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 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?!
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.

(https://www.va.gov/OAA/coepce/index.asp)
VA COE in Primary Care Education

Types of Learning

- Didactics
- Workplace Learning
- Reflective Practice

Venn Diagram showing the overlap between Didactics, Workplace Learning, and Reflective Practice.
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.

[https://www.va.gov/OAA/coepce/index.asp](https://www.va.gov/OAA/coepce/index.asp)
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

- Boise VA Medical Center
- Welcome to the VA Puget Sound Healthcare System
- Michael E. DeBakey VA Medical Center
- Welcome to the Connecticut Healthcare System
- Welcome to the Louis Stokes Cleveland VA Medical Center
- Greater Los Angeles Healthcare System
- Welcome to the San Francisco VA Medical Center
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
Virtual Health Care
Unified Care
Quality Care Improvement
Real Time/Real Patient
Virtual Health Care
Professional Formation
Culture and Health Care
Real Time/Real Patient
Interprofessional Collaboration
Performance Improvement
Shared Decision Making
Sustained Relationship
Proactive Care
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<th>Table 1. Educational Domains</th>
<th>TOPC’s Dimensions of Professional Formation</th>
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<td><strong>Shared Decision Making (patient driven care)</strong>&lt;br&gt;To support patient centered approaches to medical decision making that promote shared decision making &amp; empowering patients to drive their care</td>
<td><strong>Unified Care = Collaborating effectively</strong>&lt;br&gt;Understand and incorporate the varying perspectives of patients and other health care workers. &lt;br&gt;<strong>Quality Care Improvement = Improving quality in care</strong>&lt;br&gt;Recognizes that shared decision making and meaningful patient input are key to improving care processes. &lt;br&gt;<strong>Real Time Real Patient Care = Listening to the patient</strong>&lt;br&gt;Demonstrates respect for and integration of patients’ values and preferences. &lt;br&gt;<strong>Proactive Care = Promoting health</strong>&lt;br&gt;Supports and empowers patients. &lt;br&gt;<strong>Virtual Health = Communicating via different modes</strong>&lt;br&gt;Practices and demonstrates effective communication skills in simulated environments. &lt;br&gt;<strong>Culture and Health = Reflecting</strong>&lt;br&gt;Incorporates self-awareness and patient insight into the process of care and making decisions.</td>
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<td><strong>Sustained Relationship</strong>&lt;br&gt;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</td>
<td><strong>Unified Care = Collaborating effectively</strong>&lt;br&gt;Learners and faculty develop effective sustained learning relationships. &lt;br&gt;<strong>Quality Care Improvement = Improving quality in care</strong>&lt;br&gt;Recognizes the relationship between longitudinal care relationships and continuous quality improvement. &lt;br&gt;<strong>Real Time Real Patient Care = Listening to the patient</strong>&lt;br&gt;Incorporates patient feedback into longitudinal relationships with a panel of patients. &lt;br&gt;<strong>Proactive Care = Promoting health</strong>&lt;br&gt;Understands and demonstrates safe handoffs and transitions of care. &lt;br&gt;<strong>Virtual Health = Communicating via different modes</strong>&lt;br&gt;Recognizes the importance of multi-communication modalities in reducing care gaps and creating and sustaining effective longitudinal relationships. &lt;br&gt;<strong>Culture and Health = Reflecting</strong>&lt;br&gt;Builds sustained relationships based on trust, mutual respect, and lifelong learning.</td>
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<td><strong>Interprofessional Collaboration</strong>&lt;br&gt;To support programs that promote collaborative care delivery and promote teamwork in the delivery of patient activated clinical care</td>
<td><strong>Unified Care = Collaborating effectively</strong>&lt;br&gt;Demonstrates and promotes collaborative care skills and methods. &lt;br&gt;<strong>Quality Care Improvement = Improving quality in care</strong>&lt;br&gt;Recognizes and incorporates the contributions of all parties to the CQI process. &lt;br&gt;<strong>Real Time Real Patient Care = Listening to the patient</strong>&lt;br&gt;Uses patient perspectives to improve inter-professional dynamics and promote teamwork. &lt;br&gt;<strong>Proactive Care = Promoting health</strong>&lt;br&gt;Advocates for health and wellness through systems, communities, &amp; populations. &lt;br&gt;<strong>Virtual Health = Communicating via different modes</strong>&lt;br&gt;Demonstrates how to incorporate real-time evidence into the care environment. &lt;br&gt;<strong>Culture and Health = Reflecting</strong>&lt;br&gt;Works to promote an environment where questions, divergent opinions, and candid reflection are valued and supported.</td>
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<td><strong>Performance Improvement</strong>&lt;br&gt;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</td>
<td><strong>Unified Care = Collaborating effectively</strong>&lt;br&gt;Applies panel co-management skills &amp; shared tools (e.g., registries) to ensure quality care delivery systems. &lt;br&gt;<strong>Quality Care Improvement = Improving quality in care</strong>&lt;br&gt;Incorporates best evidence and adaptive expertise into clinical decisions and CQI processes. &lt;br&gt;<strong>Real Time Real Patient Care = Listening to the patient</strong>&lt;br&gt;Incorporates patient communication and feedback into the process of creating a culture of safety and quality. Error reporting. &lt;br&gt;<strong>Proactive Care = Promoting health</strong>&lt;br&gt;Identifies systems and lines of inquiry that improve the health of individuals and populations. &lt;br&gt;<strong>Virtual Health = Communicating via different modes</strong>&lt;br&gt;Demonstrates how to incorporate real-time evidence into the care environment. &lt;br&gt;<strong>Culture and Health = Reflecting</strong>&lt;br&gt;Applies the process of CQI to personal reflections and goals in the process of lifelong learning and professional development.</td>
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The Center Of Education at the Cleveland VA Medical Center
Evolution of curriculum

- Social Determinants of Health
- Leadership
- Professional Satisfaction
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?

People will stop asking you questions if you answer back in interpretive dance.
Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.
Join us next year in Philadelphia, Pennsylvania! Thank you!