INTERPROFESSIONAL EDUCATION: LEADING THE WAY TO TEAM-BASED CARE

Thomas A. Cavalieri, DO, FACOI, FACP
Dean, Rowan University School of Osteopathic Medicine
Definitions

Interprofessional Education (IPE)
“when students from 2 or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes”

Interprofessional Collaborative Practice (IPCP)
“multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality care”

“Interprofessional education and interprofessional collaboration have not often found a place in the education and practice of health ... Each profession owns a professional jurisdiction or scope of practice, which impact delivery of services. This silo-like division of professional responsibilities is rarely naturally nor cohesively integrated in a manner which meets the needs of both clients and professionals.”

D’Amour & Oandasan, 2005
Model for Successful Collaborative Practice

Local context

Health & education systems

Interprofessional education

Cooperative practice

Present & future health workforce

Improved health outcomes

Strengthened health system

Optimal health services

Fragmented health system

Local health needs

Framework for Action on Interprofessional Education and Collaborative Practice
Does the literature support assumptions about IPE?

- Cochrane Review of IPE 15 studies – measured patient/healthcare outcomes
  - Improved diabetic clinical outcomes
  - Improved patient-centered communication
  - Improved team behavior and error rates in ED
  - Improved team behavior/communication in OR
  - Improved documentation and restraint reduction in LTC

- Overall - positive outcomes related to IPE, however unable to draw general inferences about key elements of IPE and its effectiveness

Reeves et al., 2013
The Call for Reform: Evolution of IPE

1972
IPE Conference

1998
IOM Quality of Health Care in America

2001
Establishment of Health Professions Education Summit

2003
IOM Bridge to Quality

2011
IPE Collaborative

2011
IPE Accreditation Guide
“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.”

Institute of Medicine, 2003
Have accrediting bodies responded?

• Study of Accreditation Documents (2008-2011)

• Findings
  • Competencies in IPCP were common to all
    – Four major areas: communication, team coordination, team leadership, and roles and responsibilities
  • Limited focus on IPE structure and process changes
  • Nursing and Pharmacy most progressive and well-developed
  • Medicine and Dentistry had singular statements

• Conclusion: “U.S. accrediting bodies lack a collective mandate for IPE “

Zorek et al., 2013
IPE Standards Moving Forward

- Nursing (CCNE; NLNAC) 2008/09
- Pharmacy (ACPE) 2011/16
- Dentistry (CODA) 2012
- Allopathic Medicine (LCME) 2013
- Osteopathic Medicine (COCA) 2014
Interprofessional Education Movement

- International collaborative
- Profession-specific efforts
- Cross-profession collaborative

Competencies
Interprofessional Education Collaborative (IPEC)

- Expert panel representing national associations
  - Dentistry
  - Nursing
  - Medicine (osteopathic and allopathic)
  - Pharmacy
  - Public Health
- Goal: to advance substantive interprofessional learning experiences
- Developed competencies as a catalyst

Interprofessional Education Collaborative (2011)
IPEC Competency Domains

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

• **Roles/Responsibilities for Collaborative Practice**
  • Use the knowledge of one’s own role and the roles of other professions to appropriately assess and address the health care needs of the patients and populations served.
IPEC Competency Domains

• **Interprofessional Communication**
  • Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to maintaining health and treatment of disease.

• **Interprofessional Teamwork and Team-based Care**
  • Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective and equitable.
BARRIERS AND CHALLENGES TO INTERPROFESSIONAL TRAINING AND PRACTICE
Most Common Barriers to IPE

- Curriculum time availability
- Limited resources
- Schedule conflicts
- Faculty development needs
- Attitudes of stakeholders

Curran, 2005
STRATEGIES FOR SUCCESS
IPE efforts succeed when...

Support:
- Support from Deans, Curriculum Committees, Education leadership
- Administrative/programmatic infrastructure

Faculty:
- Committed, experienced interprofessional faculty
- Ongoing faculty development to build expertise

Rewards:
- Acknowledgement of student efforts through awards, certificates, or grades

Bridges et al., 2011
IPE instruction succeeds when...

