Preparing a Workforce for Interprofessional Collaborative Care

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AAMC
SACME, November 5, 2014
Long recognized need to change physician education
“There is growing realization that it is unrealistic to assume that effectively articulated education, progressing in logical sequence from the rudiments to mastery, can be provided through fragmented programs under different jurisdictions...medical education should, in the future, be planned and provided as a continuum – a continuous process with all the elements carefully integrated and under coordinated leadership.”

AAMC Commission on Medical Education 1932
“The concept of medicine as a single discipline concerned with only the restoration of individual health from the diseased state should be replaced by the concept of ‘health professions’ working in concert to maintain and increase the health of society as well as the individual.”

Coggeshall Report 1965, AAMC
“Faculty members should define and agree on the required competencies for graduating students and, in so doing, define the purpose of their medical students’ education in terms that have a similar meaning for all students and faculty members in all disciplines and all specialties.”

ACME-TRI 1992
Drivers to Transform Care

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<th>111th Congress</th>
<th>LEGISLATIVE COUNSEL</th>
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COMPILATION OF PATIENT PROTECTION AND AFFORDABLE CARE ACT

[As Amended Through May 1, 2010]

INCLUDING

PATIENT PROTECTION AND AFFORDABLE CARE ACT
HEALTH-RELATED PORTIONS OF THE HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010

PREPARED BY THE
Office of the Legislative Counsel
FOR THE USE OF THE
U.S. HOUSE OF REPRESENTATIVES

MAY 2010
Access for Diverse Population
Behavior Undermines Health
IPE Collaborative
Agreement January 2009 to work together to:

• Foster a common vision for team-based care
• Promote efforts to reform health care delivery and financing consonant with that vision
• Contribute to development of leaders and resources for substantive interprofessional learning
Every medical, nursing, dental, pharmacy, and public health graduate is proficient in the core competencies for interprofessional, team-based care, including preventive, acute, chronic and catastrophic care.
IPE Collaborative Action Plan
Help our member institutions advance the field by:

- Promoting a common language and shared competencies
- Facilitating effective faculty development
- Fostering shared learning resources
- Identifying effective organizational models
- Promoting inter-professional collaboration with policy-makers
- Facilitating linkage with clinical and translational research
Four competencies, 38 behavioral expectations

Values and ethics

Roles and responsibilities

Interprofessional communications

Teams and teamwork
Care delivered by intentionally created, usually relatively small work groups,...having a collective identity and shared responsibility for a patient or group of patients.

When multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care. WHO
Meaningful interprofessional learning

• Should begin early, before professional identity set

• Be reinforced over time

• Be focused on patients, real or simulated

• Include a meaningful role for the learner
IPEC, HRSA, FOUNDATIONS PARTNER TO RELEASE COMPETENCIES IN 2011
Principles Supporting Dynamic Clinical Care Teams: An American College of Physicians Position Paper

Robert R. Delory and Ryan A. Crowley, for the Health and Public Policy Committee of the American College of Physicians.

Position Paper

7. The creation and sustainability of highly functioning care teams require essential competencies and skills in their members.

In 2009, 6 associations formed the Interprofessional Education Collaborative with the goal of advancing interprofessional educational learning experiences to better prepare students for collaborative and team-based care. A panel of experts appointed by this collaborative in 2010 developed a set of core competencies in 4 domains to ensure that students had the foundation of knowledge, skills, and values they need to function as part of a team to provide effective patient-centered collaborative care: values and ethics, roles and responsibilities for collaborative practice, interprofessional communication, and teamwork and team-based care.

The panel further identified 38 competencies that describe essential behaviors across the 4 core domains. For example, under the interprofessional teamwork and team-based care domain, students should be prepared to “share accountability appropriately with other professions, patients and communities for outcomes relevant to prevention and health care. Another example, under the roles and responsibilities domain, they should be able to explain the roles and responsibilities of other care providers and use the unique and complementary abilities of all team members to optimize patient care” (17). However, these skills and competencies are not incorporated into training programs for most health care professionals. This lack of training needs to be addressed, and currently functioning teams should have procedures in place to ensure the development of members’ core competencies (18).
Resources for Learning and Assessment
Faculty Development
Faculty Development Institutes

Seven institutes May 2012-October 2014
249 Institutional teams
1074 Individuals
Majority of medicine attendees from UME
Diffusion is Happening in Medicine
The core curriculum of a medical education program must prepare medical students to function collaboratively on health care teams that include other health professionals. Members of the health care teams from other health professions may be either students or practitioners.
A True Continuum of Medical Education
Required Interprofessional Education

Number of Medical Schools

Year
2007-2008
2008-2009
2009-2010
2010-2011
2011-2012
2012-2013
2013-2014

Survey Item: Does the medical school offer required education sessions that bring together students from different health professions programs (for example, medicine, nursing, allied health)?

n indicates the total number of medical schools that offer required education sessions that bring together students from different health profession programs for the given academic year.

N indicates the total number of medical schools that participated in survey for the given academic year.

Source: LCME Part II Annual Medical School Questionnaire, 2007-2008 through 2013-2014

Download Data (Excel)
2014 GQ: Participation in Any Required IPE Activities
Survey Item: Check the programs in other health professions whose students participate in required interprofessional education experiences with medical students. (Check all that apply.)
A total of 116 medical schools responded to the survey item for the given academic year.
A total of 140 medical schools participated in the survey for the given academic year.
Source: LCME Part II Annual Medical School Questionnaire 2013-2014
2014 GQ: Other Professions in Required IPE Activities

- Nursing
- Physicians Assistants
- Pharmacy
- Dentistry
- Physical Therapists
- Occupational Therapy
- Osteopathic Medicine
- Public Health
- Social Work
- Psychology

Percentage

0 10 20 30 40 50 60 70 80 90
Setting of Required Interprofessional Education

- Classroom/Seminar
- Simulation Center
- Patient Care
- Other

Survey Item: Check in what types of settings the interprofessional education occurs.

