PRACTICE BURST #2: 
BUILDING LEARNING UPON IPEC’S CORE COMPETENCIES FOR COLLABORATION

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OBJECTIVES

1. Frame the IPEC Core IPE Competency Domains as a tool to help structure development of your institution’s IPE curriculum.

2. Discuss additional resources available to support development of your institution’s IPE curriculum.

3. Share the experiences of a Health Science Center and partnering institutions in the development of an IPE program.
GUIDING PRINCIPLES: IPE MUST

- Identify the **specific knowledge, attitudes and skills** necessary for collaborative practice competencies development.
- Be **Integrated** into each college/school’s curriculum.
- **Begin** with the Initial Year.
- Be **Reinforced** across all years of education and training.
- Be **Leveled Appropriately** based on student & program readiness.
- Include **Faculty & Preceptor Development**.
- Be **Assessed for effectiveness** across levels of competency.
- Focus on collaborative practice competencies development and **culminate into opportunities** to apply or practice with students from other professions.
COLLABORATIVE PRACTICE COMPETENCIES

Interprofessional Education is an avenue through which we can help our students develop and practice collaborative practice competencies.

Competency:

An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. 


Competency acquisition is developmental and should be reinforced across all levels of training and across cognitive, affective and psychomotor domains.

Can be measured and assessed to ensure acquisition.
THE IPEC CORE IPE COMPETENCY DOMAINS

Provide a Framework for Collaboration Across the Health Professions

Values/Ethics for Interprofessional Practice
Roles/Responsibilities
Interprofessional Communication
Teams and Teamwork

Leave room for identification of the attitudes, knowledge and skills necessary for successful competency development in each of the four domains.

Allow for standardization across programs and for the unique needs and opportunities within specific programs.
Each college/school was asked to identify where in their curriculum specific competencies related to the four core IPE competency domains were being addressed.

Requested information on the competency, objectives and how the competency was being taught.

Hypothesis: Very little currently exists in those four areas.

Curriculum Mapping Outcomes:

- Information received included the “Kitchen Sink” much of which was not IPE.
- Faculty didn’t have a common concept of IPE.
- Absence of common content across the programs related to collaborative practice.
- Absence of agreement on what common content would fit across the programs.
INTERPROFESSIONAL COMMUNICATION COMPETENCY DOMAIN

General Competency Statement-CC. Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.

Specific Interprofessional Communication Competencies

CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.

CC2. Organize and communicate information with patients, families, and healthcare team members in a form that is understandable, avoiding discipline-specific terminology when possible.

CC3. Express one’s knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions.

CC4. Listen actively, and encourage ideas and opinions of other team members.

CC5. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.

CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict.

CC7. Recognize how one’s own uniqueness, including experience level, expertise, culture, power, and hierarchy within the healthcare
BEGINNING TO DEFINE CURRICULUM

Interprofessional Communication

Knowledge of:

• Effective communication tools and strategies
• Effective use of technologies for communication
• How to give and receive feedback
• How to deal with conflict

Attitudes:

• Value and Respect for self, team members and patients/families
• Openness to ideas and opinions of others
• Mindfulness of self and others

Psychomotor Skills, ability to demonstrate:

• Active listening
• Giving and receiving feedback
• Identifying and resolving team conflict
• Assessment of health literacy

Identifying the specific knowledge, attitudes and skills necessary for successful competency development.
Identifying the specific attitudes, knowledge and skills necessary for successful competency development

Specific Team and Teamwork Competencies:

TT1. Describe the process of team development and the roles and practices of effective teams.

TT2. Develop consensus on the ethical principles to guide all aspects of patient care and team work.

TT3. Engage other health professionals—appropriate to the specific care situation—in shared patient-centered problem-solving.

TT4. Integrate the knowledge and experience of other professions—appropriate to the specific care situation—to inform care decisions, while respecting patient and community values and priorities/preferences for care.

TT5. Apply leadership practices that support collaborative practice and team effectiveness.

TT6. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among healthcare professionals and with patients and families.

TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.

TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.

TT9. Use process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care.

