

**Executive Summary**

**Translating Interprofessional Education Principles into Practice**

**January 15, 2010  
Grand Valley State University  
Pew Campus  
Loosemore Auditorium  
Grand Rapids, Michigan**

**Sponsored by**

**Grand Valley State University**

**Grand Rapids Medical Education & Research for Health Professions**

**Michigan State University College of Human Medicine**

## **Second Annual Interprofessional Education Conference Executive Summary**

### **Introduction**

This is the executive summary for *Translating Interprofessional Education Principles into Practice*. The West Michigan Interprofessional Education Steering Committee was created in 2008 at Grand Valley State University with the **objective** of working collaboratively with the educational and practice organizations in West Michigan to develop a national model for interprofessional education and practice. Our **goals** are to: 1) to integrate interprofessional learning throughout the curricula; 2) to identify, develop, implement, and assess interprofessional clinical experiences where teams of students practice and learn; and 3) to implement interprofessional scholarship across disciplines and institutions. The Steering Committee meets monthly at Grand Valley State University Cook DeVos Center for Health Sciences.

### **Community Interprofessional Initiative**

Our geographical location and our community's commitment to health care and life sciences strategically position us to be national leaders in health care research and interprofessional education and practice. The breadth and depth of Grand Valley State University's health professions programs, Grand Rapids Medical Education and Research Center, Michigan State University's College of Human Medicine expansion in Grand Rapids, and our strong practice partner sites provide a fertile environment for interprofessional learning experiences.

The impetus for changing the culture of health professional education and care delivery is multifactorial including not only safety issues, but also fragmentation of healthcare delivery, rising health care costs, inadequate technological infrastructure for sharing information electronically, the movement to patient centered health care homes, and impending health reform.

Despite our significant health care expenditures, there are frequent reports of harmful medical errors, uncoordinated and fragmented delivery of care, lost productivity and increasing disparities in health outcomes (IOM, 2003). It is a concern that "despite 60 percent more frequent doctor visits, testing, procedures and use of specialist in hospitals for high-spending areas in the U.S., no differences in quality result" (Fisher et al., 2003). According to the Institute of Medicine publication, "To Err is Human Building a Safer Health System," "Tens of thousands of people die needlessly in hospitals each year as a result of medical errors that could be prevented. Beyond the cost of precious human lives, there are significant other tolls including patient disability, loss of patient trust, decreased morale, frustrated health care providers, and financial costs estimated as high as \$29 billion per year nationwide. At times, "the delivery of care has been overly complex and uncoordinated, requiring multiple steps and patient "handoffs" that slow down care and decrease rather than improve safety" (IOM: Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century").

We as a nation are charged with creating innovation in care to enhance continuous quality improvement, patient safety, transparency, accountability, and cost efficiencies. As we continue our interprofessional work we strive to incorporate evidence based processes for care, population based care management, performance measurement and improvement, point of care decision support and information technology into our curriculums (Rittenhouse & Shortell, 2009). The Institute of Medicine document

“Redesigning Continuing Education in the Health Professionals (2009), affirms the quintessential value of interprofessional education and practice in advancing innovations in the provision of health care for our nation.

Our work for 2010 includes the refinement of the draft West Michigan Model of Interprofessional Education (appendix A). The model integrates education and practice components and addresses education, scholarship, and service. Central to the model is the Institute of Medicine’s core competencies of patient centered care, evidence-based practice, quality improvement, the use of informatics and interdisciplinary teams (2003 Institute of Medicine “A Bridge to Quality” Health Professions Edition). We have built our working infrastructure around our six champion work groups: 1) Clinical setting 2) Curriculum; 3) Interdisciplinary cross cultural competence; 4) Scholarship; 5) Service; and, 6) Simulation to assist with refinement and implementation of the blueprint for our interprofessional initiative.

