

Principles of Interprofessional Practice & Education

Mary Grantner, MA, CHCP
director

Rush University Office of Interprofessional Continuing
Education

The course director, planners, and faculty of this activity have no relevant
financial relationships to disclose.

Page through these slides to review the wider history of interprofessionalism in healthcare, and application of interprofessionalism to Rush.

Use the Bookmarks to find a particular section.

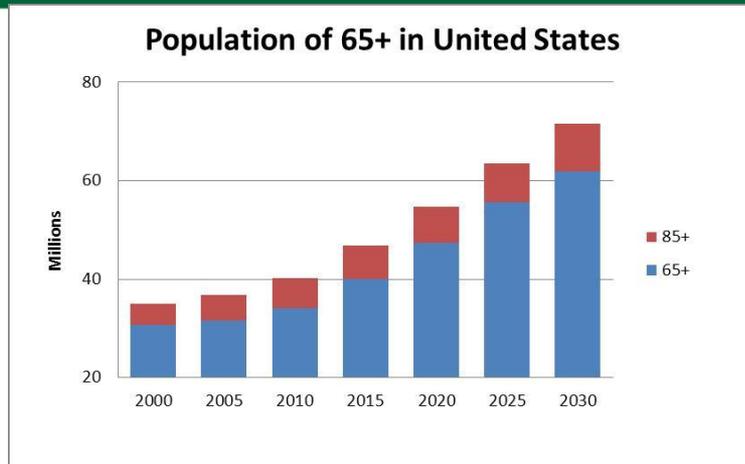
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The office of Interprofessional Continuing Education (IPCE)

Formed to address developments in health care and healthcare continuing education.

- Qualify credits for traditional, ***profession-specific*** CE.
- Allows providers of CE programming that is ***interprofessional*** to qualify those credits with a single application process administered by IPCE.
- In 2016, the IPCE office moved forward with the application process for ***Joint Accreditation*** with the Accreditation Council for Continuing Medical Education (ACCME), the American Nurses Credentialing Center (ANCC), and the Accreditation Council for Pharmacy Education (ACPE).

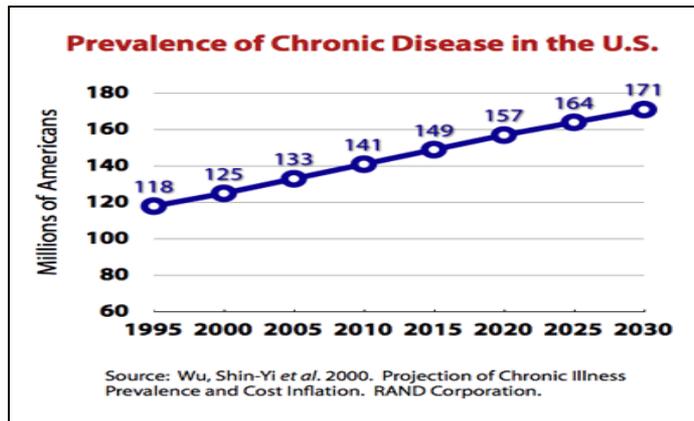
Why Interprofessionalism?



Developments in practice

Population demographics:

- The aging of the population - 20% of US population will be over 65 by 2050, coupled with increased longevity.
- Racial and ethnic diversity, growing immigrant populations.



Developments in practice

Population health:

- Increased rates of chronic illness and disability.
- Increased understanding of social determinants and environment affecting health, including access, disease risk, adherence and literacy.

Why IP?



(1913 and 2013)

Developments in practice

Care delivery and costs:

- Affordable Care Act and emphasis on new alignments and models of health care;
- Patient Centered Medical Home;
- Accountable Care Organizations;
- Medicaid and Medicare Managed Care.

Developments in education

See above plus...

- Learner demands and expectations.
- Patient safety.
- Electronic health records.
- Accreditation requirements.

