Rajesh S. Mangrulkar

Marguerite S. Roll Professor of Medical Education

Associate Professor of Medicine and Learning Health Systems
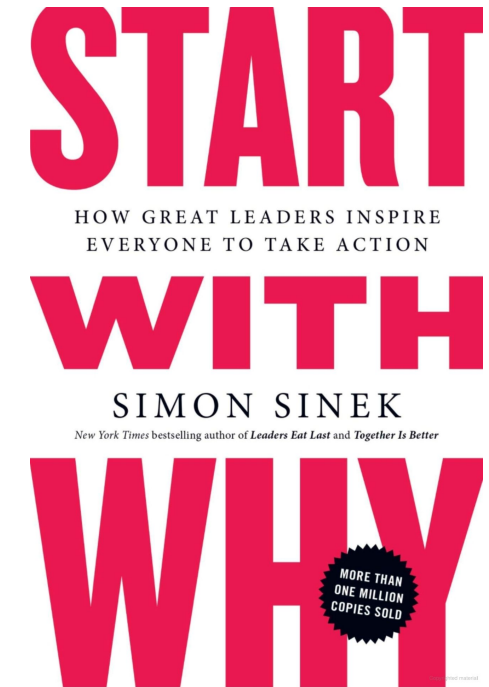
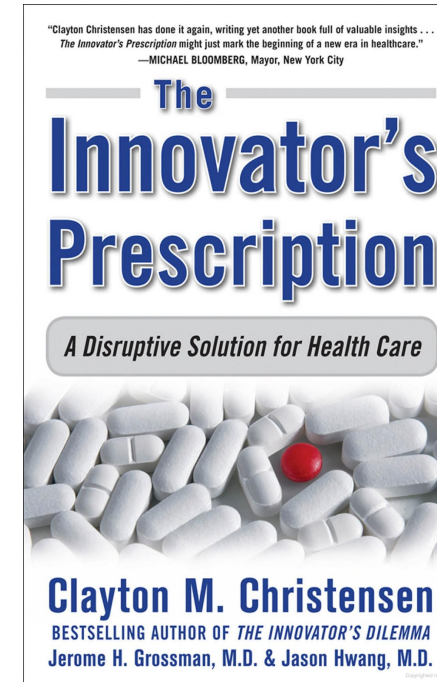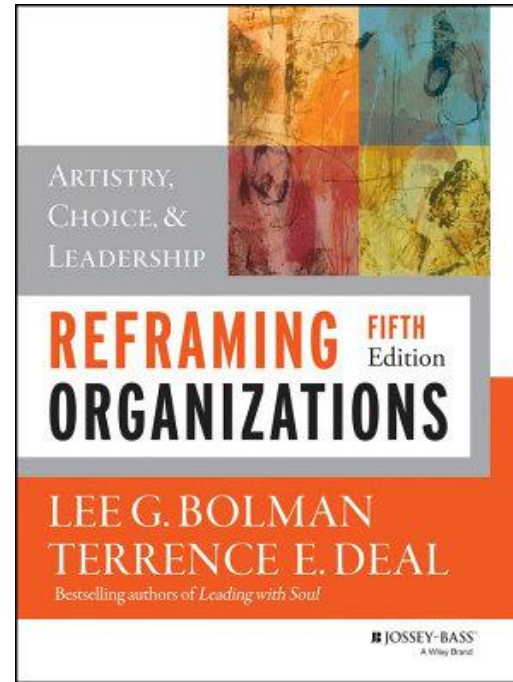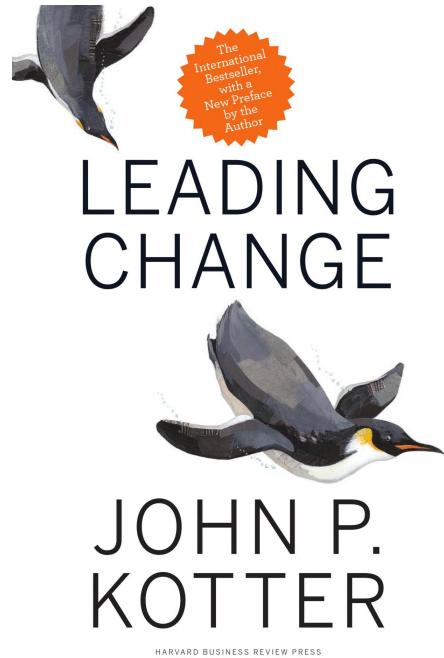Director, Michigan Center for Interprofessional Education

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IPE as an Innovation
The "HOW" is more difficult than the "Why" and "What"

- Kotter JP. Leading Change: Why Transformation Efforts Fail. Harvard Business Review. Mar-Apr 1995.
- Bolman LG, Deal TE. Reframing Organizations: Artistry, Choice, and Leadership. 5th ed. Wiley 2013.
- Christensen CM, Overdorf M. Meeting the Challenge of Disruptive Change. Harvard Business Review. Mar-Apr 2000
- Sinek, Simon. *Start with Why*. TEDx Puget Sound, 09/28/2009

HPE Day April 2017
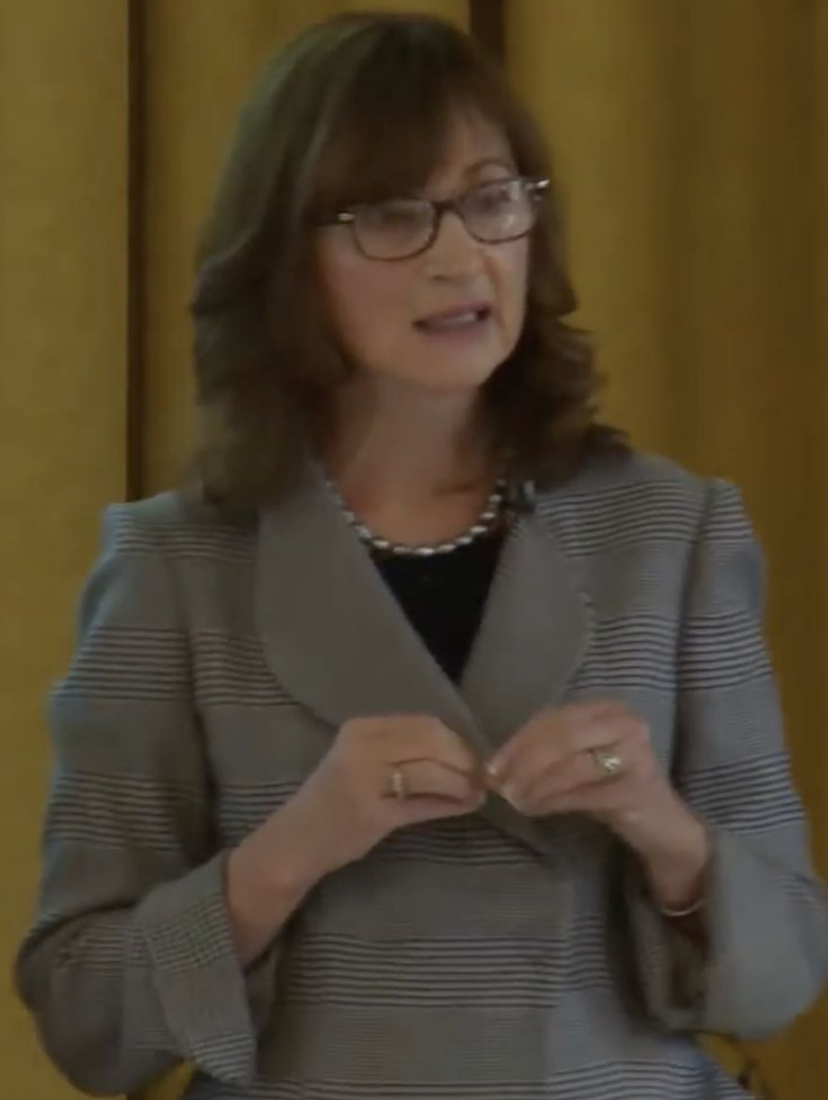
Contents lists available at ScienceDirect

Journal of Interprofessional Education & Practice

Editorial

Answering the vexing questions about organizing IPE in higher education

ARTICLE INFO

Vexing Questions - Brandt

Observation: We've made progress in 30 years, but "IPE is marginalized in higher education, and championed by volunteers."

- **Fact**: >60% of Centers for IPE are affiliated with Academic Health Centers, yet…
  - Very little IPE is happening in practice settings
  - When it does happen, it is usually filling gaps, often in primary care and underserved settings – *not mainstreamed*
- **Fact**: Most faculty participate as volunteers in IPE, most leadership is underfunded
  - Few faculty across the country have their responsibilities rearranged to accommodate work in IPE.
  - This model cannot result in sustainable innovation and change.

WHY?

The Golden Circle

WHAT

Every organization on the planet knows WHAT they do. These are products they sell or the services

HOW

Some organizations know HOW they do it. These are the things that make them special or set them apart from their competition.