The Steering Committee hosted the 2<sup>nd</sup> annual invitational West Michigan IPE conference entitled “Translating IPE Principles into Practice” on Friday January 15, 2010. One hundred twenty-two individuals from twenty-two partner organizations participated in the conference. Last year’s conference was focusing on our framework of the IPE Model. The 2010 conference objectives included discussing the value of interprofessional clinical practice and teachings, analyzing barriers and facilitators for education and practice, discussing opportunities to increase and strengthen education and practice, as well as strategizing methods for our academic and collaborative community partners to create innovative initiatives for interprofessional practice environments. (Please refer to appendix B for a conference brochure). Conference speakers included Joan Weiss PhD, Director of Division of Diversity and Interdisciplinary Education, Bureau of Health Professions, Health Resources and Services Administration; Ivy Oandasan MD, Associate Professor & Research Scholar, Department of Family & Community Medicine, Office of Interprofessional Education, University of Toronto; Robert De Graaff, PhD, Director of Graduate Programs in Health Services Management, Department of Health Management & Informatics School of Medicine, University of Missouri.

### **Speakers**

The participants were enthusiastic about the speakers’ messages regarding their perspective of translating interprofessional education into practice. The Institute of Medicine reports provide the need and rationale for interprofessional work. Our speaker from HRSA federal agency Joan Weiss, validated our current efforts of supporting faculty development plus training and creating opportunities for collaborative learning. International speaker and author Ivy Oandasan spoke from her experiences as an educator and clinician. Dr. Oandasan dissected interprofessional into components of learning and practice across the continuum. Interprofessional education and practice is a result of exposure to the values and principles occurring early in one’s education, followed by immersion of shared experiences which occurs in the middle to later years of education. She described the art of learning competencies as being achieved through simulated experiences coupled with clinical learning practicums. A coaching approach is how speaker Robert De Graaff described teaching interprofessional education to students. The concepts he taught as interprofessional were teamwork, patient safety and quality. Using case studies students then applied the learned concepts to practice critical thinking, problem solving and communication skills. His students have competed successfully and won the national Clarion competition the last two out of four years.

### **Community Panel**

After the plenary speakers gave us an overview of the many faces of interprofessional education and practice, our community panel discussed their experiences with interprofessional practice and the implications it has to improve patient outcomes. The panelists included Mark Eastburg PhD, President and CEO of Pine Rest Christian Mental Health Services; Morgan Martin MHA, Project Development Coordinator of Michigan Hospital Association Keystone Center for Patient Safety & Quality; Mark Meijer BS, President of Life EMS Ambulance; Jeannette Klemzcak MSN, Chief Nurse Executive State of Michigan; Kim Sibilsky BA, Executive Director of Michigan Primary Care Association. These community champions supported the need for interprofessional education and practice. Each panelist cited specific examples of improved patient and community care with interprofessional communication and collaboration. Mark Meijer gave examples of “hand-offs” in emergency and non-emergency transport and the effect of interprofessional communication has in affecting patient outcomes. Morgan Martin spoke to how quality and patient safety in hospital settings is compromised if communication and collaboration is missing in the delivery of care. Mark Eastburg gave a case study illustrating how mental health services and outcomes are dependent upon all members practicing as an interprofessional team. Jeannette Klemzcak discussed the impact interprofessional practice has on community health. Kim Sibilsky described the “ideal” interprofessional primary health care team and the benefits and urgency it has for the patient/consumer.

### **Champion Work Groups**

The West Michigan Interprofessional Education Initiative has six champion work groups. These champion groups were assigned short and long term goals. Over the past year, the champion workgroups co-leaders and members worked on visualizing, refining and achieving the short term goals. The champion workgroups are: (1) clinical setting, (2) cross-professional competence, (3) curriculum, (4) scholarship, (5) service and (6) simulation. At the second annual West Michigan Interprofessional Education and Practice Conference, each champion workgroup developed and presented their posters. A formal report by a co-leader from each champion workgroup was part of the afternoon agenda. The workgroup reports are listed below.