Interprofessionalism in Practice

Changes in the Practice Model



The single, all-knowing expert is no longer accepted as the driver of health care.

“With the geometric rise in complexity in health care, which shows no signs of reversal, the number of connections among health care providers and patients will likely continue to increase and become more complicated.”

Core Principles & Values of Effective Team-based Health Care. 2012. Discussion paper, IOM, Washington, DC.

“New health care delivery system reforms hinge on a team-based approach to care.”



American Medical
Association

<http://www.ama-assn.org/ama/pub>

Several Models have been identified.

Top of License

Team members work at the top of their professional licenses to care for a panel of patients

Care Coordinator

A team with a patient “coordinator”; management of high-risk population for which additional effort is needed.

Enhanced Traditional

Enhanced version of traditional model; the physician performs the majority of patient care during the visit.

Any of these models, and there are more, require teams that work efficiently in a collaborative environment.

For more discussion...

Debora Goetz Goldberg, Tishra Beeson, Anton J. Kuzel, et al. **Team-Based Care.** *Population Health Management.* June 2013, 16(3): 150-156.

Barry L. Carter, PharmD; Meaghan Rogers, PharmD; Jeanette Daly, RN, PhD, et al. **The Potency of Team-Based Care Interventions for Hypertension.** *Arch Intern Med.* 2009;169(19):1748-1755.

Lars E. Peterson, MD, PhD, Brenna E Blackburn, MPH, James C Puffer, MD, Robert L Phillips, Jr, MD. **Family Physicians' Quality Interventions and Performance Improvement Through the ABFM Diabetes Performance in Practice Module.** *Ann Fam Med* January/February 2014 vol. 12.

Interprofessional Continuing Education

Criteria and Standards

Younger professionals *expect* an IP environment.

(1956 and 2014)



World Health Organization defines
Interprofessional Education in 2010
report –

*“students from two or more professions
learn **about, from and with** each other to
enable effective collaboration and improve
health outcomes.”*

What IP Education is *not*:

Students from 2+ professions...

- passively receiving lecture;
- interacting without ability to apply to practice;
- learning without intention to create IP environment.

What IP Education *is*:

Planning

- ***Intended*** to involve 2 or more professions
- ***Developed*** by 2 or more professions

Participants

- ***Interacting*** with learners from 2 or more other professions
- Engaging to create ***collaboration***

Joint Accreditation from ACCME, ANCC and ACPE includes –

- A set of 13 criteria aimed at educating the *healthcare team*.

For example: “The provider incorporates into CE activities the educational needs (knowledge, skills/strategy, or performance) that underlie the *practice gaps of the healthcare team...*”

For more discussion...

National Center for Interprofessional Practice and Education

At the University of Minnesota, a public-private partnership that contributes to the transformation of health care by identifying ways to improve health, enhance patient care and control costs through integrating interprofessional practice and education.

<http://www.ahceducation.umn.edu/national-center-for-interprofessional-practice-and-education/index.htm>

Interprofessional Education Collaborative

Report of an expert panel on the development of interprofessional collaborative competencies (interprofessional education), requiring moving beyond profession-specific educational efforts to engage students of different professions in interactive learning with each other.

<http://www.aacp.org/resources/education/Documents/10-242IPECFullReportfinal.pdf>

Rush Interprofessional Continuing Education

What to do

When developing a continuing education activity, ask yourself:

- Is this education appropriate for the care team? Why?
- What specific practice gap(s) am I seeing?
- What specific changes or improvements in clinical practice do I seek?

Still essential, our application addresses:

- Evidence-based content;
- Adherence to the ACCME Standards for Commercial Support;
- A means to evaluate team outcomes – knowledge acquisition is not enough!

Evidence-based content

IPCE “walks you through” the process of content planning based on evidence.