WHY

Very few organizations know WHY they do what they do. WHY is not about making money. That's a result. WHY is a purpose, cause or belief. It's the very reason your organization exists.

WHY

HOW

WHAT

Simon Sinek's theory of value proposition – "Start with Why"
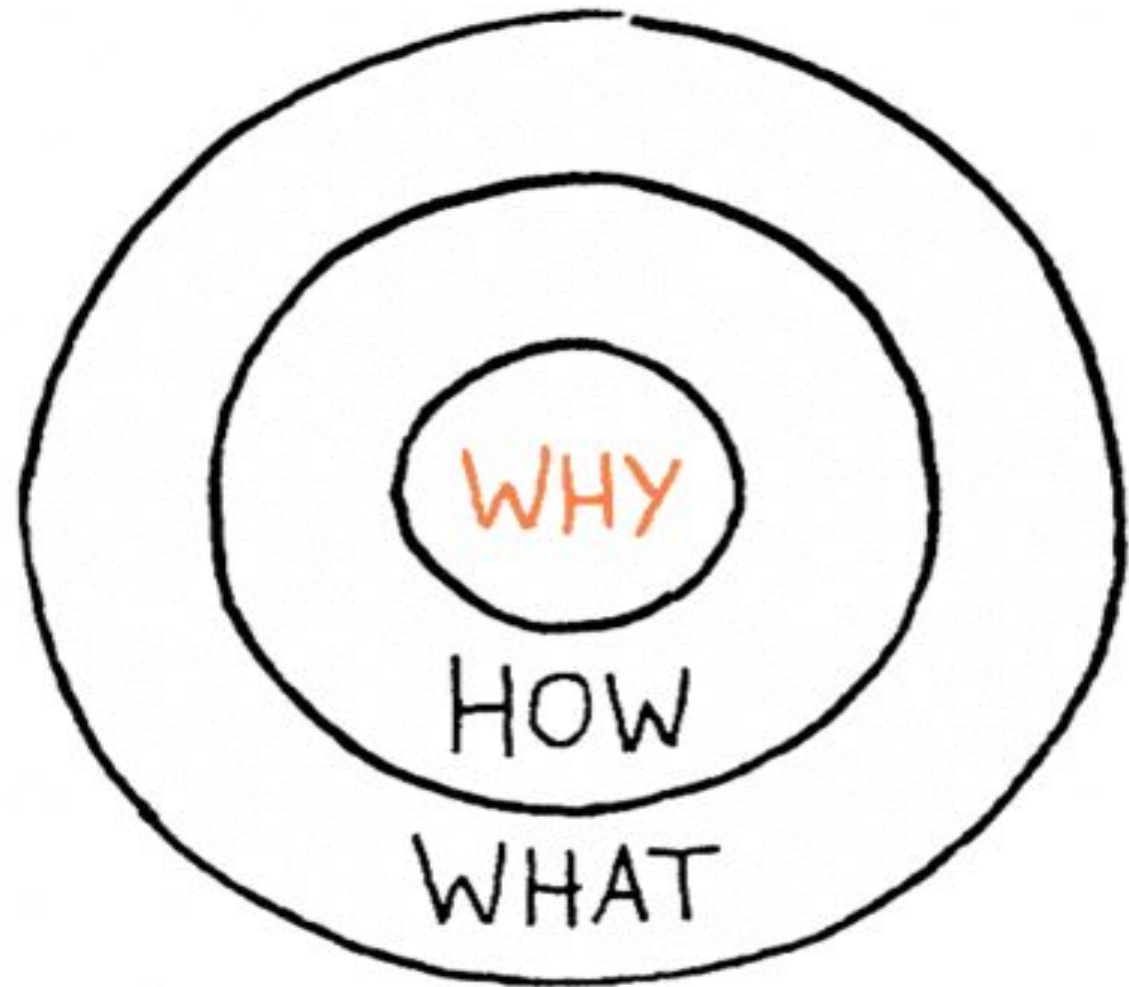
What about the "HOW"?

"Amateurs talk strategy. Professionals talk logistics."

- Gen. Omar Bradley, World War II
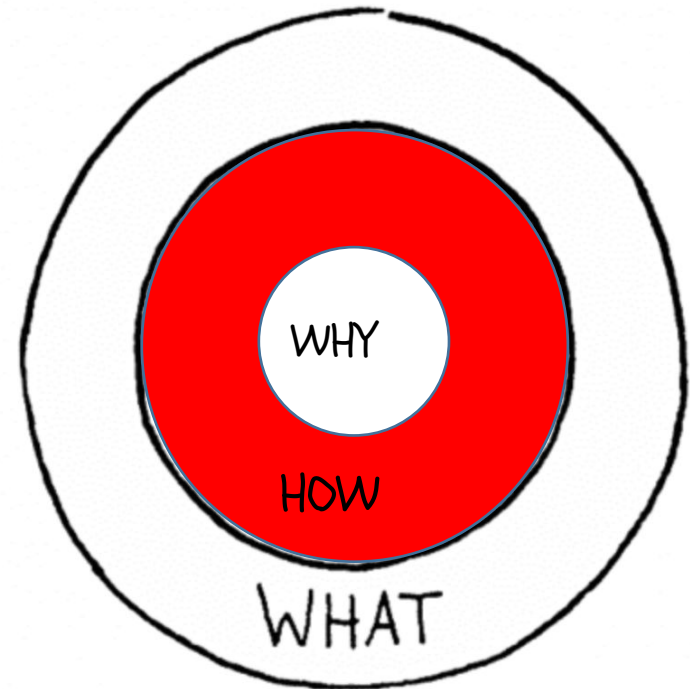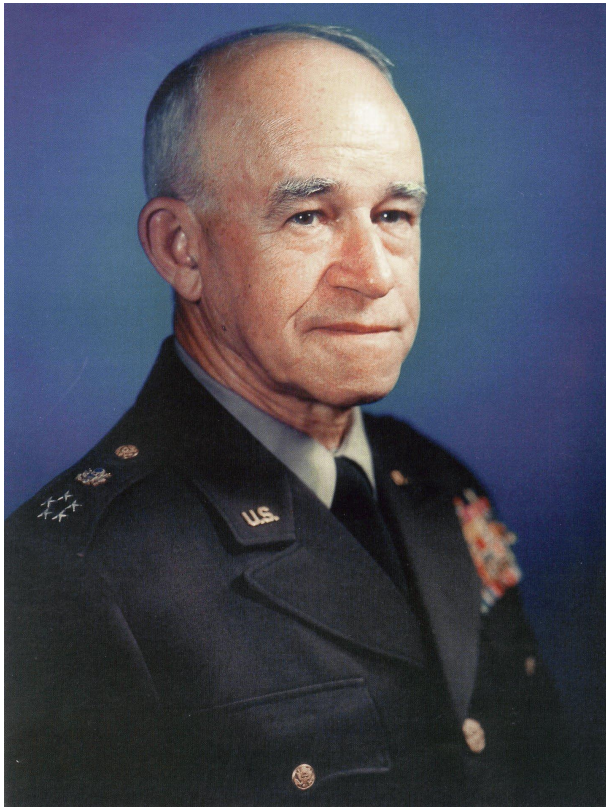
The How – in 3 steps

Precondition #1
An honest **current state** assessment

Precondition #2
A clearly described specific **strategic vision** for the future

Precondition #3
A roadmap for *how* the organization will move towards the future state