### **Clinical Setting**

The Clinical Setting Champion Group co-leaders Cynthia McCurren (GVSU- KCON) and Peter Coggan (GRMERC) and members representing nursing, physical therapy, palliative care, medical education, hospital agencies, and the educational business community comprise this champion group. Progress for the past year has taken the form of extensive literature review and dialogue within the workgroup. Conversations have taken place with the Curriculum and Cross-Professional Champion workgroups for strategies to prepare faculty and students for an interprofessional model unit concept. Objectives for the next year will be

1. Develop a preceptor orientation model for implementation of interprofessional teams in clinical settings
2. Identify clinical setting locations to develop Interprofessional staff and faculty teams
3. Collaborate with a practice partner to create a demonstration model unit for Interprofessional teaching/learning and care by December 2011

4. Implement the development of staff and faculty interprofessional teams into one clinical setting by December 2011

The long term goals are to: (1) develop model units for teaching interprofessional patient care with Institute of Medicine (IOM) competencies as a framework and to (2) institutionalization of interprofessional education and practice across partner clinical environments.

### **Cross-Professional Competency**

The Cross-Professional Competency Champion Group co-leaders Gayla Jewell (GRMERC), Linda Goossen (GVSU-CHP/ CLS), Norine Cunningham (GVSU-KCON) and members representing nursing, radiology/imaging, physical therapy, medicine and hospital agencies comprise this champion group. Key Concepts were identified by this workgroup. These concepts are:

- Each health profession is a culture
- Belonging to a health profession culture influences interaction with other health professionals

This workgroup engaged in planning with the simulation and curriculum champion groups to identify methods and strategies for embedding cross-professional strategies into curricula and student experiences. A joint project was undertaken with the Simulation workgroup for the second annual WMIPEI conference. The objective of this project was to assess readiness to learn about cross-professional competence using simulation based on a sentinel event followed by small group debriefing. GVSU Internal Review Board (IRB) approved a pre and post-test survey tool for conference attendees. We are currently awaiting analysis results of the data.

Objectives for the next year will be:

1. Provide two cross-professional competency (knowledge, awareness, skills, desires) in-services to at least three faculty disciplines and representatives of the staffs of three practice partners
2. Develop the initial student cross-professional competencies learning module that introduces the concept, purpose, and structure for IPE initiative.
3. Integration of cross-professional competencies into the curricula and educational programming involving all students, faculty and collaborative practice partners.

The long term goal is the establishment of a culture of cross-professional competency.

### **Curriculum**

The Curriculum Champion Group co-leaders Margaret Thompson (MSU-CHM) and Maureen Ryan (GVSU-KCON) and members representing nursing, physical therapy, library science, pharmacy, optometry, medicine, physician assistant, hospital administration, and the educational business community comprise this champion group. Progress of the workgroup includes identifying starting points of the cultural competence of the faculty; understanding the scope of practice of each discipline; and examination of curricula and looking for overlap. Conversations have included determining the skills needed for effective interprofessional teams, the competencies of each profession, a review of classes sharing curricular themes for possible pilot testing, and mapping a template of all classes from each profession.

Objectives for the next year will be:

1. Identify common theoretical concepts, practices, and other learning present across academic program curriculums
2. Map out the existing learning experience across all health professions curriculum
3. Map out the desired IPE curriculum across the disciplines with a blueprint for program learning experience development
4. Implement the integration of the Interprofessional Education curriculum blueprint throughout curricula

The long term goal is the operationalization of Interprofessional Education across the participating curriculums

### **Scholarship**

The Scholarship Champion Group co-leaders Cynthia Coviak (GVSU-KCON) , Alan Davis (GRMERC) and members representing nursing, physician assistant, radiology/imaging, hospital agency, and a research facility comprises the membership of this champion group. This past year's work included a discussion and review of authorship and intellectual property guidelines developed by the WMIPE Steering Committee. Currently, this workgroup is developing a list of faculty with a description of their research from GVSU's nursing and health professions, MSU's physicians, and VAI's researchers who are interested in mentoring undergraduate and graduate students into their research activities. The research opportunity listing will be posted on the WMIPE blackboard, the GRMERC and GVSU Vice Provost for Health website.