**Time**
- Commitment of dedicated curricular time and use of curriculum mapping to coordinate across schools

**Interaction**
- Provide opportunities for students to experience, share and practice skills with each other

**Space**
- Adequate rooms and facilities to accommodate large numbers of students
- Use of technology to overcome logistical challenges

Bridges, D., et al. 2011
The RowanSOM Experience

2006  IPE Task Force

2009  Interprofessional Grand Rounds

2013  Reynold’s Foundation Funding

2014  Collaborative Medical Education Faculty Learning Community intramural grant
RowanSOM: Faculty Development

• Faculty Development
  • Interprofessional Education Collaborative (IPEC) Faculty Development Institute

• TeamSTEPPS - Promoting Patient Safety through Effective Team Communication

• Curriculum Development Workshop - Jefferson Center for IPE

• Interprofessional Grand Rounds
RowanSOM: Undergraduate IPE in Geriatrics Across the Continuum

Preceptors: Geriatricians, Psychiatrists, NP/Nursing, Social Work, Dentist, Neuropsychologist, Pharmacists, Rehab Professionals, Ethicists, Chaplains

- LTC Subacute 2 wks
- AMB/Hospice 1 wk
- Hosp ACE Unit 1 wk
- Geriatrics 4 weeks
Interdisciplinary Approach is Essential in ACE

**Baseline**
- ADL
- IADL
- Mobility
- Living Situation
- Supports

**Admission**
- Nurse
- Physician
- Functional Assessment

**Patient Centered Interventions**
- PT/OT Therapy
- Nutritional Support
- Medication Review
- Social Worker

**Discharge**
- ADL
- Mobility
- Clinical Stability
- HOME

**ALTERNATE SITE**

**NUTRITION**

**ADOPTION**

**MOBILITY**

**COGNITION**

**AFFECT**

**SCHOOL OF OSTEOPATHIC MEDICINE**
Interprofessional Curriculum in ACE

Daily Team Rounds with Medicine, Nursing, Pharmacy, Case Manager

Collaborative Patient Care and Shadowing

Joint Case Presentations and Individual Reflection
Shadow Another Professional

• Each student is required to shadow one member of the health care team and learn about their role in patient care.

<table>
<thead>
<tr>
<th>Discipline Shadowed</th>
<th>N=99</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacist</td>
<td>45</td>
</tr>
<tr>
<td>Nurse/Nurse Practitioner</td>
<td>16</td>
</tr>
<tr>
<td>Social Worker</td>
<td>10</td>
</tr>
<tr>
<td>Other (PT, OT, Neuropsychologist, etc.)</td>
<td>28</td>
</tr>
</tbody>
</table>
Positive Themes

• Shared leadership
• Listened to each other/everyone contributed
• Respect for each other
• Understanding roles & responsibilities
• Ability to resolve conflicts and work together
• Patient/family-centered approach

Negative Themes

• Lack of preparation
• Lack of attention/interruptions
• One person dominating
• Distracting environment
## Interprofessional Team Skills Survey

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can identify the role of my profession on a care team</td>
<td>3.85 (0.36)</td>
</tr>
<tr>
<td>I can communicate respectfully with health care providers from other disciplines</td>
<td>3.95 (0.23)</td>
</tr>
<tr>
<td>I treat other health care team members as colleagues</td>
<td>3.95 (0.23)</td>
</tr>
<tr>
<td>I can identify the role of health care professionals other than my own on a care team</td>
<td>3.86 (0.35)</td>
</tr>
<tr>
<td>I feel comfortable leading a health care team discussion</td>
<td>3.46 (0.58)</td>
</tr>
<tr>
<td>I feel comfortable asserting my treatment recommendations in a health care team discussion if I believe they will enhance patient care</td>
<td>3.63 (0.49)</td>
</tr>
</tbody>
</table>
Student Reflections

• Gained new knowledge
• Recognized the importance of collaboration and a team-based approach
• Identified new methods for assessing and evaluating patients
• New appreciation for other HCPs role, knowledge and service
• Broader perspective of patient care
“I learned how important other fields are to making the correct diagnosis. Often we think of physicians as “the great diagnoser” but in reality consistent and reliable diagnosis would be impossible without interprofessional collaboration.” (Shadowed a Neuropsychologist)