Current State Assessment

Precondition #1
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Michigan Center for IPE (C-IPE)
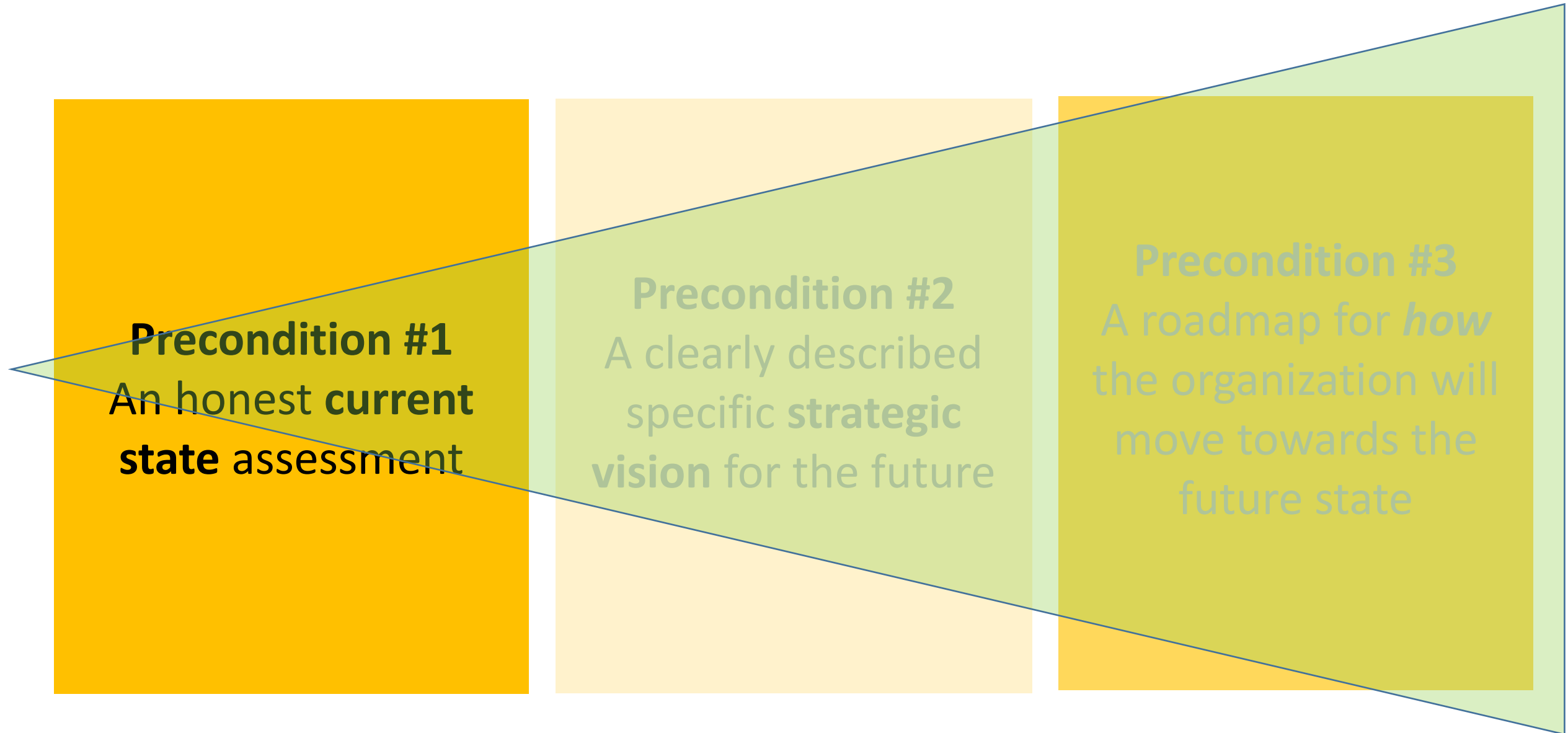
- The C-IPE was launched in 2015 by the Provost's office through the Transforming Learning for the Third Century Initiative, partnering with the deans of the seven Ann Arbor health science schools, and then 3 additional schools on our regional campuses
- 5 goals, broad reach, multiple publications, substantial faculty engagement, recognition

Can we say that our efforts have moved the needle on learning, practice, behavior and health?

As schools and colleges, are we working in unison towards the goals?
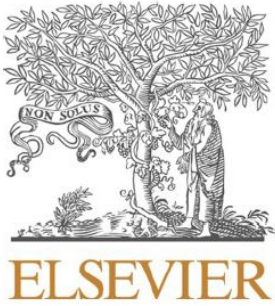
Organizational structure and resources of IPE programs in the United States: A national survey

Sarah Shrader [a], Patricia J. Ohtake [b,*], Scott Bennie [c], Amy V. Blue [d], Anthony P. Breitbach [e], Timothy W. Farrell [f,g], Richard W. Hass [h], Annette Greer [i], Heather Hageman [j], Kristy Johnston [k], Mary Mauldin [l], Devin R. Nickol [m], Andrea Pfeifle [n], Teri Stumbo [o], Elena Umland [p], Barbara F. Brandt [q]

The Structure of our Center

- 65% of Centers are housed with Academic Health Centers (like us)
- Majority are 6 years or older (like us)
- Half are:
  - >1000 students (like us)
  - Centralized (like us)

UM

Shrader, et al. https://doi.org/10.1016/j.xjep.2021.100484, March 2022.
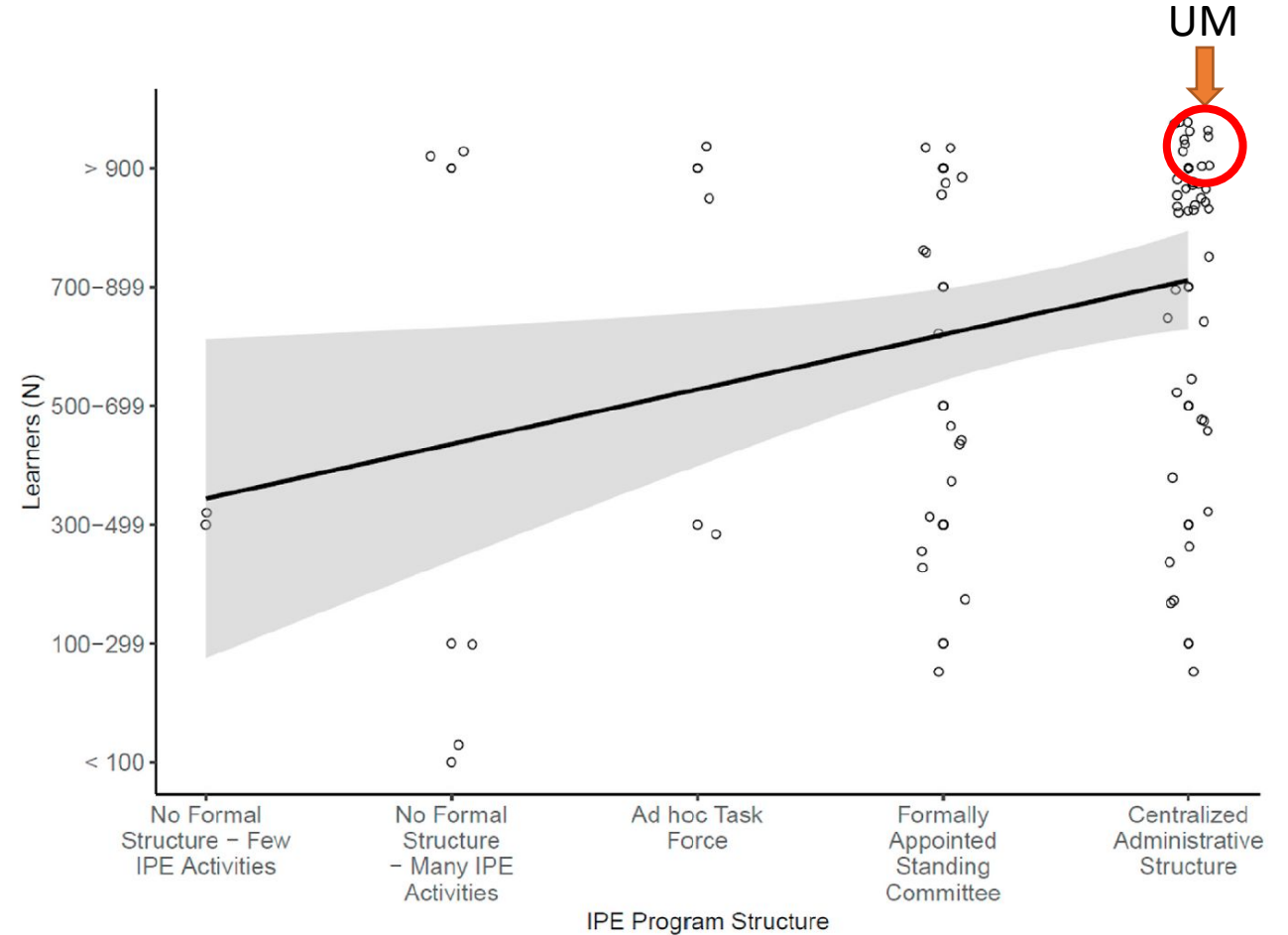
Issue #1 – Our missions are siloed

IPE OPPORTUNITIES

5	13	27	33	35*	35
2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
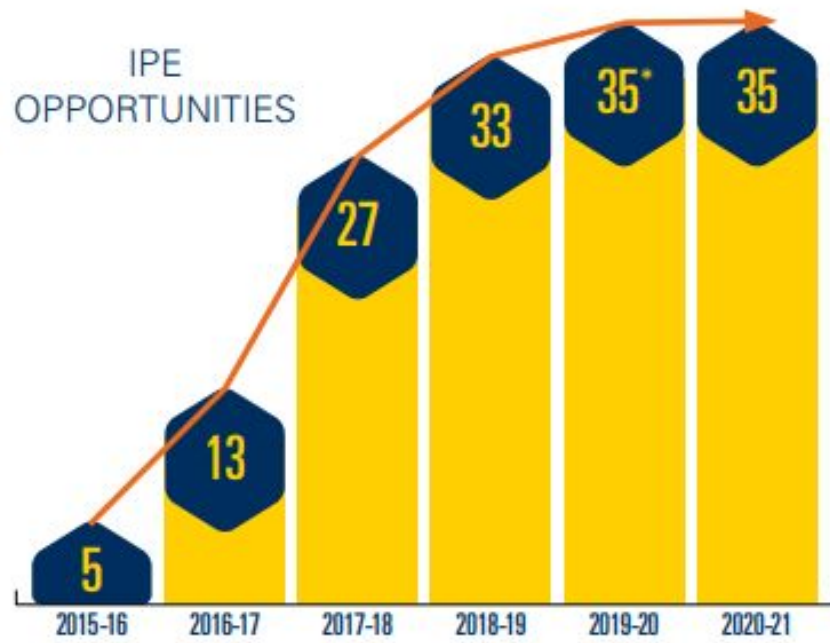
*5 of these activities were cancel

