UNIVERSITY OF MINNESOTA

Interprofessional Education

“You’ve come a long way, baby!”

ADEA March 13th, 2011  San Diego
Academic Health Center

- School of Dentistry
- **Medical School** (Twin Cities & Duluth)
- School of Nursing (Twin Cities & Rochester)
- College of Pharmacy (Twin Cities & Duluth)
- School of Public Health
- College of Veterinary Medicine
- Center for **Allied Health Program**
The Beginning

- Formation of the Academic Health Center 40 years ago
  - Major reason was interprofessional education
- CHIP – Center for Health Interprofessional Programs
- Clarion
- Several elective experiences
Gaining strength

- 1995 – 2010 Senior Vice President Cerra
- 2000: Strategic Plan – AVPE position
- 2001: Present – Academic Dean’s Council
- 2002: New AHEC development
- 2006: Deans’ Leadership Statement for IPE
- 2007: Center for Interprofessional Education (CIPE)
- 2007: Collaborating Across Borders
Another big boost

2008 Minnesota State Law Changes

- Emphasis on population health
- Global payment systems
- Accountable care organizations/Health homes
- Informatics
- Electronic health records
- Health navigators
Strongest Current Drivers

- Emphasis on Patient Quality Care
- National Health Care Reform
- Professional organizations’ collaboration on IPE competencies
- IPE competencies in accreditation standards
- Student pressures
- Pressure from health care service providers
- International pressure
2010 – Bold Steps

Need for more formal, inclusive structure for IPE

New Initiative
Vision:
1Health represents the AHC’s vision of health for Minnesota and how all of our health profession can collaborate to meet the ideal for health services.

Mission:
To establish a longitudinally integrated structure through which the health professional programs can orchestrate the curriculum necessary for their students to achieve competency in interprofessional collaboration.

Focus: Teamwork, Professionalism & Ethics, Learning about other professions.
AHC SUPPORT
Office of Education
Center for Interprofessional Education

Three Phases

University of Minnesota
Beginning of program
All students have same experience

Phase I
Orientation to IPE

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Implemented in 2010

HEALTH

Three Phases
AHC SUPPORT
Office of Education
Center for Interprofessional Education

Three Phases

Phase I
Orientation to IPE
Beginning of students’ program- All students have same experience

Phase II
Establishes Toolbox
Many options available, program selects approved options, students chose from options according to interest & career plans

Partially implemented/ more development in progress

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Three Phases

**Phase I: Orientation to IPE**
- Beginning of students' program - All students have same experience

**Phase II: Establishes Toolbox**
- Many options available, program selects approved options, students choose from options according to interest & career plans

**Phase III: Authentic Experience**
- Practice IP skills gained in Phase I & II, Evaluation of Competency, Clinical phase of education
- Most difficult Phase, in development

**AHC SUPPORT**
Office of Education Center for Interprofessional Education

**University of Minnesota**
Phase I: Orientation to IPE

- Beginning of students’ program - All students have same experience

Phase II: Establishes Toolbox

- Many options available, program selects approved options, students choose from options according to interest & career plans

Phase III: Authentic Experience

- Practice IP skills gained in Phase I & II, Evaluation of Competency, Clinical phase of education

Competency development and evaluation

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UNIVERSITY OF MINNESOTA
Details of Phase I

- All professional schools agreed to reserve 6 half days where only IPE can be scheduled.

- Students from all 7 AHC Schools participated.
  - 100% of beginning students from Medicine, Dentistry (DDS, DH, DT), Pharmacy, Veterinary Medicine, Clinical Laboratory Science and Occupational Therapy.

- Students from Nursing and Public Health.

