

# Sharing Space Just Isn't Enough: Do's and Don'ts of Interprofessional Education

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# Faculty Disclosure

The presenter of this session have NOT had any relevant financial relationships during the past 12 months.

# Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at [https://www.cfha.net/page/Resources\\_2019](https://www.cfha.net/page/Resources_2019) and on the conference mobile app.



# Learning Objectives

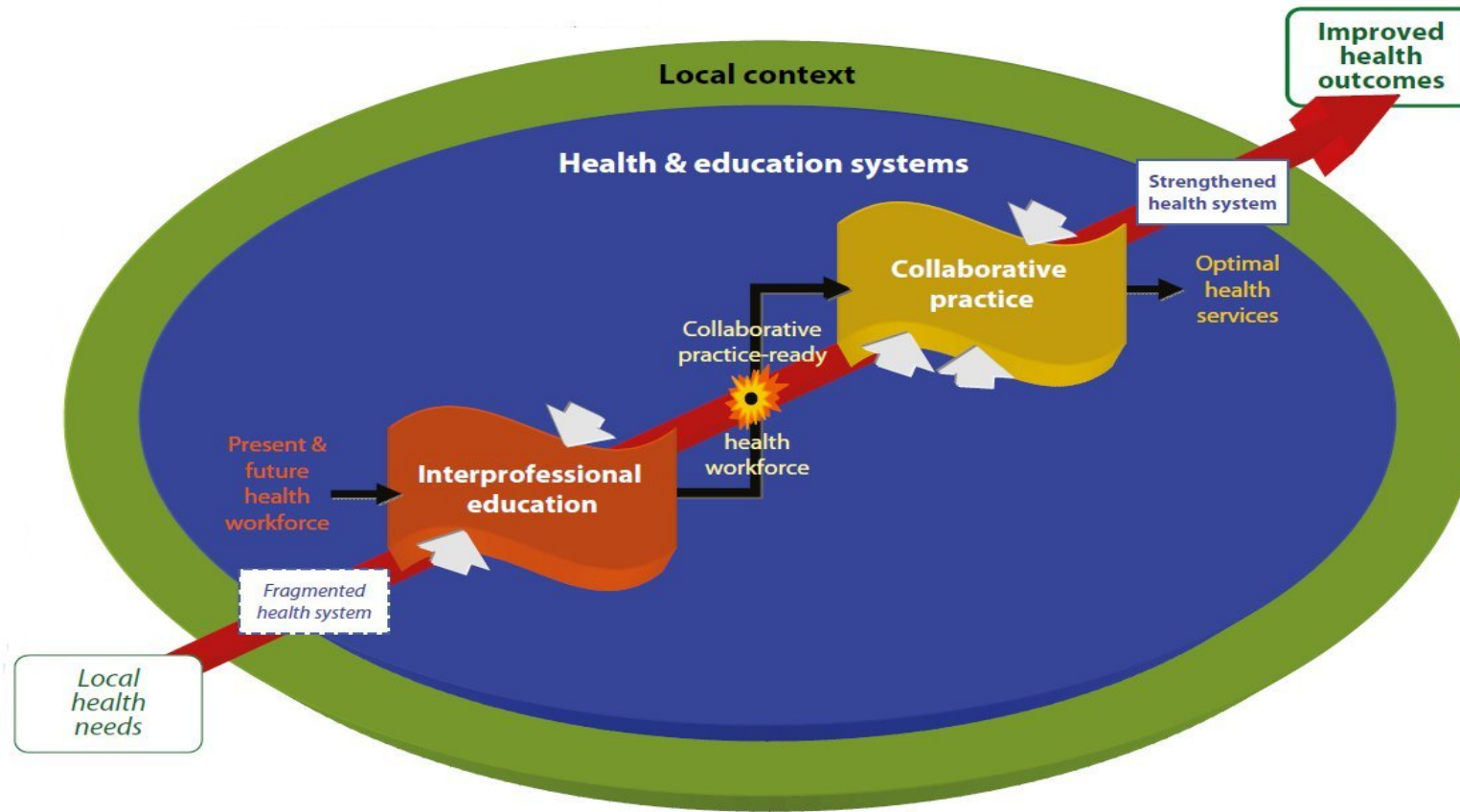
At the conclusion of this session, the participant will be able to:

- Explain the importance of interprofessional education in the development of healthcare professionals that can provide the highest value care.
- Define potential barriers to effective interprofessional education.
- Describe a model for implementing interprofessional education, and lessons learned in developing an evolving curriculum.