LEARNERS ENGAGED IN IPE ACTIVITIES

859 — Year 1

2,902 — Year 6

Didactic

Experiential

Introduce → Reinforce

Introduce → Reinforce → Practice

Patient/Community Interaction
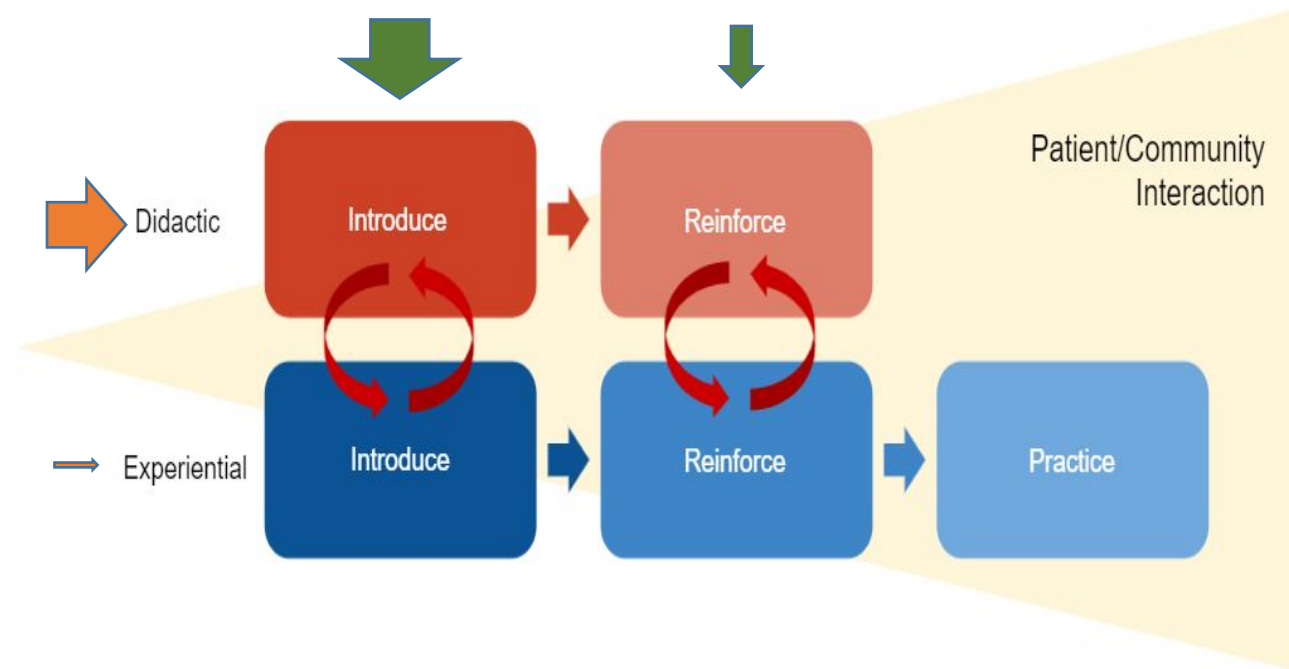
Interprofessional Clinical Learning Environment Characteristics

- Experiential settings for interprofessional education were in the distinct minority.

- Most interprofessional collaborative practice experiences involved students filling a gap in services or complementing efforts to provide healthcare for underserved populations. **Not mainstreamed.**

"A trajectory for interprofessional practice and improved clinical outcomes achieved through teamwork, seamless communications, and efficient quality care should be a major goal of IPE clinical education."

Shrader, et al. https://doi.org/10.1016/j.xjep.2021.100484, March 2022.

An Evidence Deficit

Improved Interprofessional Education IPE **?→** Improved Interprofessional Practice IPP → Improved Health Outcomes

Thistlewaite J and Nisbet G. Interprofessional education
Clinical Teacher : 2007 (4) : 67-72

[Intervention Review]

Interprofessional collaboration to improve professional practice and healthcare outcomes

Scott Reeves[1a], Ferruccio Pelone[2], Reema Harrison[3], Joanne Goldman[4], Merrick Zwarenstein[5]

[1]London, UK. [2]Faculty of Health, Social Care and Education, Kingston University and St George's, University of London, London, Italy. [3]University of New South Wales, Sydney, Australia. [4]Centre for Quality Improvement and Patient Safety, University of Toronto, Toronto, Canada. [5]Department of Family Medicine, University of Western Ontario, London, Canada

- 9 high quality studies – some form of randomization

- Conclusion: *there is not enough strong evidence to provide conclusions on the efficacy of interprofessional collaboration*.
    - Many more studies are being conducted than the last systematic review, and continue to grow.

Issue #2 – We exist in a decentralized culture

Faculty support

Table 3
IPE program faculty effort and resource models.

	N (%)
Faculty Effort Model	
Faculty members' roles are substantially dedicated to IPE	4 (5%)
Faculty members are encouraged to participate in IPE and Assigned responsibilities arranged to accommodate IPE	7 (9%)
Faculty members encouraged to participate in IPE (e.g., additional responsibilities)	23 (30%)
Each college/program determines how to provide faculty effort (e.g., a variety of approached used)	30 (39%)
Faculty participate in IPE based on individual interest (e.g., not officially encouraged/discouraged)	13 (17%)
Faculty Resource Model	
Each college/program manages funding for faculty efforts separately but in consensus	3 (4%)
Centralized resources for faculty effort	4 (5%)
Faculty effort recognized and rewarded as part of standard workload	7 (9%)
Faculty volunteer beyond formal responsibilities in academic programs	27 (34%)
Each college/program determines how to provide faculty resources separately (e.g., a variety of approached used)	38 (48%)

UM → Each college/program determines how to provide faculty effort (e.g., a variety of approached used)

UM → Each college/program determines how to provide faculty resources separately (e.g., a variety of approached used)

Shrader, et al. https://doi.org/10.1016/j.xjep.2021.100484, March 2022.

Attempts to work more cohesively
Progress in the First Phase

The IPE Curricular "Window" (2016)

Recommendations on faculty incentives and challenges for IPE (2017)

Recommendations on changes to promotion criteria to advance faculty based on work in IPE (2019)

Identification of the "core" students for each school (2022)

Provided recommendations for education on health disparities, cultural humility, structural competency, and anti-racism for all schools (2022)

Challenges to "IPE as Core" - Variability

Variable needs for each school, **variable standards** of accreditation.

Variable definitions of teamwork, and lack of consensus on assessment of the knowledge and behaviors we want to see in our students as part of these teams.
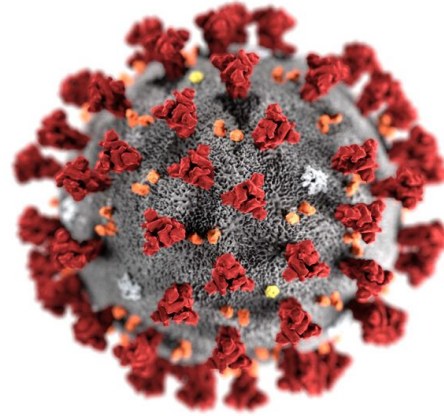
Variable approaches to faculty and how they are supported to engage in teaching, learning, and assessment across schools and colleges.

Variable progress on recommendations to make support for IPE more uniformly accepted in promotion criteria for faculty.

Issue #3 – The stress of a global pandemic on our systems

- A burdened healthcare delivery system, under constant stress.
- Profound burnout and job turnover in most professions within healthcare.
- Further "marginalization" of the education mission as a priority.

- A movement **towards** team-based interprofessional care to meet the needs of this moment.
  - *"institutions investing in creating an interprofessional culture pivoted in real-time as system-level teams responded to the COVID pandemic in a matter of days in 2020."   -- Brandt, 2022*

Innovation in a Time of Crisis

by Larry Clark | March 26, 2020

More from Larry Clark

Many of us are familiar with stories about how American GI's kept trucks and jeeps rolling during World War II, even when spare parts weren't available. Used to tinkering with jalopies in their garages, the young soldiers were able to jury rig fixes with whatever materials were on hand.

In response to the coronavirus pandemic, innovators are jumping in to help. Around the world, beermakers and distilleries have shifted production to hand sanitizers. In Italy, a start-up engineering company began quickly using 3D printers to create the valves used in ventilators. Those just-in-time valves are saving lives.

