“We Can Do It!”
Co-Creating Excellence Through Interprofessional Education

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Learning Objectives

• At the end of this presentation, participants will be able to:
  • Identify benefits and barriers for participating in interprofessional education
  • Describe how inclusion of faculty and students in IPE initiatives can contribute toward achievement of the Quadruple Aim
  • Develop new opportunities for involvement and growth in collaborative teaching and scholarship
My story…
1. What is your role at the OU Health Sciences Center

A. Faculty
B. Staff
C. Student
D. Other
Interprofessionalism

- Not a new concept!

- "The **best interest of the patient** is the only interest to be considered, and in order that the sick may have the benefit of advancing knowledge, **union of forces** is necessary."
  - Dr. William Mayo, 1910
Definitions - World Health Organization

• **Interprofessional education (IPE)** occurs when students (learners) from two or more professions learn **about, from, and with** each other to enable effective collaboration and improve health outcomes.

• **Interprofessional Collaborative Practice (IPCP)** occurs when multiple health workers from different professional backgrounds **work together** with patients, families, carers, and communities to deliver the **highest quality of care**.

Factors Impacting Outcomes

- Individual Clinical Skills
- Effective Teamwork Skills
- Effective Systems & Processes

= Consistent Quality Outcomes

**Sources:**
- SLU Model of Interprofessional Practice. Pole, D. Rottnek, F. 2014
- Riley, et.al. 2010, *Journal of Nursing Management* 18, 556-563
Multidisciplinary vs. Interprofessional
2. Think about your current team, teaching or learning environment. Is it more like a parfait or a smoothie?

Interprofessional Education Collaborative (IPEC)

Vision:
• Interprofessional collaborative practice drives safe, high-quality, accessible, person-centered care and improved population health outcomes.

Mission:
• To prepare the health professions workforce for interprofessional collaborative practice that helps to ensure the health of individuals and the population.
Interprofessional Collaborative Practice Competency Domains

Quadruple Aim

Triple Aim → Quadruple Aim

“Care of the patient requires care of the provider”

-T. Bodenheimer and C. Sinsky

http://www.hiteqcenter.org
Stress and Burnout in the Health Professions

• System-wide challenges for learners, educators, providers and leadership
  • Mismatch of demands and pressures to knowledge, abilities and needs
  • Insufficient support from supervisors and colleagues
  • Unreasonable workload, pace, hours
  • Negative work environment and culture
Approaches to Addressing Stress and Burnout

“You can teach [providers] mindfulness and meditation techniques, but if you throw them back to the war zone it’s not going to work” – U.S. News and World Report, 2016
3. What do you think will have the greatest impact on reducing stress and burnout in the healthcare system?

   a. Changing the practice environment
   b. Better preparing learners to handle stress
   c. Both
   d. Not Sure
**Figure 2** | Role of accreditors within and across health professions and health care delivery for fostering the quadruple aim

**SOURCE:** Cox et al., “The Role of Accreditation in Achieving the Quadruple Aim,” National Academy of Medicine.

**NOTE:** This graphic was designed by James H. Jones, Chicago, Illinois.
Nutrition and Dietetics Example

• Unique stressors to our profession
  • Lack of respect/recognition
  • Perceptions/expectations for roles
  • Lack of clinical training sites

• Stressors common to other professions
  • Lack of recognition for preceptors’ work
  • Moral distress of caring for patients with lack of resources
4. What do you perceive as the greatest stressor within your profession or educational environment?
Nutrition and Dietetics Example

• **Solutions**
  - Provide support for preceptors
  - Identify unique contributions to our interprofessional colleagues
  - Training in resilience, mindfulness and empathy

**TABLE** Examples of Potential Health Professional Collaborations With RDNs

<table>
<thead>
<tr>
<th>Collaboration</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologists: RDNs</td>
<td>RDNs may be well situated to recognize and refer clients with mental health challenges to mental health specialists (and vice versa) because eating disorders and disordered eating frequently accompany such challenges.</td>
</tr>
<tr>
<td>Social service</td>
<td>Social service professionals: Given the linkages between poor dietary selections and low socioeconomic status, RDNs are in a position to work with social workers to assist clients in making healthier food choices despite financial and/or social challenges.</td>
</tr>
<tr>
<td>Occupational therapists (OTs): OTs apply their knowledge and skills to improve fine motor skills of patients with challenges in dexterity. Opening discussions between RDNs and OTs improves the patient care plan for affected persons.</td>
<td></td>
</tr>
<tr>
<td>Physical therapists (PTs): Having the energy to improve gross motor skills requires an adequate diet that does not exceed caloric needs in an effort to avoid excess consumption leading to weight gain, making the job of the PT more difficult.</td>
<td></td>
</tr>
<tr>
<td>Dentists: Preventing dental caries is a goal of dentists, and proper monitoring of food selections that minimize this risk is an area of potential collaboration between RDNs and dentists.</td>
<td></td>
</tr>
<tr>
<td>Swallowing team: RDNs can dialogue with specialists in recommending food options based on individual swallowing challenges identified by ear, nose, and throat experts.</td>
<td></td>
</tr>
<tr>
<td>Physician/nurse practitioner/physician assistant: The RDN can work with the coordinator of the patient’s care team to set up an appropriate plan for improving or maintaining the nutritional status of the patient.</td>
<td></td>
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</table>

