Creighton Collaborators as Change Agents for Health Care

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Background

Interprofessional education (IPE) is now a required part of health professions education but the "how" to ensure robust learning to graduate students "collaboration ready" remains elusive. Due to recent accreditation requirements, healthcare educational institutions are trying to determine best practice related to implementation of IPE into their didactical curriculums and clinical experiences, creating a "wicked problem" for many educational institutions . Wicked problems have been defined as a "socially messy" situation in which every participant describes the problem differently .

Study Purpose

A internally grant funded project focused on a participatory process to create educational objectives that were unique to the University's mission while being true to the IPEC core competencies and sub competencies and maintaining the autonomy of seven vary different health programs

Design

Phase 1: Critical Review and Content Analysis:
IPEC core competencies
Accreditation standards/health professions
Key literature concepts/learning sciences
Team-based learning

Creighton Collaborators: A Blueprint for Achieving Optimal Learning Outcomes for IPECP

Phase 2: Create Draft Blueprint of IPECP Learning Outcomes

Phase 3: Vetting the Blueprint with Stakeholders:
Clinicians
Academic faculty and clinical faculty
Students

Phase 4: Validation of Blueprint revisions with Stakeholders

Results

Themes from Focus Groups

1. Shared desire for IPE: address misconceptions related to identity and team, we all have a role in the process, motivation is beyond accreditation requirement
2. Values are a critical component: respect, humility, self-awareness
3. The learner continuum is expansive and essential: developmental approach, being intentional in the learning, leverage mission, opportunities abound
4. Challenges with assessment: traditional barriers of time, space, resources, and schedule; need for faculty and clinical development

Blueprint: Integrates Jesuit mission and values, IPEC Core Competencies and Dreyfus Model of Skill Acquisition

	Exposure Novice— (Defining characteristics: strict adherence to rules or plans, unable to utilize discretionary judgment, doesn't understand context)	Completion of IPE 400/500 ICCAS	Passport/ Experiences-- Advanced Beginner (Defining characteristics: limited situational perception, unable to prioritize, starting to develop self-awareness, clear professional identity, starts to acknowledge conditional rules, does not experience personal responsibility)	Passport/ Clinical-- Competent (Defining characteristics: able to multi-task, deliberate planning, formulates routines, experience in real situations, understands context)	Graduation-ICCAS	Proficient (Defining characteristics: holistic situational awareness, able to identify key components, decision making is less challenging)	Expert (Defining characteristics: no longer relies on rule, vision of what is possible, analytic approach only in novel situations)
Values and Ethics	1. Recognize the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes. (VE 4)**		1. Value the cultural diversity and individual differences that characterize patients, populations, and health team. (VE 3)** 2. Demonstrate mutual respect.	1. Distinguish characteristics of a moral change agent.[6] 2. Create a climate of mutual respect. 3. Exercise situational awareness.[4] 4. Illustrate practical reasoning.		1. Facilitate IPCP development of others 2. Propose institutional changes that promote IPCP 3. Apply leadership practices that support collaborative practice and team effectiveness (TT5)** 4. Develop plans to engage team in healthcare discernment	1. Mentor others in IPCP 2. Advocate for societal IPCP healthcare changes 3. Apply relationship-building values and principles of team dynamics to perform effectively in different team roles to plan, deliver and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective and equitable 4. Demonstrates moral courage.[7] 5. Employs emotional intelligence.[8]
Roles and Responsibilities	1. Identify the roles and responsibilities of health care team members.		1. Describe the roles and responsibilities of other providers and how the team works together to provide care, promote health and prevent disease. (RR 4)**	1.Distinguish each member's responsibility in executing components of a treatment plan or public health intervention. (RR 6)**			
Interprofessional Communication	1. Recognize the importance of listening. 2. Demonstrate the ability to ask questions in a team environment. 3. Identify the importance of humility in healthcare		1. Demonstrate active listening 2. Encourage ideas and opinions of other team members (CC 4)** 3. Use respectful communication appropriate for the situation (CC 6)**	1. Value the importance of relationship management including self-awareness, vulnerability, and reflection. 2. Model professional communication. 3. Cultivate an environment that promotes psychological safety[3]			
Teams and Teamwork (including the patient and family)	1. Recognize the importance of teams. 2. Acknowledge team conflict engagement. 3. Identify team expectations. 4. Acknowledge the patient and family as team members.		1. Reflect on individual and team performance for individual, as well as team performance improvement. (TT 8)** 2. Demonstrate empathy for team members. 3. Evaluate team expectations. 4. Use available evidence to inform effective teamwork and team-based practices. (TT 10)**	1. Developing team practical reasoning. 2. Employ effective conflict engagement			

** adapted objectives from the IPC Sub-competencies

Future Implications

Once completely vetted this project will help guide IPE curriculum at Creighton University for all health science learners. Furthermore, this project was further supported by a recently published document, *Guidance on Developing Quality Interprofessional Education for the Health Professions.* This document was a collaborate effort from numerous accrediting agencies to provide guidance on IPE implementation.

References available upon request