

4-1-2017

Interprofessional Education and the Clinical Learning Environment: Key Features to Consider

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Recommended Citation

Simpson D, Brill J, Hartlaub J, Rivera K, Rivard H, Hageman H, Huggett KN. Interprofessional Education and the Clinical Learning Environment: Key Elements to Consider. AIAMC Annual Meeting. March 30– April 1, 2017. Amelia Island, FL.

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INTERPROFESSIONAL EDUCATION AND THE CLINICAL LEARNING ENVIRONMENT: KEY ELEMENTS TO CONSIDER

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INTRODUCTION

- **INTERPROFESSIONAL EDUCATION (IPE)** in the clinical workplace is where learners become healthcare team members focused on optimizing patient care/outcomes
- **SIGNIFICANT BARRIERS** to effective interprofessional learning in the clinical environment include:
 - **FACILITY AND LOGISTICAL ISSUES**
 - ✓ How many different learners can fit in a specific setting
 - ✓ Scheduling of learners and providers
 - **DIFFERING EDUCATIONAL REQUIREMENTS BY PROFESSION**
 - ✓ Active supervision / presence by provider in trainee's profession (medical student by physician; PT by PT)
 - ✓ Overlapping expectations between MD, NP, PA learners
 - ✓ Adds stressors to teachers, staff and patients
- **SYSTEMATIC IPE INTEGRATION** in the clinical workplace can support effective team-based care, collegiality and resiliency
- **CHALLENGE:** Limited literature on the key elements to consider when implementing IPE in the clinical workplace

PROJECT AIM

To create an Interprofessional Clinical Learning Environment Checklist (IP-CLEC) highlighting critical elements needed to operationalize IPE integration into the clinical workplace

METHODS

- **THE IP-CLEC** was designed by combining two data sets:
 - Ambulatory-based clinical site quality indicators¹
 - Recently identified key features associated with operationalizing IPE in the clinical workplace²
- **AN INTERPROFESSIONAL TEAM** composed of physician and NP educational leaders, educators, student education and project managers were engaged to review the checklist, revise, and pilot with shared assumptions:
 - IPE is driven by patient needs
 - Each professions' trainee's patient contact may be asynchronous but the team's approach is synchronized

REFERENCES

1. Bowen JL, Stearns JA, Dohner C, Blackman J, Simpson D. Defining and evaluating quality for ambulatory care educational programs. Acad Med. 1997 Jun 1;72(6):506-10.
2. Hageman H, Huggett KN, Simpson D, et al. 12 Tips for Operationalizing Interprofessional Education in the Clinical Workplace. Findings from the AAMC Regional Group on Educational Affairs Annual Spring Meetings 2016.

RESULTS: IP-CLEC CHECKLIST

Interprofessional Clinical Learning Environment Checklist	
✓ if yes	Key Features to Consider/Discuss when Considering IPE in the Clinical Workplace
PEOPLE: LEADERSHIP AND TEACHERS (ACROSS THE PROFESSIONS)	
	1. Leaders and teachers actively champion and support IPE in the clinical workplace
	2. Leaders see trainees as adding value to patient care by aligning patient and educational priorities
	3. Delineate various IPE trainees' scope of practice and align with accreditation & supervision requirements
	4. Providers in the clinical workplace embrace IPE and the principles of patient-centered collaborative care
	5. Adapt existing evidence-based educational strategies approaches to support IPE (e.g., case conferences, clinic huddles)
	6. Teacher development resources/training available for on-site and web-based IPE oriented with option for continuing education credit
CLINICAL SITE READINESS	
	7. Clinical workplace provides patient centered care using a collaborative practice, team-based approach with multiple professions active at the site
	8. Sufficient clinical workspace to accommodate multiple health professions students (e.g., desktop/mobile workstations to access/review EHR, size/# of clinical and/or patient care rooms, debriefing areas)
	9. Clinical teachers available in each IPE profession
	10. Experienced clinical teacher(s) in at least one profession
	11. Provide ongoing feedback to IPE trainees and end of experience final assessments
	12. Patients willing to see interprofessional trainees
PROCESSES: RAPID CYCLE PDSA & WORKFLOWS	
	13. Workplace providers and trainees consider workplace-based IPE as opportunity for rapid cycle PDSA
	14. IPE can "start small", be tested and "spread" results consistent with IHI Improvement Model
	15. Workflows for IPE clinical placements and onboarding to health care system and site

SUMMARY

THREE IP-CLEC DOMAINS IMPORTANCE OF:

1. **PEOPLE:** Strong and visible IPE support from clinical and education leaders, clinical teachers across the professions and providers
 - ✓ See IPE as "value added" to the clinical mission
 - ✓ Recognize the time/changes in clinical operations
 - ✓ Committed to providing real world experiences
 - ✓ Provide effective / meaningful learner assessments
2. **CLINICAL SITE READINESS:**
 - ✓ Clinical site + teacher + provider /staff + patient IPE readiness
 - ✓ Must be patient-centered, team-oriented workplaces to model appropriate IPE behaviors
 - ✓ Must have sufficient clinical workspace for trainees
3. **PROCESSES:** See workplace-based IPE as opportunity for
 - ✓ Rapid cycle PDSA and use of workflows
 - ✓ IPE clinical placements and trainee on-boarding

CURRENT & FUTURE STEPS

Piloting IP-CLEC in primary care clinic

1. **PEOPLE:** Identified and met with target site clinical & education stakeholders
 - ✓ Individual meetings to explore and assess leader views of IPE as "value added"
 - ✓ Convene individuals to make commitment public
2. **CLINICAL SITE READINESS :** Clinical site + teachers + provider/staff + patient are IPE ready
3. **PROCESSES:** Connecting workplace-based IPE to
 - ✓ GME required QI
 - ✓ Performance Improvement - CME
 - ✓ Preparing IPE clinical placements and trainee on-boarding

Future Steps include:

1. Review and refine IP-CLEC
2. Use checklist to spread IPE more clinical settings
3. Evaluate the "value" of workplace based IPE

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