When we look back on the current health crisis, there's no doubt that we'll learn that it resulted in a number of innovations: new drugs and medical devices, improved healthcare processes, manufacturing and supply chain breakthroughs, novel collaboration techniques.
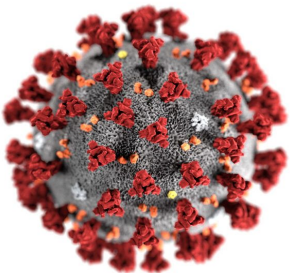
"Crises present us with unique conditions that allow innovators to think and move more freely to create rapid, impactful change."

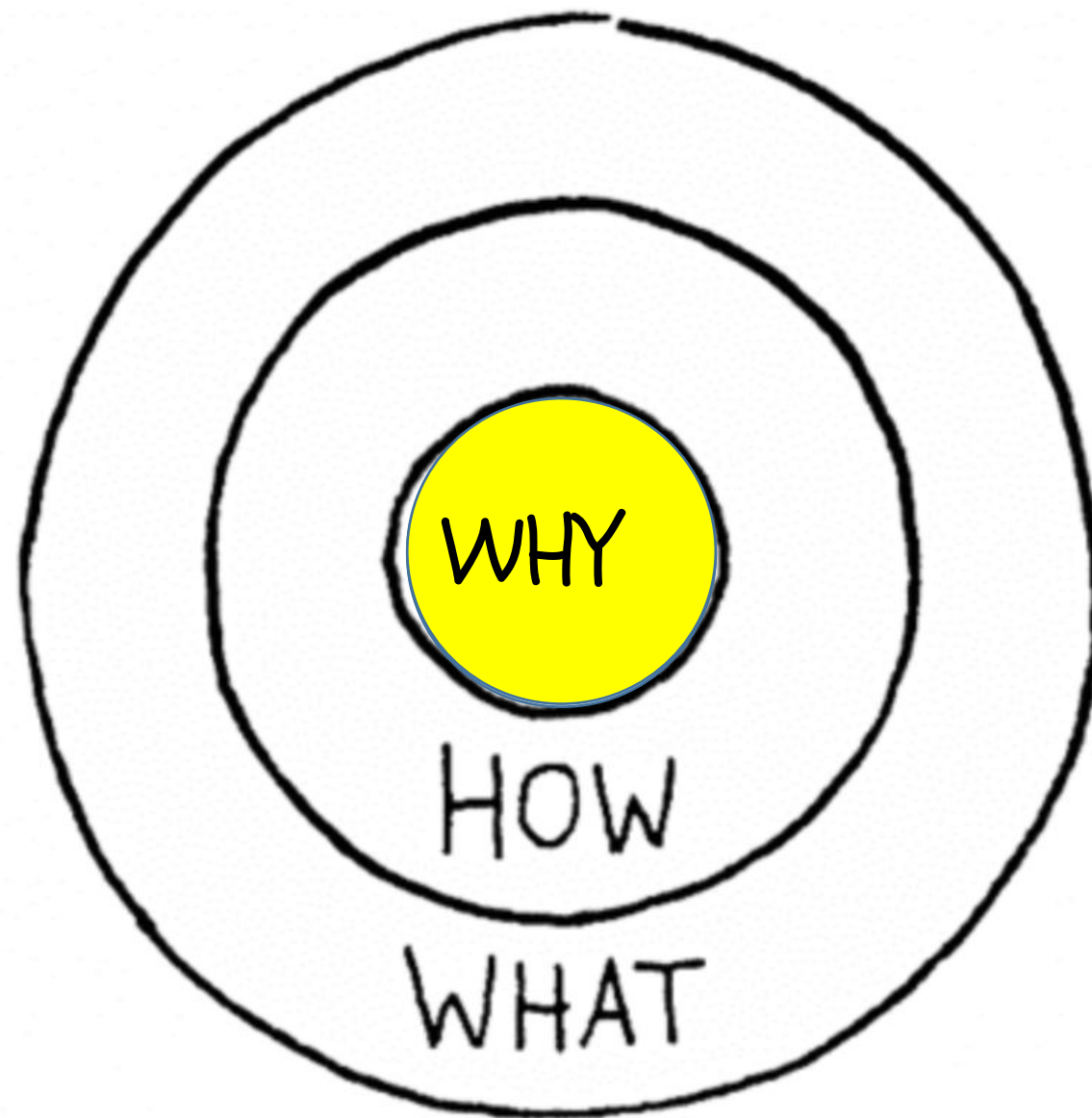# A Strategic Vision

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UM Center for IPE Goal

Improved patient experience

Better health outcomes

Quadruple Aim

Improved staff experience

Lower cost of care

Five Strategies

- **Core Curriculum** - strategically review, enhance, and scale the IPE "core" for students at University of Michigan.
- **Experiential Innovation** - launch a suite of experiential IPE pilots that can scale and, as a whole, will address key needs for learning in this setting.
- **Intentional Measurement and Research** - implement a portfolio of accepted, valid assessment tools that are used in our IPE experiences and measure outcomes reliably and consistently to advance research on the impact of IPE on the quadruple aims.
- **Educator Development** - implement a development and training program based on the identified needs for faculty and practitioner educators in both teaching and assessment.
- **Systems-Based Problem-Solving** - Develop a strategy for addressing the most pressing problems that will present challenges to our initiatives in the other 4 strategies.
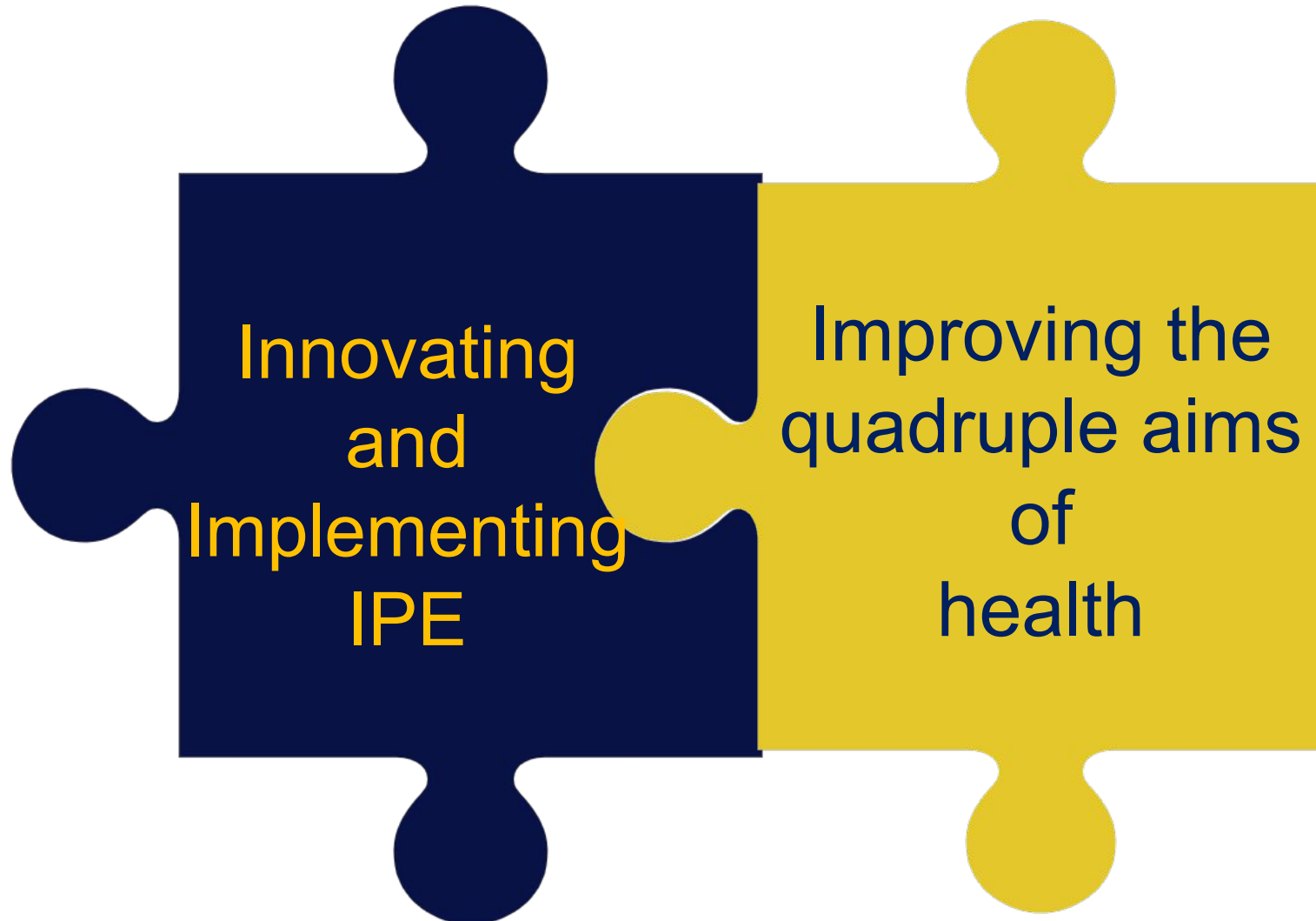
The *"HOW"*