Objectives for the next year will be:

1. Provide opportunities for students to gain Interprofessional research experiences
2. Provide consultation to WMIPE champion workgroups who request assistance with evaluation projects
3. Develop an opportunity for interprofessional research
4. Establish a networking website for interprofessional collaboration by May 2010
5. Produce a presentation of the work of the scholarship champion workgroup by December 2012

The long term goal is the implementation of interprofessional scholarship across disciplines and institutions

### **Service**

The Service Champion Group co-leaders Cynthia Grapczynski (GVSU-CHP/OT) and Marilyn Vander Werf (GVSU-KCON) and members representing nursing, physician assistant, hospital agencies, community agencies and a health disparity institute compose this champion group. The progress to date has had much momentum which includes

- Identified and selected the topic of youth violence as a potential interprofessional service-learning pilot project
- Partnered with Southwest Area Neighborhood (SWAN) key stakeholders for investment in service learning project
- Expanded the workgroup to include SWAN representation and development of a Project Advisory Board
- Currently determining departmental and parental interest in project; soliciting suggestions for design/dissemination of content

- Moving toward development of service learning experiences in consideration of academic-community partnership

Objectives for the next year will be to:

1. Implement an interprofessional pilot service project by September, 2010
2. Begin to develop a manuscript regarding the service project by September, 2012
3. Secure a grant to assist with supporting the SWAN service learning project

The long term goal is the development of the infrastructure and implementation of community based interprofessional team placement in service learning activities across each disciplines curriculum

### **Simulation**

The Simulation Champion Group co-leaders Andrew Booth (GVSU-CHP/PAS), Michael Shoemaker (GVSU-CHP/PT) and Dianne Wagner (MSU-CHM) and members representing nursing, physical therapy, occupational therapy, medical education, medicine, university development, and hospital agencies comprise the membership of this champion group. Progress to date has been the development of a simulation video that highlights effective and ineffective interprofessional communication behaviors presented at the 2010 interprofessional education conference at the GVSU DeVos Campus in the Loosemore Auditorium. This activity was planned in collaboration with the Cross-Professional champion group to assess professional attitudes and readiness to learn and practice interprofessionally. Both groups are working on the data analysis and will present the results to the Steering Committee.

Objectives for the next year will be:

1. Development of interprofessional simulation scenarios
2. Use of developed simulations as learning experiences in disciplinary and/or interprofessional learning experiences

The long term goal is the continuous development of interprofessional simulations to serve the educational programs and health care agencies in West Michigan

### **Interprofessional Communication: A Simulation Experience**

The final event of the second annual WMIPE conference was an interactive simulation. The purpose of the session was for the participants to assess their cross-professional competence via a simulation experience. The conference participants were randomly assigned into four color coded groups. At the registration table each participant was given a numbered pre and post survey tool to complete. The goal of this activity was to assess the participant's attitudes toward pre and post conference activities and their readiness for interprofessional learning. The survey was completed before the participant entered the auditorium for the conference. For the afternoon simulation session, the participants were asked to sit in the corresponding color section of the auditorium.

The simulation was based on a sentinel event with a post-operative patient who had a hip replacement procedure. The first video clip portrayed the interprofessional health care team (four different disciplines) providing care for the patient and communicating ineffectively. The ineffective communication resulted in a "code" for the patient.

The second video clip portrayed the same interprofessional health care team providing care for the patient with effective communication. The effective communication and follow through resulted in a timely intervention with a much different patient outcome.

The objectives for this simulation experience were three-fold.

1. Discuss the simulated case that demonstrates how cross-professional communication can impact patient outcomes.
2. Consider how cross-professional competence is impacted by one's knowledge, attitude, and communication skills
3. Consider how simulation can facilitate cross-professional competency

One co-leader each from the Simulation or Cross-Professional champion workgroup served as the facilitator with pre-determined guided questions for both versions of the simulation video clips. Each of the four sub-groups reported to the central facilitators on stage (one co-leader from Cross-Professional Competency and one co-leader from the Simulation Champion workgroup) for sharing and recording for the benefit of the participants. Afterwards the participants were asked to complete their matched survey tool. The collected surveys were matched with the numbered pre and post surveys. Data will be analyzed using SPSS software. From this study, the co-leaders will report to the steering committee and determine the feasibility of submitting an article to the Journal of Interprofessional Care.