- Total of 747 students.
Details of Phase I

- First Part – Day 1
  - All students in large auditorium
  - High administration’s comments
  - Guest speakers
    - Humorist
    - Patient Advocate
  - Deans comment on patient case
Details of Phase I

- Second Part – Blended module
  - Foundations of Interprofessional Collaboration and Communication (FIPCC)
  - 63 small interprofessional groups of 12
  - Online assignments plus 10 hours of face to face discussion
  - Over 70 facilitators – negative turned into positive
  - Professionalism, ethics, learning about other professions
  - One credit course
Unit 1: Introduction and Personal/Professional Image

Welcome to the course, Foundations of Interprofessional Communication & Collaboration. Although, for some of you, this series of five units comprise part of another course, for most of you this is a stand-alone course.

You will be working in an online environment as well as collaborating with a team of fellow students from a variety of professional disciplines to accomplish the goals of this course. As you progress through your educational training and grow in your professional role, the nature of the teamwork you experience will change from the type of teamwork you've participated in before. For example, you may have been a member of a sailboat crew or your school's swim team or debate team. Membership in a health care team differs from these types of memberships in several key aspects, and this course will help you discover and define many of the characteristics of a highly functional and effective health care team.

**Within the framework of these units, you will:**

- Become a member of a team of students
- Employ a social networking site to enhance your team process
- Investigate health care professions other than your own
- Conceive of and explore issues relating to effective teamwork, professionalism, professional integrity, and relationships between professionals and those they serve.
Unit 2: Personal and Professional Growth and Development

In this unit, you will explore ways to become aware of and purposefully monitor your own professional growth and development. While you can do a good deal to direct that process yourself, self-assessment and professional growth cannot be successfully accomplished without feedback and support from others, including team members, peers, instructors, mentors, and other professional role models. Therefore, this unit initially asks you to consider the meaning of 'self-awareness' and 'self-management,' and then you learn about the roles of teams and the support that team members and peers can provide to assist in your achievement of your professional growth and success.

So, upon completion of this unit, you will be able to:

- Define and discuss the importance of self-awareness and self-management
- Define and suggest strategies for self-assessment
- Demonstrate principles of good teamwork in your role as a team member
- Demonstrate one or more techniques for providing peer feedback as a form of peer assessment.
Unit 3: Knowledge of Health Professions and Professional Communities as Moral Communities

In this unit, you’ll learn more about the world of health professions, and you’ll delve into the concept of professional communities. In addition, you’ll go out into the community to talk with someone in a health care profession other than your own. In the small group session, you’ll discuss perceptions and misconceptions of health professions, and work through power-conflict scenarios. More specifically, upon completion of this unit, you will be able to:

- Reflect upon what is real and what is not true regarding stereotypes of health professions
- Describe educational requirements, scope of practice, and career opportunities for health professions represented in the Academic Health Center
- Distinguish between one’s role as a member of a work group, a team, and a team that acts as a moral community
- Describe the characteristics that distinguish a team that acts as a moral community
- Articulate the advantages associated with health care professionals working in teams that act as a moral communities
- Explain some strategies for resolving issues of power or conflict within teams.
Unit 4: Profession Codes of Ethics and Conflicts of Interest

In Unit Four, you will review the code of ethics for your own profession. In addition, you will explore conflict-of-interest issues and grapple with scenarios that challenge professional integrity within health professions settings.

By the end of this unit, you should be able to:

- Identify the code of ethics for your health profession
- Describe potential conflicts of interest for your health profession, and suggest ways to address them
- Communicate appropriately and effectively in discussions of ethical issues
Unit 5: Relationships Between Professionals and Those They Serve

In Unit Five, you will explore ethical issues that may arise during clinical encounters that may affect the relationship between professionals and those whom they serve. The issue of futile treatment will serve as the vehicle for examining the role that relationships play in resolving challenges to conscience, integrity, and the best interests of patients.