# Learning Assessment

- ▶ A learning assessment is required for CE credit.
- ▶ A question and answer period will be conducted at the end of this presentation.

# Interprofessional Education



(World Health Organization, 2010)

The problem: How do we fix it?!



# VA Centers of Excellence (COE) in Primary Care Education

## Purpose:

Foster transformation of clinical education by preparing graduates of health professional programs to work in and lead patient-centered interprofessional teams that provide coordinated longitudinal care.

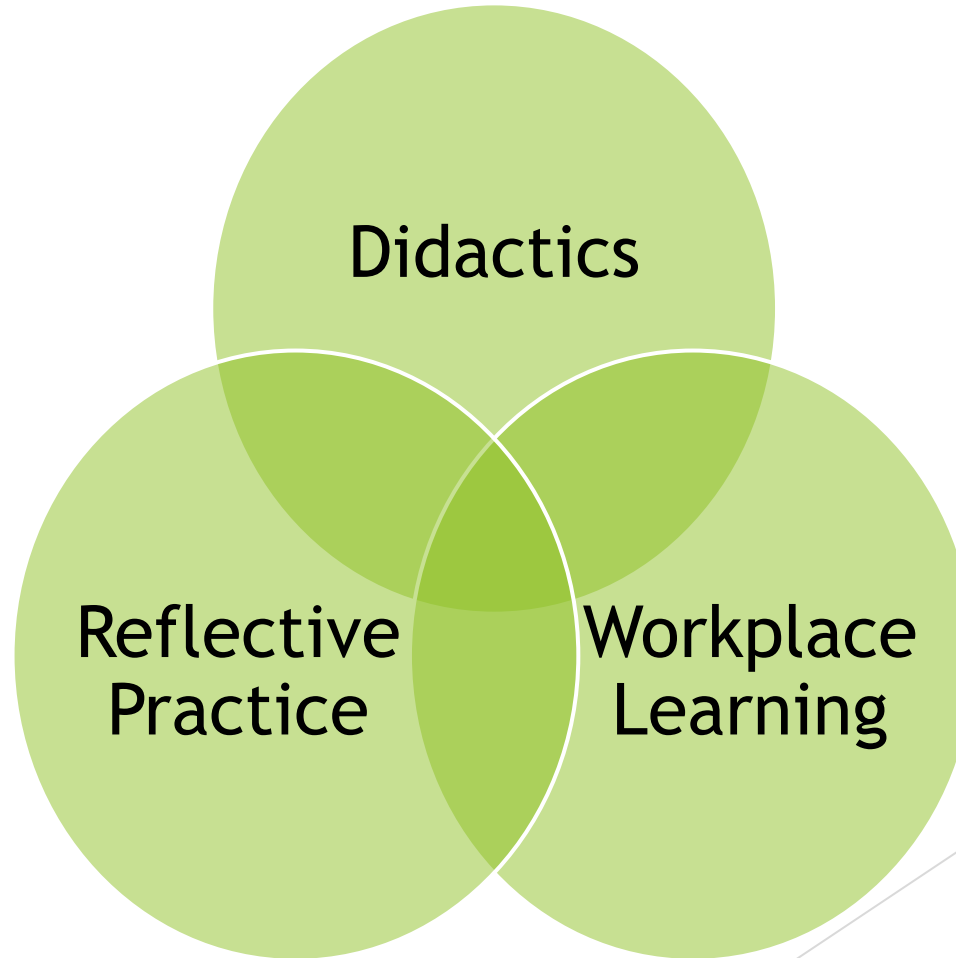
## Objectives:

Develop and test innovative approaches for curricula related to core competencies of patient-centered care. Study the impact of new educational approaches and models on health professions education to include collaboration, cultural shifts in educational priorities, and educational and workforce outcomes within and beyond VA.