The movement toward interprofessional work and the initiatives for interprofessional education is a result of the need for patients to receive safe quality care. The Institute of Medicine (IOM) report, Crossing the Quality Chasm (2001) and, more recently, Health Professions Education: A Bridge to Quality (2003) reports have become the center of the current restructuring of the health care education curriculums. The core competencies identified in A Bridge to Quality, are to provide patient-centered care, employ evidence based practice, apply quality improvement, work in interdisciplinary teams and utilize informatics. The emphasis on interprofessional education is a team approach involving the appropriate disciplines to secure the best patient outcomes. To ensure that our students will be able to work effectively in teams, we need to educate them in interprofessional teams in practice environments. Equally important is educating the educators (or train the trainers) in this context it would be faculty, and healthcare practice partners' staff.

We continue our journey and transformation towards a culture of synergy, innovation and quality improvement with interprofessional teams working together to improve the health care and education of our patients, students, and practitioners. Each of us is integral to the work of exploring alternative approaches to providing curricula that integrate interprofessional core competencies into education and practice.

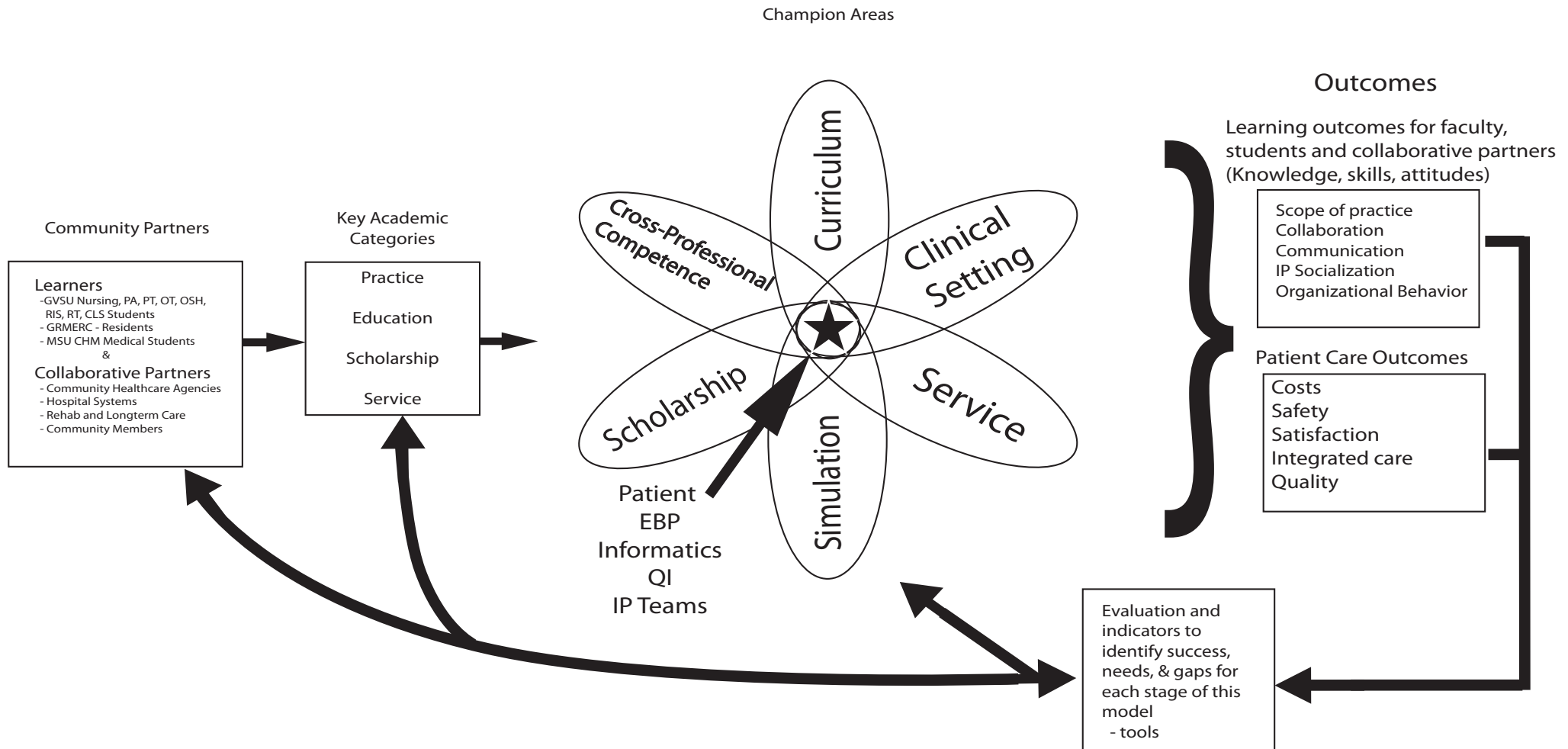


## References

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# West Michigan Model of Interprofessional Education

A Model Contributing to Transforming US Healthcare



Dear Colleagues,

Please join the Interprofessional Steering Committee Members from Grand Valley State University, Grand Rapids Medical Education & Research Center for Health Professions, and Michigan State University College of Human Medicine as we translate Interprofessional Education principles into practice.

- Jean Nagelkerk PhD FNP-BC  
GVSU Vice Provost for Health

## Guest Lecturers



### **A Federal Perspective on Interprofessional Education**

**Joan Weiss PhD, RN, CRNP**

Director, Division of Diversity and Interdisciplinary Education Designated Federal Official, Advisory Committee on Interdisciplinary, Community- Based Linkages  