TT10. Use available evidence to inform effective teamwork and team-based practices.
BEGINNING TO DEFINE CURRICULUM

Knowledge of:
• Characteristics of Effective Teams
• Team Development Processes
• Effective Leadership Skills
• Conflict Resolution Skills
• Performance Measures and Improvement
• Process Improvement Strategies
• Evidence Based Teamwork Data

Attitudes:
• Collaboration
• Respect
• Accountability
• Reflection

Psychomotor Skills, ability to demonstrate:
• Application of effective leadership
• Apply process improvement to teamwork
• Manage conflict appropriately
• Assemble a patient-centered health care team

Identifying the specific knowledge, attitudes and skills necessary for successful competency development.
New Accreditation Requirement for IPE for both Osteopathic and allopathic Medical Students

Osteopathic Medicine

Standard Six: Curriculum General Requirements

6.4 The COM must help to prepare students to function on health care teams that include professionals from other disciplines.

The experiences should include practitioners and/or students from other health professions and encompass the principles of collaborative practices.
COCA ACCREDITATION GUIDELINES FOR IPE

1. Work with individuals of other professions in a climate of mutual respect.

2. Apply knowledge of the osteopathic physicians’ and other professionals’ training, knowledge, skills and competencies to address the health care needs of the patients and populations served.

3. Communicate with patients, families, communities, and other professionals in a manner that supports the team approach to the care of the patient, the maintenance of health and treatment of disease.

4. Apply principles of team dynamics to plan and deliver patient/population centered care that is safe, timely, efficient and effective.
PROFESSION CORE COMPETENCIES AS A RESOURCE

AOA Seven Core Competencies of the Osteopathic Profession

1: Osteopathic Philosophy and Osteopathic Manipulative Medicine

2: Medical Knowledge

3: Patient Care

4: Interpersonal and Communication Skills

5: Professionalism

6: Practice-Based Learning and Improvement

7: Systems-Based Practice
AOA CORE COMPETENCY 3: PATIENT CARE

Point 4. Work effectively with other health professional as a member or leader of a health care team.

f. Communicate verbally & in writing with other members of the interprofessional collaborative team, including those from other health professions, in order to provide effective and comprehensive patient-centered care.

g. Facilitate collaboration so that other team members provide appropriate information to the interprofessional team.

h. Assess team performance and implement strategies for improvement.

i. Recognize and respect the unique cultures, roles, training, and expertise of other health care professionals.

ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPA) AS A RESOURCE

Tasks or responsibilities of the practice of medicine that trainees are entrusted to perform unsupervised once they have attained sufficient specific competence.

The 13 EPAs are those activities that all entering residents should be expected to perform on day 1 of residency without direct supervision, regardless of specialty.

ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPA)

EPA 9: Collaborate as a member of an interprofessional team

1. Description of the activity
   Effective teamwork is necessary to achieve the Institute of Medicine competencies for care that is safe, timely, effective, efficient, and equitable. Introduction to the roles, responsibilities, and contributions of individual team members early in professional development is critical to fully embracing the value that teamwork adds to patient care outcomes.

   Functions
   - Identify team members’ roles and the responsibilities associated with each role.
   - Establish and maintain a climate of mutual respect, dignity, integrity, and trust.
   - Communicate with respect for and appreciation of team members and include them in all relevant information exchange.
   - Use attentive listening skills when communicating with team members.
   - Adjust communication content and style to align with team-member communication needs.
   - Understand one’s own roles and personal limits as an individual provider and seek help from the other members of the team to optimize health care delivery.
   - Help team members in need.
   - Prioritize team needs over personal needs in order to optimize delivery of care.

2. Most relevant domains of competence

   - Patient Care
   - Knowledge for Practice
   - Practice-Based Learning and Improvement
   - Interprofessional Collaboration
   - Interpersonal and Communication Skills
   - Professionalism
   - Systems-Based Practice
   - Interprofessional Collaboration
   - Personal and Professional Development

3. Competencies within each domain critical to entrustment decisions

   (See Appendix C)