Precondition #1
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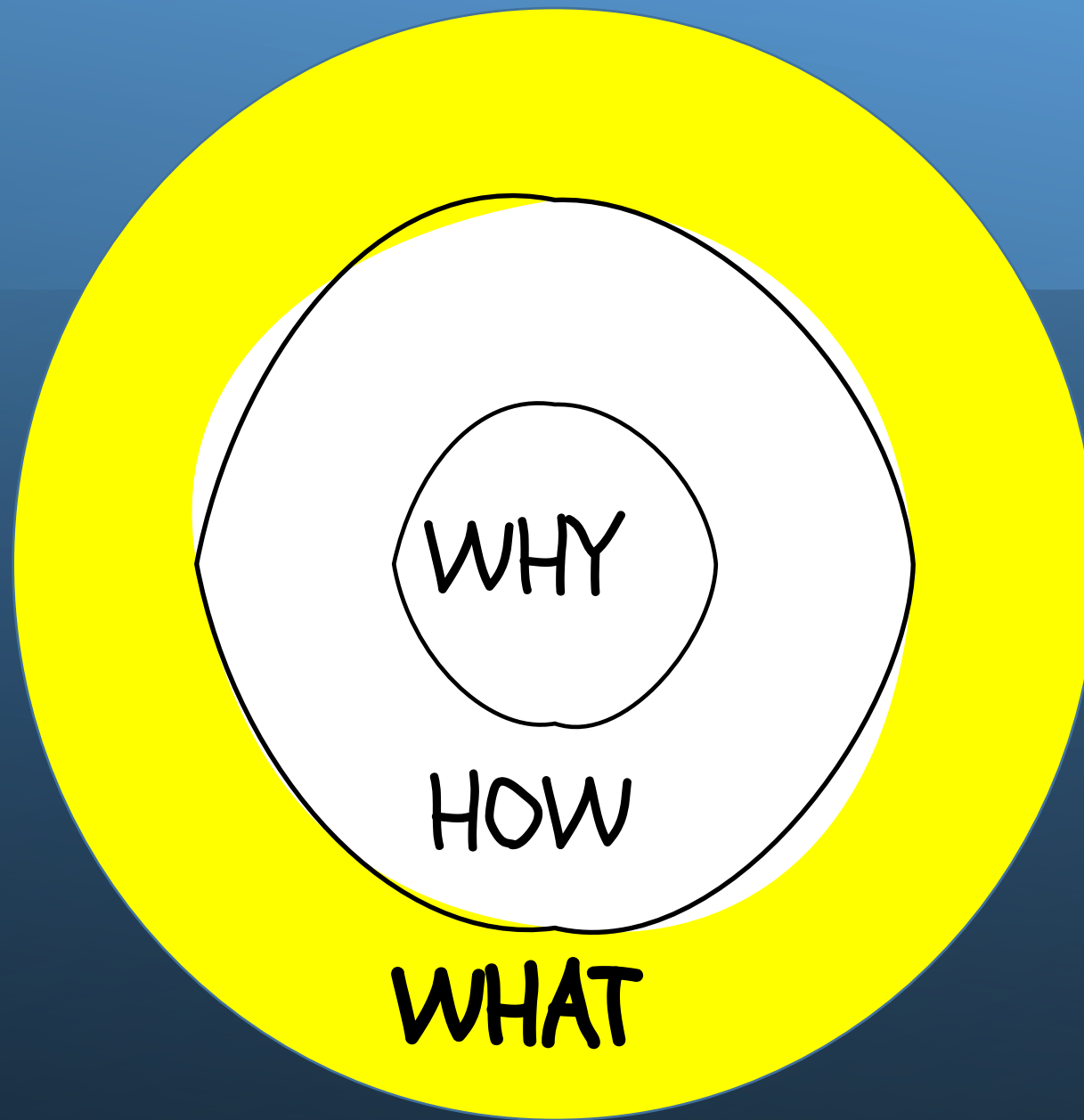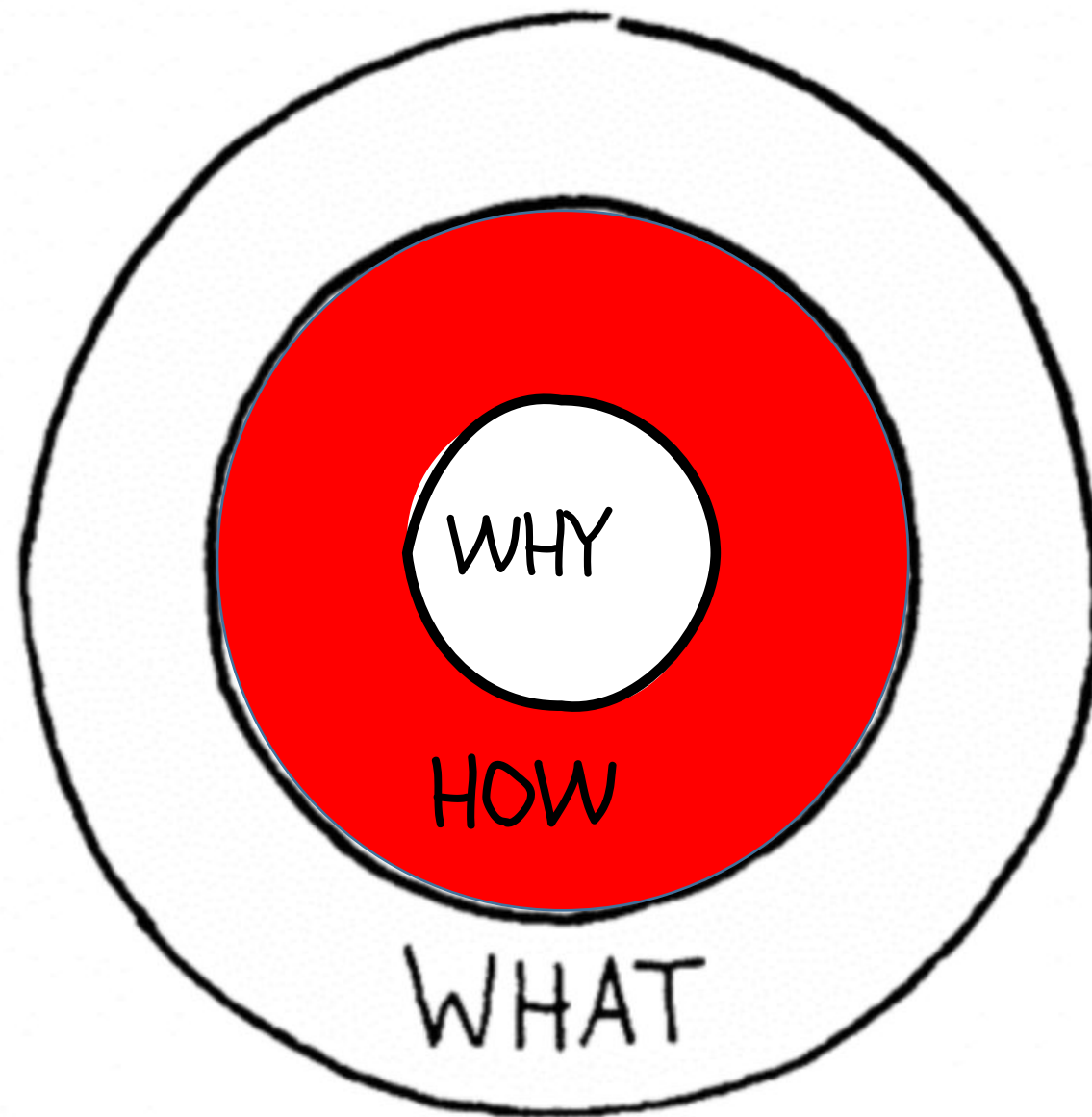**Precondition #3**
A roadmap for *how* the organization will move towards the future state

Deliberate focus on the How
3 "musts"

1

IPE must have stakeholders from all 3 missions

Build a movement across missions by recruiting key stakeholders
3 reflective questions

- How do we think strategically about stakeholders that Include the experiential/practice and research missions
  - Experiential – how do we incent educators **(faculty and non-faculty)** to help our different students learn?
  - Research – **how can IPE add value** to research on interprofessional practice?

- Whom do we often forget, but are crucial to the movement?
  - **Learners** add energy, passion, and creativity. By leading change, they learn.
  - The **patient and community voice** – As partners, they see the "big picture" better than any of us.