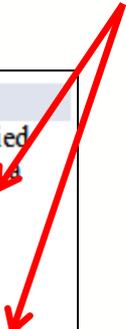
Effective Educational Design Principles

Purpose/Need. What knowledge or skills must be remedied to help close the practice gap(s) identified above? The purpose should be stated in relation to the desired outcome of the educational activity as a result of the educational program. (i.e. *The purpose of this activity is to improve the application of AACE dietary guidelines.*)

What is the learning need, or purpose, for this activity?

Is the educational content based on evidence? Content for this educational activity was chosen from:

- Information available from organization/web site (organization/web site must use current available evidence within past 5 - 7 years as resource for readers; may be published or unpublished content; i.e. – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health):
- Information available through peer-reviewed journal/resource (reference should be within past 5 – 7 years):
- Clinical guidelines (i.e. - www.guidelines.gov):
- Expert resource (individual, organization, educational institution):
- Textbook reference:
- Other:



Commercial interests/Commercial support Responsibilities:

As course director, faculty, and/or planner of continuing education, you are partner with IPCE in ensuring that CE is unbiased and free of commercial influence.

Standards for commercial support

IPCE must be involved in the oversight of all commercial support.

Commercial support is financial or in-kind contribution given by a commercial interest and which is used to pay all or part of the costs of an educational activity.

Read the application carefully – your support might or might *not* require close work with IPCE.

Financial Requirements

Rush University is responsible for all financial decisions related to any qualified continuing education activity through the office of IPCE. The IPCE office must review and approve all decisions in concert with course leadership regarding the disposition and disbursement of commercial support in accordance with ACCME, ACPE, ANCC and IDFP criteria.

Please review these definitions, then answer the questions below.

A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes health care goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-health care related companies.

Commercial support is financial or in-kind contributions given by a commercial interest, and which is used to pay all or part of the costs of a CME, CNE or CPE activity.

A sponsor is identified as an organization that does not meet the definition of commercial interest. Sponsorship is financial or in-kind contributions given by an entity that is not a commercial interest, which is used to pay all or part of the costs of a CME, CNE or CPE activity.

Commercial *exhibitors*, along with *advertisers*, are considered commercial promotion, and their proximity to continuing education must be managed in accordance with accreditation criteria. Commercial promotion material or product-specific advertisement of any kind is prohibited in or during CE activities.

Remember:

Anyone in control of educational content must disclose the presence or absence of all financial relationships with commercial interests.

A relationship does not disqualify you from participating in education. However, your relationship must be *disclosed* and, if there's a potential conflict, *resolved*.

Outcomes evaluation

We are required to assess and analyze changes in the learners' behavior. IPCE has standard measures in

KNOWLEDGE

SKILLS/STRATEGY

PERFORMANCE

Outcomes evaluation

In addition we must *analyze change in the healthcare team.*

Standard evaluation includes

3. The Facilitator(s)/Presenter(s) demonstrated content expertise.	A	B	C	D	E
4. This activity met my expectations based on the stated goals and objectives.	A	B	C	D	E
5. The teaching method(s) used were effective for learning.	A	B	C	D	E
6. The knowledge and/or skills I have acquired from this activity are directly applicable to my professional practice.	A	B	C	D	E
7. I intend to apply the knowledge and/or skills I have acquired from this activity to my practice team.	A	B	C	D	E
8. As a result of this activity, I am better able to collaborate with a multidisciplinary care team.	A	B	C	D	E
9. I am better able to communicate with other members of the multidisciplinary care team as a result of what I learned in this activity.	A	B	C	D	E
10. Because of this activity I am better able to integrate my care with other teams and team members to ensure continuous and reliable patient care.	A	B	C	D	E



Outcomes evaluation

If you'd like to use different measures to *analyze change in the healthcare team or Learners' knowledge, skills or performance*, IPCE will partner with you to implement.

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Interprofessionalism is the present and future.

Thank you

Please contact IPCE with any questions
312-942-7119

And submit your CE application by e-mail:
CE_office@rush.edu