The Global Forum on Health Professional Education, Lessons for America

Kathy Chappell, PhD, RN, FNAP, FAAN
Senior Vice President, Accreditation, Certification, Measurement, Quality and Research
Learning Outcome

Identify strategies that the individual, organization and/or profession can implement to improve interprofessional collaborative practice.
Disclosures

None
What Is the Global Forum?

Global Forum on Innovation in Health Professional Education
EDUCATION SYSTEM
ACROSS THE CONTINUUM OF EDUCATION

UNDERGRADUATE  POST-GRADUATE  PRACTICE (CPD)
Recommendations from the Institute of Medicine (IOM)

- Need to use our existing workforce optimally to deliver the most cost effective care
- Need to produce a health care workforce that is responsive to the needs of both the patient and the health care system
- Need to ensure that health care providers can practice to their full scope of practice
- Will require a cooperative effort to form teams of providers able to bring unique skills together to meet the needs of patients
1972
Educating for the Health Team

1999
To Err is Human: Building a Safer Health System
1972
Educating for the Health Team

1999
To Err is Human: Building a Safer Health System

2001
Crossing the Quality Chasm
1972
Educating for the Health Team

1999
To Err is Human: Building a Safer Health System

2001
Crossing the Quality Chasm

2003
Health Professions Education: A Bridge To Quality
1972
Educating for the Health Team

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To Err is Human: Building a Safer Health System

2001
Crossing the Quality Chasm

2003
Health Professions Education: A Bridge To Quality

2009
Redesigning Continuing Education In the Health Professions

2010
Lancet Commission Report

2011
The Future of Nursing

2009
WHO: Framework for Action
What else was happening?

• Core Competencies for Interprofessional Collaborative Practice (IPEC) published (2011)
  • Values/Ethics for Interprofessional Practice; Roles/Responsibilities; Interprofessional Communication; and Teams and Teamwork

• Best Care at Lower Cost: The Path to Continuously Learning Health Care in America (2012)
  • Link personal and population data to researchers and practitioners with focus on effectiveness of interventions in treating and preventing illness

• Medicare Access and CHIP Reauthorization Act (MACRA) (2015)
  • Move to value-based care

• IPEC Competencies updated (2016)
  • Evolve model to single domain of interprofessional collaboration
Global Forum Work
Why is the work of the Global Forum so important for…

- Population health
- The nursing profession
- Other professions
- Patients
- Economy
- Other?

Thinking time

Think
Pair
Share
Deep Dive into Practice
Deaths from avoidable medical error more than double in past decade, investigation shows

By Katherine Harmon | Aug 10, 2009 06:45 PM | 29
Clinical Leadership & Infection Control

Vanderbilt hit with $25.5M suit over wrong-site surgery

Mackenzie Bean - Wednesday, March 20th, 2019 Print | Email

A Tennessee woman filed a lawsuit against Nashville-based Vanderbilt University Medical Center March 19, claiming surgeons operated on her wrong kidney, reports *The Tennessean*.

Carla Miller sought care at the hospital in November 2017. The suit claims surgeons implanted a 22-centimeter stent in her right kidney instead of the left and ran it up the wrong side of her body.

Ms. Miller’s attorney, Afsoon Hagh, said the medical error damaged her urinary system and now requires her to receive dialysis for life.
Coaching a Surgeon

Can 360-Degree Reviews Help Surgeons? Evaluation of Multisource Feedback for Surgeons in a Multi-Institutional Quality Improvement Project

Abstract presented at the American College of Surgeons 100th Annual Clinical Congress, San Francisco, CA, October 2014.

Suliat M. Nurudeen, MD, MPH, Gifty Kwakye, MD, MPH, William R. Berry, MD, MPH, MPP, FACS, Elliot L. Chaikof, MD, PhD, FACS, Keith D. Lillemoe, MD, FACS, Frederick Millham, MD, MBA, FACS, Marc Rubin, MD, FACS, Steven Schwartzberg, MD, FACS, Robert C. Shamberger, MD, FACS, Michael J. Zinner, MD, FACS, Luke Sato, MD, Stuart Lipsitz, ScD, Atul A. Gawande, MD, MPH, FACS, Alex B. Haynes, MD, MPH
Perceptions of team and leadership roles

• How teams were perceived:
  • Surgeons –
    • Teams existed to serve their needs
  • Teams are described as other medical groups and specialists, not other professions
  • Team meant “shared clinical space”

A meta-ethnographic review of interprofessional teamwork in hospitals: what it is and why it doesn’t happen more often

Odessa Petit dit Dariel and Paula Cristofalo
Intra- and Interprofessional Cultures

- Between professions
  - Medicine and nursing
- Within professions
  - Horizontal violence
  - Shift to shift
  - Unit to unit
- Academia to practice
- Inpatient to outpatient
Impact of the Practice Environment

- 400 physicians die by suicide each year, a rate more than 2X that of the general population.
  - Andrew & Brenner, 2013

- 24% of ICU nurses tested positive for symptoms of post-traumatic stress disorder.
  - Mealer et al., 2007

- Physician rates of depression remain alarmingly high at 39%.
  - Shanafelt, 2015

- 23–31% Prevalence of emotional exhaustion among primary care nurses.
  - Gomez-Urquiza et al, 2016

How can we protect the health of the people who protect our own?

National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience

Learn more at nam.edu/ClinicianWellBeing

tetheNAMedicine
Population Health Impact

**U.S. drug overdose deaths**

Among the more than 64,000 drug overdose deaths estimated in 2016, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids), more than 20,000 overdose deaths.