- How are important stakeholders best reached?
  - **Multiple modalities** of communication, reaching stakeholders where they are.
  - With openness to **providing input** and shaping the work.
  - *"Organizations in the midst of change under-communicate with stakeholders by 1000X". --John Kotter*

Kotter JP. Leading Change: Why Transformation Efforts Fail. Harvard Business Review. Mar-Apr 1995
Boaz et al. Health Research Policy and Systems (2018) 16:60

Deliberate focus on the How
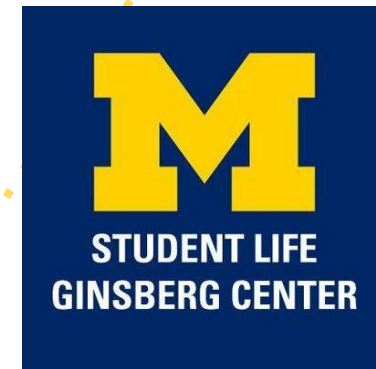*3 "musts"*

1

IPE must have stakeholders from all 3 missions

2

IPE must be sustainable with enduring relationships

Deliberate focus on the How
3 "musts"

1

IPE must have stakeholders from all 3 missions

2

IPE must be sustainable

3

IPE innovation must also be "*administrative*"

Systems-Level *"Administrative Innovation"*

01	02	03	04
Change formal processes	Implement development and training	Address misaligned incentive systems	Launch new approaches that align with the change

- **Tuition funds flow** *for IPE*
- *Transcript notation, badging, certification for IPE work (**beyond courses**)*

- **Blended offerings** *for educator development*
- *Broad reach to **faculty and staff***

- *Transparent **faculty support** model*
- *IPE-aligned **promotion** criteria*
- *Team-based student **assessment***

- *Center for IPE as a partner to **"add value"** to the practice, community and research missions*

**Ref: Kotter JP. Leading Change: Why Transformation Efforts Fail. Harvard Business Review. Mar-Apr 1995.

Implications

- Accreditation
- Faculty and Students
- Funding, Sustainability, Partnerships
- Team-oriented graduates
- Education for the social good

The "HOW" Roadmap

1 IPE must have stakeholders from all 3 missions

2 IPE must be sustainable

3 IPE innovation must also be "*administrative*"

Opportunities
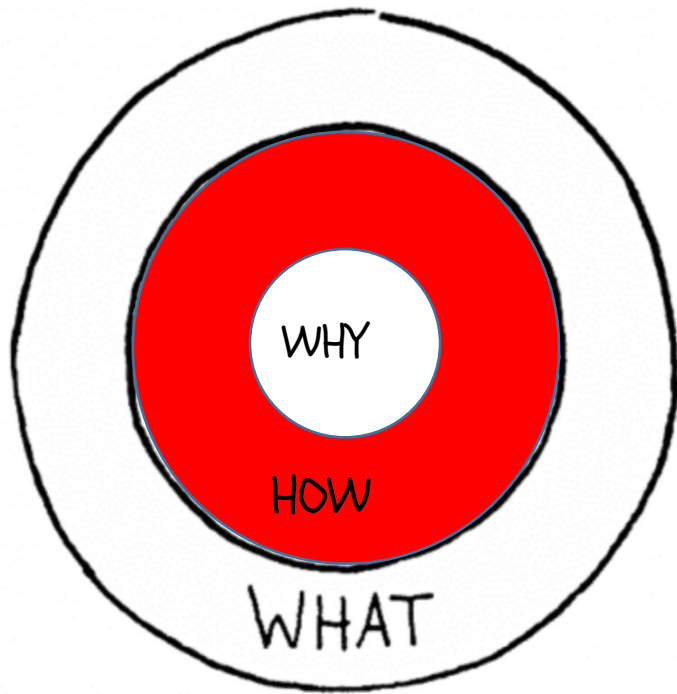
Want to stay informed?

- Join our email group for our regular newsletter – go to https://interprofessional.umich.edu/

Interested in talking to someone to learn more? Poster 101-21

- Rajesh Mangrulkar (rajm@umich.edu), Vani Patterson (vanims@umich.edu)

Interested in participating in one or more strategies?

- Survey Link - https://forms.gle/E4L6BUfPoZraCokM6

  Or QR code at the poster

Innovating and Implementing IPE

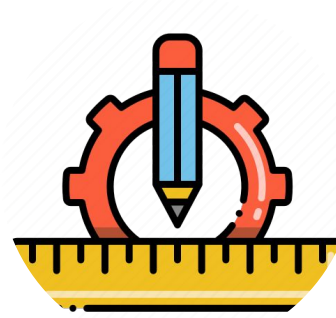Improving the quadruple aims of health

Extra Slides

Five Interconnected Strategies

- Defining, Implementing and Scaling the Core Curriculum

- Experiential Innovation

- Intentional Measurement and Research

- Educator Development

- Systems-Based Problem Solving

Socioeconomic Factors

40%

Education | Job Status | Family Social Support | Income | Community Safety

50% can be traced back to your zip code!

Physical Enviroment

10%

Health Behaviors

30%

Tobacco Use | Diet & Excercise | Alcohol Use | Sexual Activity

Health Care

20%

Access to Care
Quality of Care

Only 20% include those moments in a healthcare enviroment.
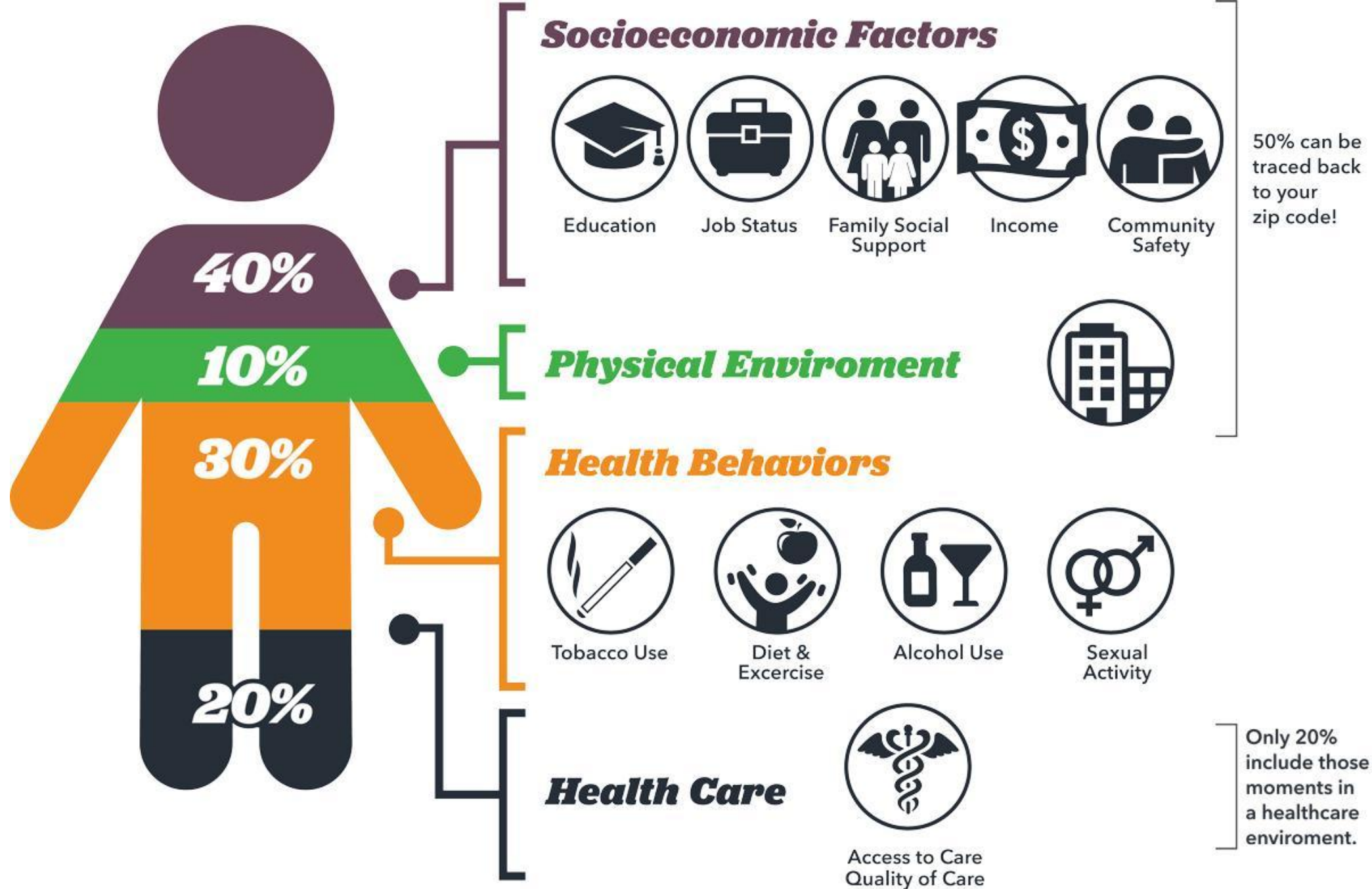
Key IPE/IPP Readings

- Brandt, B.F. (2015). Interprofessional Education and Collaborative Practice: Welcome to the "New" Forty-Year Old Field. The Advisor, 34(1), 9-17.
- Health Professions Accreditors Collaborative. (2019). Guidance on Developing quality interprofessional education for the health professions. Chicago, IL: Health Professions Accreditors Collaborative.
- Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, D.C.: Interprofessional Education Collaborative.
- Institute of Medicine (2015). Measuring the impact of interprofessional education on collaborative practice and patient outcomes. The National Academies Press. https://doi.org/10.17226/21726
- Khalili, H., Orchard, C., Laschinger, H., & Farah, R. (2013). An interprofessional socialization framework for developing an interprofessional identity among health professions students. Journal of Interprofessional Care, 27(6), 448–453. https://doi.org/10.3109/13561820.2013.804042
- Reeves, S., Pelone, F., Harrison, R., Goldman, J., & Zwarenstein, M. (2017). Interprofessional collaboration to improve professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews. Issue 6. https://doi.org/10.1002/14651858.CD000072.pub3
- World Health Organization. (2010). Framework for action on interprofessional education and collaborative practice. Geneva, Switzerland: WHO Press.