   - ICS 3
   - IPC 1
   - ICS 7
   - IPC 2
   - P 1
   - ICS 2/IPC 3
   - SBP 2

### Core Entrustable Professional Activities for Entering Residency

#### Curriculum Developers’ Guide

**EPA 9: Collaborate as a member of an Interprofessional Team**

<table>
<thead>
<tr>
<th>Critical Competency</th>
<th>Pre-Entrustable Behaviors</th>
<th>Entrustable Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ICS 3:</strong> Work effectively with others as a member or leader of a health care team or other professional group</td>
<td>Limited participation in team discussion; passively follows the lead of others on the team. Little initiative to interact with team members. More self-centered in approach to work, with a focus on his or her own performance. Limited acknowledgment of the contributions of others. (Peds)</td>
<td>Demonstrates an understanding of the roles of various team members by interacting with appropriate team members to accomplish assignments. Actively works to integrate into team function and meet or exceed the expectations of his or her given role. In general, works toward achieving team goals but may put personal goals related to professional identity development (e.g., recognition) above pursuit of team goals. (Peds)</td>
</tr>
<tr>
<td><strong>ICS 7:</strong> Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions</td>
<td>Does not accurately anticipate or read others’ emotions in verbal and nonverbal communication. Is unaware of one’s own emotional and behavioral cues and may transmit emotions in communication (e.g., anxiety, exuberance, anger) that can precipitate unintended emotional responses in others. Does not effectively manage strong emotions in self or others. (Peds)</td>
<td>Anticipates, reads, and reacts to emotions in real time with appropriate and professional behavior in typical medical communication scenarios, including those evoking very strong emotions. Uses these abilities to gain and maintain therapeutic alliances with others. Atypical or unanticipated situations may still evoke strong emotions in the learner, resulting in an inability to moderate one’s behavior and manage the emotions. (Peds)</td>
</tr>
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# MILESTONES IN RESIDENCY AS A RESOURCE

<table>
<thead>
<tr>
<th>SBP-4 Coordinates team-based care</th>
<th>Has not achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
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<td></td>
<td>Understands that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member</td>
<td>Understands the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care</td>
<td>Engages the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs</td>
<td>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients</td>
<td>Role models leadership, integration, and optimization of care teams to provide quality, individualized patient care</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

The Family Medicine Milestone Project. The Accreditation Council for Graduate Medical Education and American Board of Family Medicine, July 2015.
TEAMSTEPPS: A RESOURCE FOR TEAMWORK DEVELOPMENT

An evidence-based teamwork development system to improve communication and teamwork among health care professionals. Agency for Healthcare Research and Quality and the Department of Defense.

Specific TeamSTEPPS Tools and Strategies Include:

- Leadership
  - Effective Leadership Characteristics and Tasks
  - Shared Mental Model
  - Task Assignment
  - Briefs, Huddles, and Debriefs

- Situation Monitoring
  - Situational Awareness
  - Cross Monitoring

- Mutual Support
  - Task Assistance
  - Feedback

- Communication
  - Closed Loop Communication
  - SBAR
  - CUS and the Two Challenge Rule

http://teamstepps.ahrq.gov/

Online modules, simulated team tower training.
TEAMSTEPPS TRAINING

TeamSTEPPS
Team Tower Simulation Training
## Patient Safety

**PS 100: Introduction to Patient Safety**
- Lesson 1: Understanding Medical Error and Patient Safety
- Lesson 2: Understanding Unsafe Acts
- Lesson 3: A Call to Action — What YOU Can Do

**PS 101: Fundamentals of Patient Safety**
- Lesson 1: To Err Is Human
- Lesson 2: Responding to Error
- Lesson 3: Identifying and Reporting Errors
- Lesson 4: Error versus Harm

**PS 102: Human Factors and Safety**
- Lesson 1: Understanding the Science of Human Factors
- Lesson 2: Changes Based on Human Factors Design Principles
- Lesson 3: Using Technology to Mitigate the Impact of Error

**PS 103: Teamwork and Communication**
- Lesson 1: Why Are Teamwork and Communication Important?
- Lesson 2: Basic Tools and Techniques
- Lesson 3: Communication During Times of Transition
- Lesson 4: Developing and Executing Effective Plans

**PS 104: Root Cause and Systems Analysis**
- Lesson 1: Root Cause Analysis Helps Us Learn from Errors
- Lesson 2: How a Root Cause Analysis Works
- Lesson 3: How Root Cause Analysis Can Help Improve Health Care

