invaded
- Those that do not see the need for teamwork or the value of other health professionals

Strategies

- Start with an icebreaker that has nothing to do with planning CE
- Use first names, not professional titles
- Mix professions by deliberate seating
- Maintain a patient or problem-centric focus
- Be prepared to handle professional hierarchy behaviors (dominating conversation, passivity)

Keys to Teamwork

- Each team member is respected and feels an important part of the team.
- The team thinks globally keeping the "Big Picture" as their focus.
- Open communication at all times is critical.
- Trust in each other is a must.

Actions you can take tomorrow:

- Include someone from another profession when planning your next educational activity
- Provide your contact information to someone from another profession and let him/her know you are a nursing resource for planning educational activities
- Include the core interprofessional competencies in your next educational activity
- Read about the interprofessional competencies on the IOM web site
- Sign up for email updates from the Interprofessional Collaboration (www.nexisipe.org)

Takeaway Messages

- All types of organizations can be successful
- No one organizational structure is required
- Pursuing Joint Accreditation can transform the culture of an organization
  - Sustain over time
  - Improve quality and volume
- Leadership at all levels is critical

To Make this Happen….

Grácias!

Resources

- Interprofessional Education Collaborative (IPEC): "Core Competencies for Interprofessional Collaborative Practice" (2011)
- Journal of Interprofessional Care
- Journal of Research in Interprofessional Practice and Education
- Journal for Continuing Education in the Health Professions
- Center for the Advancement of Interprofessional Education
- TeamSTEPPS
- Crew Resource Management

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