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

Deborah Simpson  
*Aurora Health Care, deb.simpson@aurora.org*

John R. Brill  
*Aurora Health Care, john.brill@aurora.org*

Jennifer Hartlaub  
*Aurora Health Care, jennifer.hartlaub@aurora.org*

Kristin Rivera  
*Aurora Health Care, kristin.rivera@aurora.org*

Heather Rivard  
*Aurora Health Care, heather.rivard@aurora.org*

*See next page for additional authors*

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Authors
Deborah Simpson, John R. Brill, Jennifer Hartlaub, Kristin Rivera, Heather Rivard, Heather Hageman, and Kathryn N. Huggett

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

D. Simpson PhD, J. Brill, MD, MPH, J. Hartlaub, DNP, APNP, K. Rivera, H. Rivard, H. Hageman, MBA, * K. Huggett, PhD+

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:
  o FACILITY AND LOGISTICAL ISSUES
    ✓ How many different learners can fit in a specific setting
    ✓ Scheduling of learners and providers
  o 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:
  o Ambulatory-based clinical site quality indicators1
  o 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:
  o IPE is driven by patient needs
  o Each professions’ trainee’s’ patient contact may be asynchronous but the team’s approach is synchronized

RESULTS: IP-CLEC CHECKLIST

<table>
<thead>
<tr>
<th>Interprofessional Clinical Learning Environment Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>* if yes Key Features to Consider/Discuss when Considering IPE in the Clinical Workplace</td>
</tr>
<tr>
<td>PEOPLE: LEADERSHIP AND TEACHERS (ACROSS THE PROFESSIONS)</td>
</tr>
<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>
</tr>
<tr>
<td>6. Teacher development/resources/availability for on-site and web-based IPE oriented with option for continuing education credit</td>
</tr>
<tr>
<td>CLINICAL SITE READINESS</td>
</tr>
<tr>
<td>7. Clinical workplace provides patient centered care using a collaborative practice, team-based approach with multiple professions active at the site</td>
</tr>
<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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<tr>
<td>10. Experienced clinical teacher(s) in at least one profession</td>
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<tr>
<td>11. Provide ongoing feedback to IPE trainees and end of experience final assessments</td>
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<tr>
<td>12. Patients willing to see interprofessional trainees</td>
</tr>
<tr>
<td>PROCESSES: RAPID CYCLE PDSA &amp; WORKFLOWS</td>
</tr>
<tr>
<td>13. Workplace providers and trainees consider workplace-based IPE as opportunity for rapid cycle PDSA</td>
</tr>
<tr>
<td>14. IPE can “start small”, be tested and “spread” results consistent with IHI Improvement Model</td>
</tr>
<tr>
<td>15. Workflows for IPE clinical placements and onboarding to health care system and site</td>
</tr>
</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

All Authors are affiliated with Aurora Health Care – Milwaukee, Wisconsin except:
* Center for Interprofessional Practice & Education at Washington University Medical Center
+ University of Vermont Larner College of Medicine