- HRSA



### **Moving the Boulder Up the Hill – Advancing IPE in Academic Health Sciences System**

**Ivy Oandasan MD, MHSc CCFP FCFP**

Assistant Professor, Department Of Family & Community Medicine, and Family Health Research Unit  
- University of Toronto



### **Strategies for Interprofessional Education**

**Robert A. DeGraaff, PhD, MBA**

Director of the Graduate Program in Health Services Management Department of Health Management and Informatics  
- University of Missouri School of Medicine

## Translating Interprofessional Education Principles into Practice

**Friday, January 15, 2010**

- 7:00-7:55 **Registration and Continental Breakfast**
- 7:55-8:00 **Welcome!**  
Gayle Davis PhD, GVSU Provost and Vice President for Academic Affairs
- 8:00-8:15 **West Michigan Model of Interprofessional Education**  
Jean Nagelkerk PhD, FNP-BC, Vice Provost for Health
- 8:15-9:00 **A Federal Perspective on Interprofessional Education**  
Joan Weiss PhD, RN, CRNP
- 9:00-9:45 **Moving the Boulder Up the Hill – Advancing IPE in Academic Health Sciences System**  
Ivy Oandasan MD, MHSc CCFP FCFP
- 9:45-10:00 **Break—Champion Workgroup Poster Walk-about**
- 10:15-11:15 **Community Panel**  
Mark Eastburg  
Pine Rest Christian Mental Health Services
- Morgan Martin  
Michigan Hospital Association Keystone Center for Patient Safety & Quality
- Mark Meijer  
Life EMS Ambulance
- Janet Olszewski  
Michigan Department of Community Health
- Kim Sibilsky  
Michigan Primary Care Association
- 11:15-12:00 **Strategies for Interprofessional Education**  
Robert DeGraff PhD, MBA
- 12:00-1:15 **Lunch**
- 1:15-2:15 **Champion Workgroup Reports**
- 2:15-3:30 **Interprofessional Communication: A Simulation Experience**
- 3:30-3:45 **Wrap-up & Evaluation**

## Conference Registration

To register, go online by [clicking here](#) or fax the below attention *Brenda Pawl* to 616-331-5640. Questions: 616-331-5960

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Institution/Affiliation: \_\_\_\_\_

Position Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Please indicate your meal choice:**

regular

vegetarian

I would like to be added to the published IPE roster.