**PS 105: Communicating with Patients after Adverse Events**
- Lesson 1: The Importance of Communication When Things Go Wrong
- Lesson 2: Responding to an Adverse Event: A Step-by-Step Approach
- Lesson 3: The Impact of Adverse Events on Caregivers: The Second Victim

[http://app.ihi.org/lms/onlinelearning.aspx](http://app.ihi.org/lms/onlinelearning.aspx)
PS 104 Lesson 2: How a Root Cause Analysis Works

Course: PS 104: Root Cause and Systems Analysis

This lesson describes how to create an RCA team. It will walk you through the first four steps in an RCA, using a health care example to demonstrate how those steps fit together. You'll learn whom to include on an RCA team, how to use a high-level flowchart to understand an event, and how to develop causal statements. Note: Because RCAs are usually conducted in teams, it may be beneficial to take this lesson with a small group.

Estimated Time of Completion: 30 minutes

Begin Lesson

Learning Objectives

After completing this lesson, you will be able to:

1. Describe the steps in a root cause analysis.
2. Construct useful statements about root causes.
3. Identify at least four types of factors that may contribute to error.

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Interprofessional Communication
Patient-Centered Care
Role Clarification
Team Functioning
Conflict management
Collaborative Leadership
Online Curricula

This repository is a growing collection of educational resources supporting IPE. It is maintained by the Center, making materials available to the University of Kentucky and other interested faculty worldwide. If you use these resources, we would appreciate, but do not require, feedback as to your and your students' experience with them. Such feedback allows us to improve them over time and informs the creation of additional resources.

Downloadable Modules from the Southeastern Collaborative for Interprofessional Education (SEC IPE)

Creation of these modules was supported by a generous grant from the Josiah Macy Jr. Foundation. The institutions responsible for these modules are the University of Kentucky, University of Florida, Medical University of South Carolina, Vanderbilt University, and the University of Mississippi Medical Center.

Collaborative Approach to Care Transitions

Collaborating to Improve Patient Safety

Faculty Development Materials on UKHC CECentral

These online resources provide training for faculty and staff involved in teaching IPE. They are CE accredited for a variety of disciplines.

CECentral — Interprofessional Education Portal

www.uky.edu/cihe/content/online-curricula
LEVELING IPE ACTIVITIES

- **Initial** (Knows) 1\textsuperscript{st} Year Students
- **Intermediate** (Knows How and Shows) 2\textsuperscript{nd} Year Students
- **Advanced** (Shows and Does) 3\textsuperscript{rd} Year – Residency

Utilizing Miller’s Competency Development Model

- **Knows** (Recognition and Recall)
- **Knows How** (Application to Case Based Scenarios)
- **Shows** (Demonstration of Procedural Knowledge)
- **Does** (Consistent and Spontaneous Display)
WHERE DOES IPE FIT IN THE CURRICULUM

Natural Fits: Professionalism, Communication, Systems-Based Practice, Ethics, Patient Care and Safety, Population Health, Collaborative Research

GAPS in the curriculum:
- Knowledge about other health professions
- Knowledge on how to communicate with other professions
- Knowledge of how to deal with conflict on a treatment team
- Leadership Skills Training
- Team development Training
HOW WILL YOU DELIVER THE CURRICULUM

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


Considerations for curriculum delivery:
Courses
Team Experiences
Content to supplement existing courses
A common content across programs
Context within which the curriculum is presented
Start where you can and build from that point
EXAMPLE OF AN INITIAL STUDENT TEAM ACTIVITY

OBJECTIVES

1. Students will demonstrate value and respect for Interprofessional teammates through considerate reflection on assumptions they have held about teammate’s professions.

   Methods: Assumptions Exercise and Reflection

2. Students will apply principles of high-functioning health care teams in their team participation by establishment of clear team member roles, effective team communication, shared goals and measurable processes and outcomes for today’s session.

   Methods: Students pre-read article on Team-based and patient-centered health care which discusses team member values and team principles of high functioning health care teams.

   Team Identification of Guiding Principles through use of Our Interprofessional Team’s Guiding Principles to Promote Effective Teamwork form.

3. Utilizing a patient case scenario, students will collaborate to create an Interprofessional health care team appropriate for that patient’s needs, identify team formation strategies, establish shared team goals and identify team communication strategies.