# VA COE in Primary Care Education

## Types of Learning



# VA COE in Primary Care Education

## ► Educational Domains

- Shared Decision-Making: Care is aligned with the values, preferences and cultural perspectives of the patient. Curricula focus is on communication skills necessary to promote patient's self-efficacy.
- Sustained Relationships: Care is designated to promote continuity of care; curricula focus on longitudinal learning relationships.
- Interprofessional Collaboration: Care is team based, efficient and coordinated, curricula focus is on developing trustful, collaborative relationships.
- Performance Improvement: Care is designed to optimize the health of populations; curricula focus on using the methodology of continuous improvement in redesigning care to achieve quality outcomes.

# VA COE in Primary Care Education

## Grant: Phase 1

- 5 Sites
- 5 Million Dollars
- 5 Years



## Grant: Phase 2

- 7 Sites
- 4 Million Dollars
- 4 Years

# COE in Primary Care Education Sites



# Cleveland VA COE

- ▶ Interdisciplinary learner cohort
  - ▶ Psychology postdoctoral fellows: 1-3 (1 year)
  - ▶ Pharmacy residents: 2 (1 year)
  - ▶ MD residents: 12 per PGY class (PGY1-3)
  - ▶ Nurse practitioner residents: 4 (1 year)
  - ▶ Nurse practitioner students : 4 (6 months)
  - ▶ Social work student: 1 (1 academic year)
- ▶ Friday morning didactics
- ▶ Continuity clinic