Abbreviation: RDNs, registered dietitian nutritionists.
## Benefits and Barriers for Students

<table>
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<th>Barriers</th>
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<tr>
<td>Provides a vehicle to introduce <strong>foundational behaviors</strong> and codes of ethics in the greater context of interprofessional core competencies.</td>
<td>Clinical experiences in uni-professional settings can affect student attitudes toward IPE.</td>
</tr>
<tr>
<td>Enables <strong>deconstruction of negative stereotypes</strong> and <strong>socialization of students to their future roles</strong> as health care professionals.</td>
<td>Students’ desire to identify with chosen profession can affect willingness to collaborate with students from other professions.</td>
</tr>
<tr>
<td>Recognizes <strong>common content</strong> knowledge and skills needed by all health care providers. (eg: musculoskeletal and emergency medicine)</td>
<td>Students view extra coursework outside of professional curriculum as unnecessary.</td>
</tr>
</tbody>
</table>

## Benefits and Barriers for Faculty

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<tr>
<td>Teaching/Collaborating with experienced faculty in other health professions allows for <strong>faculty development</strong>.</td>
<td>Lack of trust between faculty members are produced by misconceptions about roles between professions.</td>
</tr>
<tr>
<td>Faculty teaching students from health professions helps overcome misconceptions about each profession.</td>
<td>Values, cultures and biases develop in siloed uniprofessional program curricula.</td>
</tr>
<tr>
<td>Supports <strong>collaborative interprofessional scholarship opportunities</strong>.</td>
<td>Faculty members have no formal training in teamwork and interprofessional teaching, facilitation and practice.</td>
</tr>
<tr>
<td>Provides <strong>financial benefits</strong> to faculty, such as overload pay or reassign time for IPE course involvement.</td>
<td>Interprofessional teaching load not recognized in promotion, rank and tenure process.</td>
</tr>
</tbody>
</table>

Keys to IPE Success

• Start early in student’s experience
• Intentionally interprofessional pedagogy
• Relevant content taught in IP context
• Application to community and clinical practice
• Embedded in health professions curricula vs. separate from professional education

Preceptor/Clinical Faculty Development

• Some clinical settings are not configured to support collaborative models
• Many preceptors trained in uniprofessional/siloed academic model
• Continuing education for preceptors to develop interprofessional facilitation skills is essential
Collaborative Scholarship

Benefits

- Accountability for dissemination of scholarship
- Learning new skills and synergizing differences
- Fun!

Challenges

- Finding partners with mutual goals and complimentary skill sets
- Maintaining rigor and pace
- Interpersonal communication
Interprofessional Resources
Organizations

- Interprofessional Education Collaborative (IPEC)
  - http://ipecollaborative.org

- National Academies for Sciences, Engineering and Medicine (NASEM) Global Forum on Innovation in Health Professional Education
Organizations

• Canadian Interprofessional Health Collaborative
  • http://www.cihc.ca/

• American Interprofessional Health Collaborative
  • http://www.aihc-us.org/
Collaborating Across Borders

• Biennial Conference for IPE/IPP including USA and Canada
  • 2019: Indianapolis, IN, USA
  • 2017: Banff, AB, Canada
  • 2015: Roanoke, VA, USA
  • 2013: Vancouver, BC, Canada
  • 2011: Tucson, AZ, USA
  • 2009: Halifax, NS, Canada
  • 2007: Minneapolis, MN, USA
Organizations

• National Center for Interprofessional Practice and Education
  • https://nexusipe.org/

• Interprofessional Global
  • https://interprofessional.global/

• Centre For The Advancement Of Interprofessional Education
  • http://caipe.org.uk/
All Together Better Health

- Biennial International Conference for IPE/IPP
  - 2020: Doha, Qatar, UAE
  - 2018: Auckland, New Zealand
  - 2016: Oxford, England, UK
  - 2014: Pittsburgh, PA, USA
  - 2012: Kobe, Japan
  - 2010: Sydney Australia
  - 2008: Stockholm, Sweden
  - 2004: Vancouver, BC, Canada
Journals

• Journal of Interprofessional Care (JIC)

• Journal of Interprofessional Education and Practice (JIEP)
Reports

• *International consensus statement on the assessment of interprofessional learning outcomes.* (2017)

• **Achieving the Optimal Interprofessional Clinical Learning Environment.** (2018)
  • National Collaborative for Improving the Clinical Learning Environment (NCICLE)  
    [http://ncicle.org](http://ncicle.org)

• **Guidance on Developing Quality Interprofessional Education for the Health Professions.** (2019)
  • Health Profession Accreditors Collaborative (HPAC)  
    [https://healthprofessionsaccreditors.org/](https://healthprofessionsaccreditors.org/)
Curated Resources

• MedEd Portal
  
  https://www.mededportal.org/collection/interprofessional-education/

• Nexus Resource Center
  
  https://nexusipe.org/informing/resource-center
What is your story?

- What is one word you could use to describe about what you will do next in your journey along the continuum of interprofessional collaboration?
5. What is one word you could use to describe what you will do next in your journey along the continuum of interprofessional collaboration?
Questions?

- Email: Katie-eliot@ouhsc.edu
- Twitter: @RD4IPE, @BE_4_IPE,
- Blog: http://be-collaborative.org