Note: More than one type of setting was allowed to be selected.

n indicates the total number of medical schools that responded to the survey item for the given academic year.

N indicates the total number of medical schools that participated in the survey for the given academic year.

2014 GQ: Type of Learning Experience in Required IPE

- Lecture only, clinical subject
- Clinical Simulations
- Active engagement with Patients
- Patient-centered case problems
- Team Skills Training
Where Interprofessional Education Occurs in the Curriculum

Please select an academic year: 2013-2014

Survey Item: Check where in the curriculum the required interprofessional education occurs. (Select all that apply.)
A total of 116 medical schools responded to the survey item for the given academic year.
A total of 140 medical schools participated in the survey for the given academic year.
Source: LCME Part II Annual Medical School Questionnaire 2013-2014
General Goals of Interprofessional Education

Survey Item: Check the general goals of required interprofessional education experiences for medical students. (Check all that apply.)
A total of 118 medical schools responded to the survey item for the given academic year.
A total of 140 medical schools participated in the survey for the given academic year.
Source: LCME Part II Annual Medical School Questionnaire 2013-2014
76% of MD graduates say IP learning experience helped them get a better understanding of other professions contributions to patient care.
IPE Collaborative Action Plan
Help our member institutions advance the field by:

- Promoting a common language and shared competencies
- Facilitating effective faculty development
- Fostering shared learning resources
- Identifying effective organizational models
- Promoting inter-professional collaboration with policy-makers
- Facilitating linkage with clinical and translational research
We want to know:

• Which assessments – including guided professional judgment – will give us confidence that learners are at least proficient in the competencies for IP collaborative practice?

• How resilient is team readiness when tested by work stress?

• Which learning experiences are most effective?

• What faculty behaviors correlate with student perception of good role models and mentors?

• Long term: are there learner attributes that predict strong collaborative and team skills?
Related Work Reinforcing IPE
Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians

Robert Englander, MD, MPH, Terri Cameron, MA, Adrian J. Ballard, Jessica Dodge, Janet Bull, MA, and Carol A. Aschenbrener, MD

Abstract

Although health professions worldwide are shifting to competency-based education, no common taxonomy for domains of competence and specific competencies currently exists. In this article, the authors describe their work to (1) identify domains of competence that could accommodate any health care profession and (2) extract a common set of competencies for physicians from existing health professions’ competency frameworks that would be robust enough to provide a single, relevant infrastructure for curricular resources in the Association of American Medical Colleges’ (AAMC’s) MedEdPORTAL and Curriculum Inventory and Reports (CIR) sites.

The authors used the Accreditation Council for Graduate Medical Education (ACGME)/American Board of Medical Specialties six domains of competence and 36 competencies delineated by the ACGME as their foundational reference list. They added two domains described by other groups after the original six domains were introduced: Interprofessional Collaboration (4 competencies) and Personal and Professional Development (8 competencies). They compared the expanded reference list (48 competencies within eight domains) with 153 competency lists from across the medical education continuum, physician specialties and subspecialties, countries, and health care professions. Comparison analysis led them to add 13 “new” competencies and to conflate 6 competencies into 3 to eliminate redundancy.

The AAMC will use the resulting “Reference List of General Physician Competencies” (58 competencies in eight domains) to categorize resources for MedEdPORTAL and CIR. The authors hope that researchers and educators within medicine and other health professions will consider using this reference list when applicable to move toward a common taxonomy of competencies.

“The members of the Coalition endorse a framework for professional competence that contains six general but essential domains of competence: Professionalism, Medical Knowledge, Patient Care and Procedural Skills, Interpersonal and Communication Skills, Practice-based Learning and Improvement, and System-based Practice.

The Coalition member organizations are committed to ongoing, meaningful processes for assessment and evolution of the competencies to ensure that students and physicians have the knowledge and skills to provide excellent patient care as social and delivery system needs change.”

Consensus Statement on Framework for Professional Competence by the Coalition for Physician Accountability
Core Entrustable Professional Activities for Entering Residency

Curriculum Developers’ Guide

Learn
Serve
Lead

Association of American Medical Colleges

www.aamc.org/cepaer
EPA 9: Collaborate as a member of an interprofessional team

Expected behaviors of an entrustable learner (indirect supervision):

• Acts as an active and integrated member of team who in most situations prioritizes team goals over one’s own.

• Understands roles of other team members, seeks their counsel, actively listens to their recommendation and incorporates them.

• Typically communicates in bidirectional manner and keeps all team members informed and up to date.

• Modifies and adapts communication content and style based on audience, venue, receiver preference, type of message.

• Usually able to read one’s own emotions and anticipate those of others.

• Maintains professional demeanor in all but most trying situations

• Actively engages with patient and team for seamless transitions.
What Role for CE in Advancing Interprofessional Collaboration?
Change is difficult

People always have the same three questions:

• What exactly do you want me to do?
• What do I have to give up?
• What’s in it for me?
The Habit Loop

IPE can help create the future

Enhance interprofessional dialogue on broad scale

Increase awareness of unconscious bias

Consider single standard of competency for specific services

Stimulate creation of fluid learning pathways across health professions