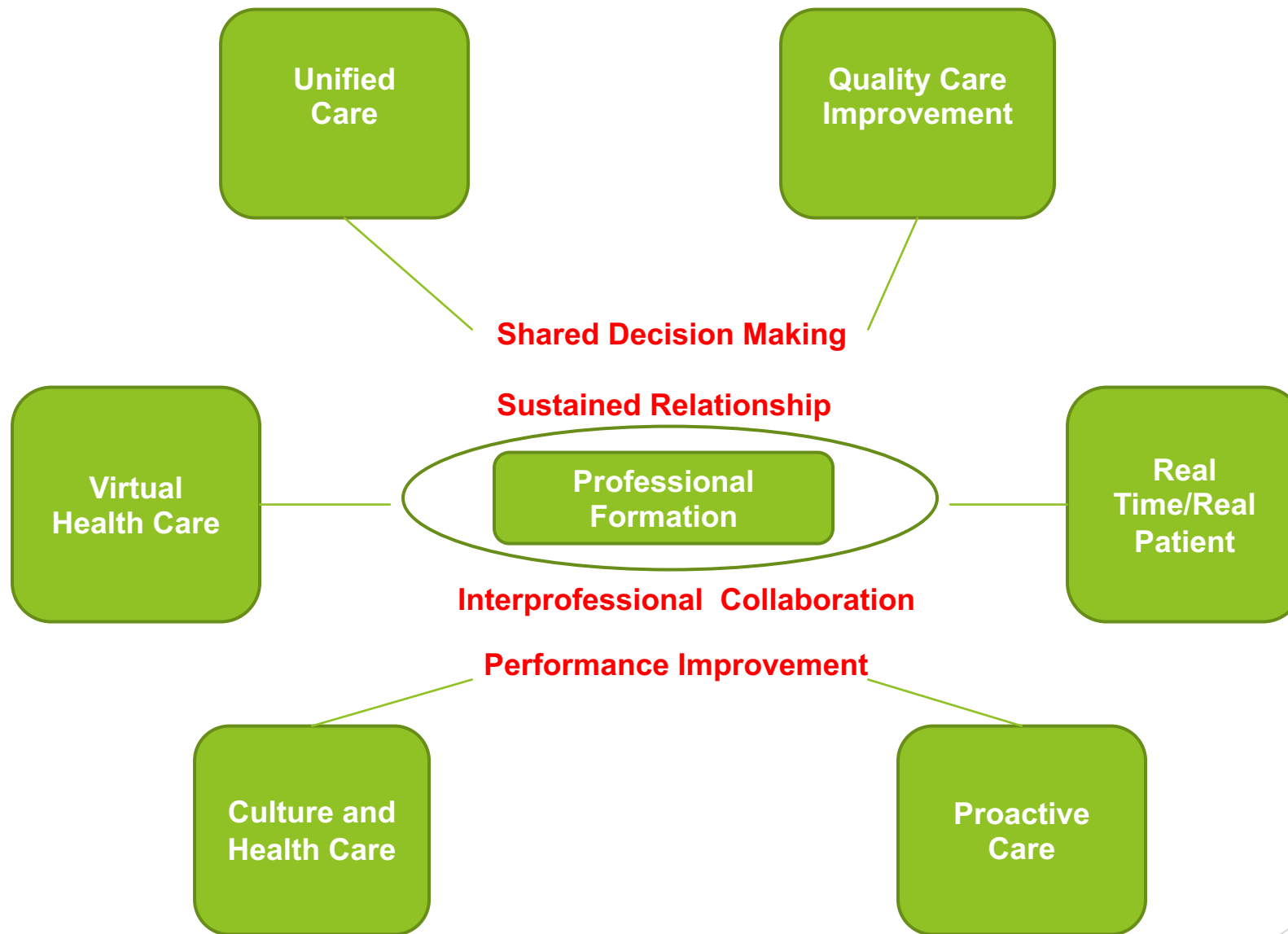


Table 1. Educational Domains	TOPC's Dimensions of Professional Formation					
	Unified Care = Collaborating effectively	Quality Care Improvement= Improving quality in care	Real Time Real Patient Care=Listening to the patient	Proactive Care= Promoting health	Virtual Health= Communicating via different modes	Culture and Health= Reflecting
<b>Shared Decision Making (patient driven care)</b> <i>To support patient centered approaches to medical decision making that promote shared decision making &amp; empowering patients to drive their care</i>	Understand and incorporate the varying perspectives of patients and other health care workers.	Recognizes that shared decision making and meaningful patient input are key to improving care processes	Demonstrates respect for and integration of patients' values and preferences.	Supports and empowers patients.	Practices and demonstrates effective communication skills in simulated environments.	Incorporates self-awareness and patient insight into the process of care and making decisions.
<b>Sustained Relationship</b> <i>To promote longitudinal patient care relationships using new models of continuity of care for trainees and to promote effective longitudinal learning relationships between learners, faculty and team members</i>	Learners and faculty develop effective sustained learning relationships.	Recognizes the relationship between longitudinal care relationships and continuous quality improvement	Incorporates patient feedback into longitudinal relationships with a panel of patients.	Understands and demonstrates safe handoffs and transitions of care.	Recognizes the importance of multi-communication modalities in reducing care gaps and creating and sustaining effective longitudinal relationships.	Builds sustained relationships based on trust, mutual respect, and lifelong learning.
<b>Interprofessional Collaboration</b> <i>To support programs that promote collaborative care delivery and promote teamwork in the delivery of patient activated clinical care</i>	Demonstrates and promotes collaborative care skills and methods.	Recognizes and incorporates the contributions of all parties to the CQI process.	Uses patient perspectives to improve inter-professional dynamics and promote teamwork.	Advocates for health and wellness through systems, communities, & populations.	Demonstrates understanding of and utilizes collaborative care skills across non-face-to-face care pathways.	Works to promote an environment where questions, divergent opinions, and candid reflection are valued and supported.
<b>Performance Improvement</b> <i>To promote trainee program structures to support longitudinal relationships in delivering evidence based quality of care for individuals and populations that is safe, effective and efficient</i>	Applies panel co-management skills & shared tools (e.g., registries) to ensure quality care delivery systems	Incorporates best evidence and adaptive expertise into clinical decisions and CQI processes.	Incorporates patient communication and feedback into the process of creating a culture of safety and quality. Error reporting.	Identifies systems and lines of inquiry that improve the health of individuals and populations.	Demonstrates how to incorporate real-time evidence into the care environment.	Applies the process of CQI to personal reflections and goals in the process of lifelong learning and professional development.