By the end of this module, you should be able to:

- Reflect upon the roles that conscience and personal and professional integrity play in moral clinical decision making
- Articulate the ways in which “futile treatment” can be defined
- Describe the emerging guidance on resolving disputes over forgoing life-sustaining treatment or non-beneficial treatment.
Feedback:

- Less time on Day 1, more time F2F discussion
- More emphasis on learning about other professions
- More student directed activities
- More emphases on case Studies
- All professions should be included
Phase II progress

- Over 50 elective IPE courses or experiences currently
- Seed grants to support development of additional IPE courses or experiences
- Gathering information on IPE to send to programs for approval of options
Current IPE Electives

- ACT II
- Interscholastic grants
- End of life Patient Centered Teamwork
- Physician & Society courses
- Institute for Healthcare Improvement Collaborative
- Walker-Methodist Transitional Care Unit Methodist Unit
- Center for Health Interprofessional Programs
- Immunization Tour
- Duluth strategic initiatives
- Burdick geriatrics fellowship in Moose Lake

- Health Careers Center multiple activities
- CLARION retreats and national case competition
- Area Health Education Center activities
- Fourteen AHEC rural interprofessional sites
- Minnesota Area Geriatric Education Center
- Geriatrics projects such as Seniors as Teachers
- IERC faculty development activities
- Tufts Institute on Systems
- Systems-based Practice
- Center for Bioethics courses
- Center for Spirituality and Healing
Phase III- In Development

Retreat for all stakeholders

- 110 employers of health professionals, CEO’s of hospitals and health care systems, health practitioners, community representatives, etc.

- Goal was to confirm partnership with stakeholders and to determine attributes stakeholders would like to see in our graduates.

- Facilitated by outside consultants and audience response systems used for private voting.
Connecting with Partners

A Dialogue about the Impact of Health Reform and Needs for Interprofessional Collaboration
Which most closely describes your current career focus?

1. Practicing health professional
2. Educator of health professionals
3. Employer of health professionals
4. Health policy / government
5. Community member / patient advocate
6. Other

![Bar chart showing the distribution of career focus choices.](chart.png)
Greater interprofessional collaboration is critical to solving today’s health system challenges

1. Strongly Disagree
2. Disagree
3. Agree
4. Strongly Agree
I am knowledgeable about current Minnesota health reform law

1. Strongly Disagree
2. Disagree
3. Agree
4. Strongly Agree
1. Flexibility and adaptive
2. Emotional intelligence
3. Commitment to understanding and practicing Team Vision
4. Mindfulness
5. Humility
6. Passion to make a difference
7. Courage
8. Resiliency
9. Cultural Responsiveness
10. Learning from mistakes
## Results

<table>
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<tr>
<th>Attribute</th>
<th>Average</th>
<th>Rank</th>
<th>All health* professional</th>
<th>Recent* graduates</th>
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<tr>
<td>Flexible and Adaptive</td>
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<td>1</td>
<td>4.51</td>
<td>5.31</td>
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<td>Emotional Intelligence</td>
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<td>Commitment to understanding and practicing Team Vision</td>
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<td>Humility</td>
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<td>5</td>
<td>3.53</td>
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<td>Passion to make a difference</td>
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<td>6</td>
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<td>Courage</td>
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<td>Cultural Responsiveness</td>
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<td>5.58</td>
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<tr>
<td>Learning from mistakes</td>
<td>6.78</td>
<td>10</td>
<td>4.95</td>
<td>4.95</td>
</tr>
</tbody>
</table>

*1 = Little demonstration of attribute, 10= exhibits attribute to world-class level
University of Minnesota ACH

Phase II

Foundational Knowledge/Tools

Phase III

Different Types of Authentic Experience
Diversity of IP Clinical Site Experience

IPE CLINICAL SITES

Veterinary Medicine
Dentistry
Public Health
Allied Health
Nursing, Medicine, Pharmacy

Work Groups
Situational Teams
High Performance Teams
How will Phase III be implemented?

- Extensive AHEC sites throughout the state, many with already established IPE programs
- Dental students required to spend 6-8 weeks in outreach at 7 available sites
- Partnership with our Minnesota stakeholders
Minnesota is on a journey that has come a long way but still has a long way to go.

IPE is not an option, we must redesign our curriculum to better meet the goals of optimal patient care.
Thank you!

but

You ain’t seen nothing yet, ba-ba-ba-baby

Baby boomers and Bachman Turner Overdrive, 1974