![Graph of overdose deaths](image)

- **Synthetic opioids, other than methadone**
- **Heroin**
- **Natural and semi-synthetic opioids**
- **Cocaine**
- **Methamphetamine**
- **Methadone**

**Source:** CDC

**Graphic:** Staff, TNS
Where is the evidence to support the focus on interprofessional education and practice?
Interprofessional Continuing Education (IPCE)

When members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes.

www.jointaccreditation.org
(definition derived from the WHO definition of IPE)
IPCE in Context

• IPCE is **not** just co-locating learners in the same space
  • *interprofessional registration vs interprofessional by design*

• IPCE is education by the team, for the team

• Requires meaningful engagement and respect by all team members

• Addresses gaps, processes, and outcomes that are relevant to all members of the health care team including the patient and family
## Evidence/Outcomes for IPE/IPCE

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Positive</th>
<th>Neutral</th>
<th>Mixed</th>
<th>Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1: Reaction</td>
<td>25</td>
<td>0</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Level 2a: Perceptions and Attitudes</td>
<td>14</td>
<td>1</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>Level 2b: Knowledge and Skills</td>
<td>19</td>
<td>1</td>
<td>6</td>
<td>20</td>
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<tr>
<td>Level 3: Behavioral Change</td>
<td>15</td>
<td>0</td>
<td>5</td>
<td>26</td>
</tr>
<tr>
<td>Level 4a: Organizational Practice</td>
<td>11</td>
<td>1</td>
<td>2</td>
<td>32</td>
</tr>
<tr>
<td>Level 4b: Patient/Client Care</td>
<td>9</td>
<td>1</td>
<td>1</td>
<td>35</td>
</tr>
</tbody>
</table>

Evidence/Outcomes for IPE/IPCE

- Level 1: Reaction – value/support IPE; satisfaction with involvement; enjoyable/rewarding
- Level 2a: Modification of attitudes/perceptions – positive attitude over time; some mixed (positive then negative)
- Level 2b: Acquisition of knowledge/skills – self-reported improvements in knowledge and skills; 2 studies validated change
- Level 3: Behavioral change – self-reported change in behavior; 2 studies validated (ED teamwork and breaking bad news)
- Level 4a: Change in organizational practice – improvements in service delivery (illness prevention, patient screening, safety practices)
- Level 4b: Benefit to patients/clients - improvements in mortality rates, reduced clinical errors and patient LOS; clinical status (BP and cholesterol levels)
Outcomes of Interprofessional Collaboration

- Improve efficiency
- Decrease cost
- More holistic approach to care
- Improves health outcomes
- Decreases duplication of services
- Decreases error rates
- Reduces length of hospitalization
- Decreases staff turnover
- Improves staff and patient satisfaction
<table>
<thead>
<tr>
<th>FACTOR</th>
<th>HELP</th>
<th>HINDER</th>
<th>BOTH</th>
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</thead>
<tbody>
<tr>
<td>I work in close proximity to my colleagues</td>
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<tr>
<td>I have a heavy workload</td>
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<tr>
<td>Turnover in my organization is high</td>
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<tr>
<td>Physicians and Nurse Practitioners are the leaders of the team</td>
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<tr>
<td>Team members rotate often</td>
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<tr>
<td>I have a good understanding of my colleagues’ roles and responsibilities</td>
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<td>I interact on personal and professional level with my colleagues</td>
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<tr>
<td>My leaders hold formal meetings for me and my colleagues</td>
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<td></td>
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<tr>
<td>My colleagues have relevant knowledge that I need</td>
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<td></td>
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<tr>
<td>This is my patient</td>
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</table>
Integrating Interprofessional Collaboration Skills into the Advanced Practice Registered Nurse Socialization Process

- APRN socialization processes need to be examined and revised
- Method of precepting (APRN-APRN student) maintains silos
- More success when helping student develop professional identity while also gaining an understanding of professional role as member of the health care team.
What is the global conversation?
Explosion of Evidence

Stem cells

Fat grafting with breast reconstruction

Fetal programming
Specialization, Sub-Specialization and More

- Trend towards more specialization
- Fast-tracking to specialty practice (proposed)
- Impacting Medicine and Advanced Practice Providers
Other discussions

Achieving Competency-Based, Time-Variable Health Professions Education

Proceedings of a conference chaired by Catherine R. Lucey, MD
June 2017 | Atlanta, Georgia

February 2018

Improving Environments for Learning in the Health Professions
Recommendations from the Macy Foundation Conference
Where are the opportunities?
Regulation, Accreditation, Certification

- Call to the profession
- Duty to act
- Require interprofessional education, interprofessional continuing education as a strategy for interprofessional collaborative practice
REFERENCES
Global Forum Publications

• Workshop summaries:
  • Interprofessional Education for Collaboration: Learning How to Improve Health from Interprofessional Models across the Continuum of Education to Practice (2013)
  • Establishing Transdisciplinary Professionalism for Improving Health Outcomes (2013)
  • Assessing Health Professional Education for Improving Health Outcomes (2014)
  • Building Health Workforce Capacity Through Community-Based Health Professional Education (2014)
  • Envisioning the Future of Health Professions Education (2015)
Global Forum Publications

• Exploring the Role of Accreditation in Enhancing Quality and Innovation in Health Professions Education (2016)
• Future Financial Economics of Health Professional Education (2016)
• Exploring a Business Case for High-Value Continuing Professional Development (2018)
• Improving Health Professional Education and Practice Through Technology (2019)
• A Design Thinking, Systems Approach to Well-Being Within Education and Practice (2018)
Global Forum Consensus Studies

- A Framework for Education Health Professionals to Address the Social Determinants of Health (2016)