# The Center Of Education at the Cleveland VA Medical Center





# Evolution of curriculum

**NEW!**



# Evaluation

Minute  
Papers

Online  
Feedback

COE  
Senior  
Retreat

# Common Concerns

**Relevance**

**Level**

**Training Needs**

# LESSONS LEARNED



# Lessons Learned

Time

Space

Physical  
Environment

Interprofessional  
Experts

# Lessons Learned



# Lessons Learned

Interprofessional learning objectives

Skills that maximize team cohesion

All inclusive language

# Lessons Learned

Expectations for learners;  
guidelines for speakers

Introduction to didactics

Willingness to change

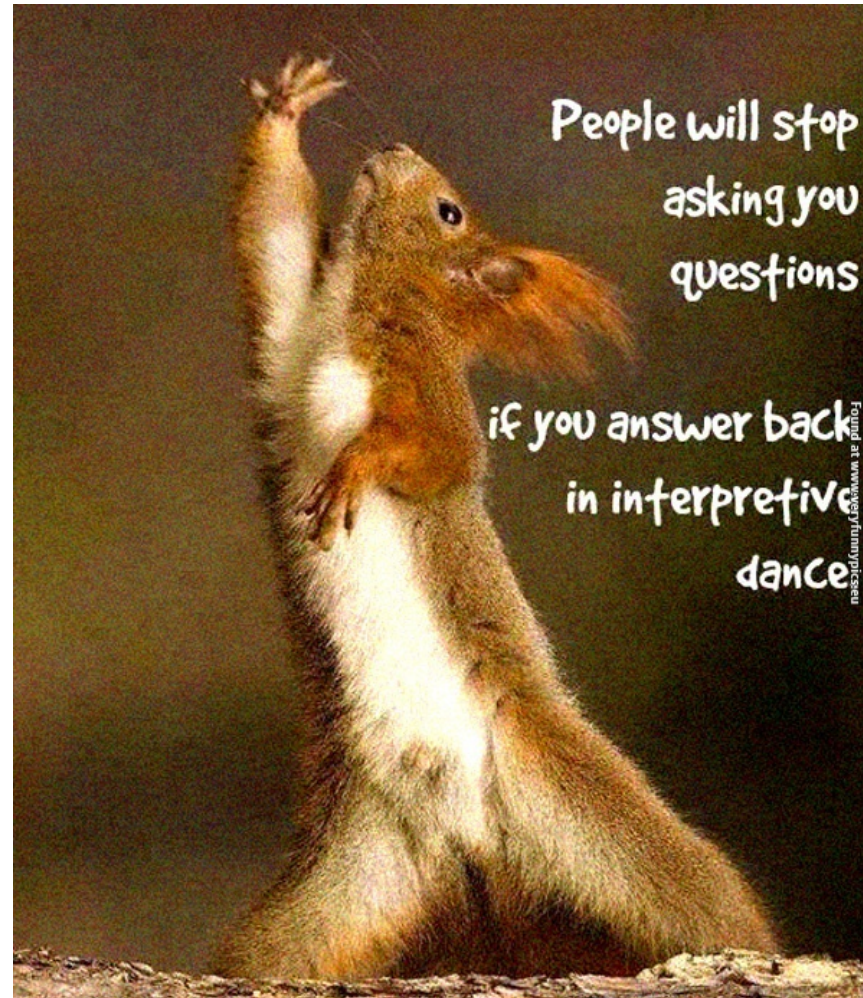


# Thank You!

- ▶ Dr. Megan McNamara and Michelle Davidson
- ▶ The Cleveland COE- all of our faculty, staff, and learners!
- ▶ CFHA 😊



# Questions?



# Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.





**Join us next year in Philadelphia, Pennsylvania! Thank you!**