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

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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 indicators
  - Recently identified key features associated with operationalizing IPE in the clinical workplace
- **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 profession’s trainee’s patient contact may be asynchronous but the team’s approach is synchronized

**RESULTS: IP-CLEC CHECKLIST**

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

**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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**REFERENCES**