“I like to think that the different healthcare professions choose to appreciate different aspects of patient care and that nobody is greater than the other. It was nice to see that ideation in real life. Nobody can do and know everything, but everybody is good at what they do. I will always work with that in mind.” (Shadowed a Pharmacist)

“Medical care goes far beyond medications and procedures. There is also an aspect of it that includes relationships to other people.” (Shadowed a Social Worker)
Graduate: Geriatric Medicine, Dentistry and Psychiatry Fellowship

Clinical Component
- Integrated Coursework
  - Medicine
  - Dentistry
  - Mental Health
- Collaborative Care
- Clinical Training Across Continuum
- IP Case Presentations

Research Component
- Research Seminar
- Journal Club
- Research Project – cross mentorship

Educational Skills Component
- Teaching Workshops
- Collaborative Presentations
- Teaching across Disciplines
“Interprofessional collaboration is an innovative strategy that will play an important role in mitigating the global health workforce crisis... This is a key step in moving health systems from fragmentation to a position of strength.”

World Health Organization, 2010
References

• Curran V. (2010) A longitudinal study of the effect of an interprofessional education curriculum on student satisfaction and attitudes towards interprofessional teamwork and education. *J Interprof Care*
PANEL PRESENTATION

Interprofessional Geriatric Fellowship: A Long History Of Success

Thomas A. Cavalieri, DO, FACOI, FACP
Dean, Rowan University School Of Osteopathic Medicine
Geriatric Medicine, Dentistry and Psychiatry Fellowship

- Federally funded – HRSA
- Initiated in 1989
- Currently 13 funded programs
- Goal is to prepare academic geriatric faculty
- Two-year program
Interprofessional Clinical Training

Cross training across the continuum
- Ambulatory care – NJISA Memory Assessment Program
- Ambulatory Dental Center
- Assisted Living
- ACE Unit
- Hospice

Collaborative Care
- Shared patient panels
- Referrals

Interprofessional Team Activities
- Bedside rounds
- Team and Family Meetings
- IP Case Presentations and Seminars
Research Activities

• Joint Training
  • Research Seminars
  • Journal Club

• Collaborative Research
  • “Advance Directives & Geriatric Dentistry: Developing a Consensus.”
  • “Antibiotic-associated Diarrhea and the Older Dental Patient: How Do Dentists Respond?”
  • “Evaluation of a Nursing Home Mouth Care Education Program Employing Tools for Care-resistant Behavior.”
Education Skills Training

• Team Teaching
  • Joint education skills workshop
  • Presentations for dental and medical students
  • Bedside instruction across disciplines
  • Facilitate and evaluate student case presentations

• Interprofessional Team Conference
  • “Mouth Care and Oral Disease Prevention in Nursing Homes: What are the Barriers?”
  • “Approach to Recurrent Pneumonia”
  • “Impact of Psychiatric Medications on Systemic Problems”

• All-Jersey Geriatrics Program for Dental Professionals
Interprofessional Training Challenges

• Varying levels of knowledge, skills and experiences
• Finding the common threads
• Creating the right amount of integration
• Geriatric dentistry faculty role models
• Recruitment
Why it works?

- Interprofessional teams are a natural fit with geriatrics
- Environment in New Jersey Institute for Successful Aging built on team work
- Strong collaboration between schools
- Engaged interprofessional geriatric faculty
- Fully integrated program
- Funded administrative infrastructure to nurture program
- Fellows have a voice
Fellowship Outcomes

• Graduates: 46 fellows
  • 25 Medicine
  • 8 Behavioral Health
  • 13 Dentistry

• Leaders in the Field
  • Vice Presidents, Deans and Chairs in Dental and Medical Schools
  • President of National Boards
  • Residency Directors
  • Faculty Course Directors
  • Medical/Dental Clinical Directors

• National and Regional Recognition
  • US News and World Report, Best Graduate Programs in Geriatrics: Ranked in Top 20 for 13 years, currently 13th
  • Eastern Regional Geriatrics Society, 14 research awards in 17 years

• Federal
  • Consistent HRSA funding since 1989
  • Graduates recipients of Geriatric Academic Career Awards and Ryan White funding
  • Serve on grant review panels