*Registration is by invitation only and there is no attendance fee*

**Registration deadline: January 5, 2010**

## Conference Objectives

At the completion of this conference, the participant will be able to;

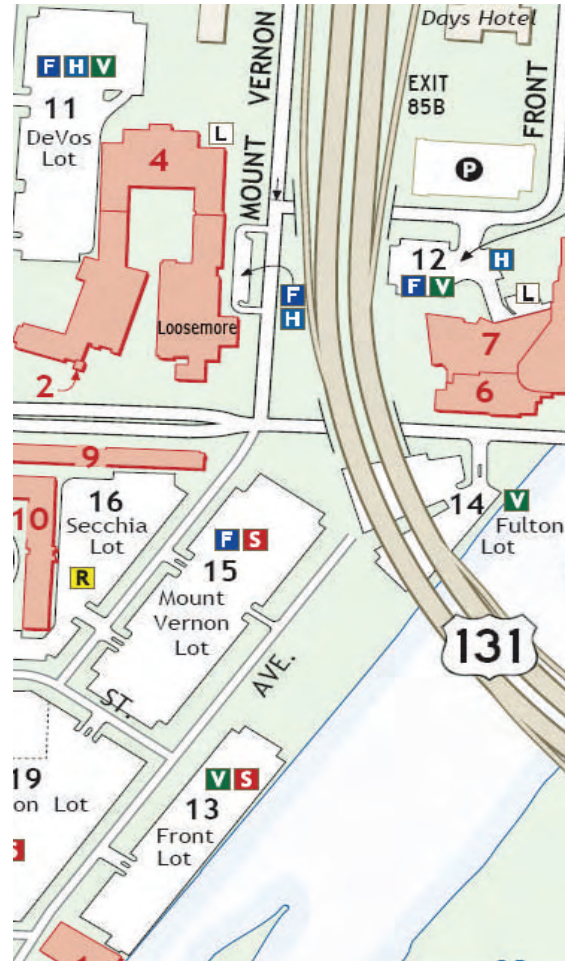
- Discuss the value of interprofessional clinical practice and teaching to patients, students, staff members, and faculty.
- Analyze barriers and facilitators to interprofessional education and clinical practice.
- Discuss opportunities to increase and strengthen interprofessional education and clinical practice.
- Strategize methods that GVSU, GRMERC, MSU-CHM and regional partners develop to create innovative initiatives for collaborative and enhanced interprofessional practice environments.

## CNE Credit

Grand Valley State University Kirkhof College of Nursing, a Michigan board of Nursing approved nursing education program is authorized by Administrative Rule 333.10602g to award contact hours to participants at continuing education programs provided by the Kirkhof College of Nursing. Participants who are in attendance for the entire program will receive a certificate awarding 5.5 contact hours.

## CME Credit

"This activity has been planned and implemented in accordance with the Essential Areas and policies of the Michigan State Medical Society Committee on CME Accreditation through the joint sponsorship of the Grand Rapids Medical Education and Research Center and Grand Valley State University. The Grand Rapids Medical Education and Research Center is accredited by the Michigan State Medical Society Committee on CME Accreditation to provide continuing medical education for physicians. The Grand Rapids Medical Education and Research Center designates this educational activity for a maximum of 5.5 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity."



**Richard M. DeVos Center  
Loosemore Auditorium**  
Grand Valley State University  
401 West Fulton  
Grand Rapids, MI 49504

Free visitor parking will be located in the Fulton St Lot, #14 on the map above.



# Translating Interprofessional Education Principles into Practice Conference Friday, January 15, 2010

**Richard M. DeVos Center  
Loosemore Auditorium**  
Grand Valley State University  
401 West Fulton  
Grand Rapids, MI 49504



**MICHIGAN STATE  
UNIVERSITY**  
College of Human Medicine