Core Curriculum

GOAL: strategically review, enhance, and scale the IPE "core" for students at University of Michigan.

KEY STEPS for 2022-2023:

1. Support from Deans, Associate Deans, and Chairs
2. IPE CC recommends how the core IPE curriculum be incorporated for all relevant health science students (mandates, grad requirements)
3. Center must dedicate staff towards curricular coordination
4. Balance of innovative pedagogy (consider online, blended models. partner with CAI)
5. Alignment with experiential (sequencing), measurement, and problem-solving

Experiential Innovation

GOAL: launch a suite of experiential IPE pilots that can scale and, as a whole, will address key needs for learning in this setting.

KEY STEPS for 2022-2023:

1. Needs assessment of all 10 schools (ideal, needs, accreditation)
2. Identify 3 clinical and community sites to serve as partners in developing collaborative practice models for IPE pilots
3. Establish relationships for sustained and synergistic partnerships
4. Hire a curricular administrator to coordinate experiential and didactic IPE curriculum development and implementation
5. Alignment with core curriculum, measurement, and educator development

Intentional Measurement

GOAL: implement a portfolio of accepted, valid assessment tools that are used in our IPE experiences and measure outcomes reliably and consistently.

KEY STEPS for 2022-2023:

1. Identify the specific behaviors we are targeting for learner development (pick frameworks and tools)

2. Implement cross campus IPE Measurement Conference/Retreat in Spring 2022

3. Develop plans to implement the use of tools across IPE experiences and cohorts

4. Develop a blueprint for research with identified partners

5. Establish relationships for sustained and synergistic partnerships in measurement and research

6. Hire a staff member who will support the measurement and research initiatives

7. Alignment with core curriculum, experiential, educator development, and systems-based problem solving

Measurement and Research focus

1. Expand and deepen sustainable research partners across the University
   - <u>Learning</u>: Center for Research on Learning and Teaching, School of Education
   - <u>Practice and Health</u>: Ginsberg Center, Institute for Health Policy and Innovation
2. Infrastructure – ***deliberately support faculty*** efforts in research and scholarship
   - Invest in Center staff for data analysis, grant-writing, publication
   - Launch IPE Community of Scholars and Practice – aware, share, develop, collaborate
3. Articulate a university-wide framework for measurement and assessment of the impact of IPE – on ***learning, practice and health***
   - Agree on observable team behaviors and assessment tools that are **most likely to impact health**, aligned with IPE competencies
   - Implement a cross campus "IPE Measurement Conference/Retreat" in Spring 2022 (possibly May)

Cross Campus Intentional Measurement and Research Conference – in 2022

- An opportunity to bring in new and diverse expertise to work on this issue – what should we measure, how do we partner?

- Deliverable – operational measurement roadmap: university-wide framework for measurement and assessment of the impact of IPE – on ***learning, practice and health***

Educator Development

GOAL: implement a development and training program based on the identified needs for faculty and practitioner educators in both teaching and assessment.

KEY STEPS for 2022-2023:

1. Understand current state and current capacity

2. Consider strategic review of IPL fellows program

3. Develop organizational blueprint for implementing and disseminating training and development (what is the structure)

4. Initiate development of "Introduction to IPE" for faculty and staff educators (online modules)

5. Grow partnerships to collaborate in development and training

6. Build specific communication strategy that educates the community, provides resources for educators and students, and positions Center as primary connector to partner schools and units for IPE.

7. Alignment with Core, Experiential, Measurement and Problem-Solving

Systems-Based Problem Solving

GOAL: Develop a strategy for addressing the most pressing problems that will present challenges to our initiatives in the other 4 goals.

KEY STEPS for 2022-2023:

1. Create and launch workgroup

2. Define a realistic charge with support from HSC and Provost

3. Initiate work on high priority items after identifying the critical issues (faculty support, tuition flow, etc…)
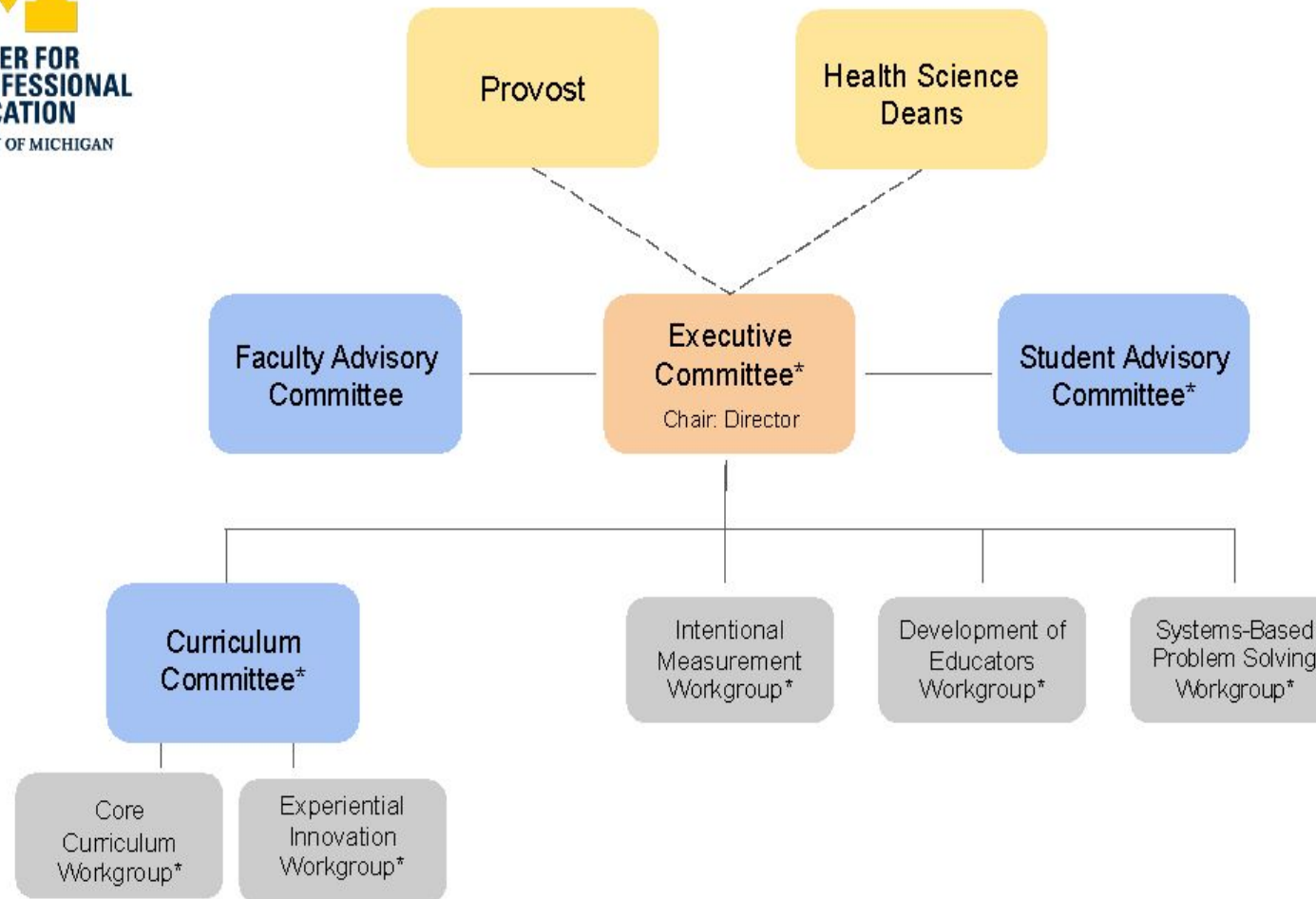
*indicates student participation