   Methods: Geriatric patient case with guided questions to promote teamwork.
TEAM PRINCIPLES

Our Interprofessional Team’s Guiding Principles to Promote Effective Teamwork

In order for your team to be effective in working together take some time now to discuss and agree upon the principles by which your team will function:

1. Our Interprofessional team will demonstrate respect and value for all team members by (specific ways):

2. Each team member will be responsible to (specific roles):

3. Our communication with each other is expected to be (specific appropriate communication strategies):

4. We will establish mutual trust within our team by (specific trust building behaviors):

5. Our shared team goal is (specific goal for today):

6. We will know we have accomplished our goal by (expected outcome of teamwork): (How will you measure it?)

We have mutually agreed upon these guiding principles and agree to abide by them.

Team Members:

____________________  ____________________  ____________________
____________________  ____________________  ____________________
MRS. COOPER GERIATRIC CASE

1. Based on the role of your discipline, what additional questions would you like to ask Mrs. Cooper?

2. Based on that assessment, which professions would you want represented on Mrs. Cooper’s team to best meet her health care needs?

3. How would you assemble this particular treatment team for Mrs. Cooper in an outpatient setting?

4. How would the team identify and communicate about each member’s functions or roles, responsibilities, and accountabilities in Mrs. Cooper’s care?

5. How will they communicate with each other about Mrs. Cooper’s treatment goals and progress?

6. What would be the overall shared treatment goals for Mrs. Cooper, how are they determined and communicated across the team?

7. Which professional would lead this team and why? Would the leadership remain constant across her treatment or would it change, under what conditions?

9. How would you know if your interventions are successful? How will team members communicate success to the team.
UNIVERSITY OF NORTH TEXAS HSC (UNTHSC)

Founded in 1970

5 Colleges/Schools

Texas College of Osteopathic Medicine (Class Size 240)
UNT System College of Pharmacy (Class Size 100)
UNTHSC School of Health Professions
  Physician Assistant Studies (Class Size 80)
  Physical Therapy Program (Class Size 48)
School of Public Health
Graduate School of Biomedical Sciences

Department of Interprofessional Education and Practice
December 2012
2013 CROSS-INSTITUTIONAL IPE AGREEMENT

UNTHSC (State Graduate Institution) & Texas Christian University (TCU) (Private Under Graduate and Graduate Institution) agree to partner on IPE.

UNTHSC
- Medicine
- Pharmacy
- PA
- PT
- Public Health
- Graduate Studies in Biomedical Science

TCU
- Nursing BSN, MSN, DNP
- Social Work BSW, MSW
- Dietetics
- Speech Language Pathology
- Athletic Training
Over 1,600 students from medicine, pharmacy, nursing, physical therapy, physician assistant studies, SLP, public health, athletic training, social work, dietetics and counseling train together in Interprofessional teams on core IPE competencies.

Collaborative Code Team Simulation

3rd year family med  
Senior nursing  
Chaplaincy residents  
3rd year Pharmacy

Interprofessional Culinary Medicine 
Dietetics Interns, Medical, Pharmacy & PA students

Pediatrics Clinic 
Dietetic Internship

Improving the patient experience And allowing dietetics, medicine, and PA students to learn about, from, and with each other.
INNOVATIVE APPROACHES

Interprofessional SAGE
(Seniors Assisting in Geriatrics Education)

Interprofessional student teams make home visits with geriatric volunteers and complete team competency based assignments.

1st and 2nd year students:
Medicine, Pharmacy, Nursing, PA, PT, Social Work, Dietetics
PEDIATRIC MOBILE CLINIC

Travels to schools, community centers, churches and community organizations providing health care on board a state-of-the-art mobile medical unit.

Medicine, PA, Public Health, PT, Dietetics and Nursing students have an opportunity to work collaboratively with each other and the mobile unit team to create a compassionate and welcoming environment for patients and their families.
Medical, Nursing, Dietetics, Speech Language Pathology and Dental Hygienist students work collaboratively with each other and Pediatrics Clinic Faculty to provide children with physicals, hearing, vision and oral screenings at local elementary schools.
REFERENCES


