Rationale for Interprofessional Education

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One day Alice came to a fork in the road and saw a Cheshire cat in a tree. "Which road do I take?" She asked. "Where do you want to go?" was his response. "I don't know," Alice responded. "Then said the cat, "it doesn't matter."
Vision

Well Being

Health

Health Care
“Triple Aim”

- Health Outcomes
- Experience of Care
- Per Capita Cost
Achieving the “Triple Aim”

Vision & Strategy
• Alignment of education with individual, community and population needs
• Transformation of the clinical workforce
• Enhanced learning environment

Key Elements
• Renewed professionalism
• Meaningful relationships with patients, teachers and mentors (“continuity”)
• Interprofessional learning
• Collaborative (team-based) care
Good work, Malcolm, but I think we need just a little more detail right here!
Interprofessional Education (IPE)

- Interprofessional education “occurs when two or more professions learn with, about, and from each other to enable effective collaboration and improve health outcomes.”
Requirements for Effective IPE

• Culture & Leadership
  – Lower threshold for accepting risk

• Learning Modalities & Domains
  – Broader recognition of new models of learning

• System Alignment
  – Enhanced alignment between health and educational systems

• Conceptual Models
  – Consistent terminology & widely accepted conceptual models

• Return on Investment
  – Sufficient evidence of positive learning, health and system outcomes
Culture & Leadership

Professional Agreement About Outcomes

Low

High

Certainty About Outcomes

Low

High

Plan and Control

Zone of Complexity

Chaos
Learning Modalities

Thinking your way into new acting

Acting your way into new thinking
Workplace Learning

• **Unscripted**: Requires workers to go beyond approaches learned previously in order to resolve novel and poorly defined work challenges

• **Collaborative**: Requires workers to enhance or replace their collective expertise as changes in technology and work processes necessitate the development of new skills

• **Distributive**: Requires team leadership to be determined by expertise germane to the question at hand rather than artificial hierarchies
Learning Domains

“nested” within clinical site transformation

within and between professions

“nested” within each profession’s curriculum
Systems Alignment

- Without a purposeful and more comprehensive system of *engagement between the education and health care delivery systems*, evaluating the impact of IPE interventions on health and system outcomes will be difficult.
• Having a comprehensive conceptual model would greatly enhance the description and purpose of IPE interventions and their potential impact. Such a model would provide a consistent taxonomy and framework for strengthening the evidence base linking IPE with health and system outcomes.
Enabling or Interfering Factors

- Professional culture
- Institutional culture
- Workforce policy
- Financing policy

Learning Continuum (Formal and Informal)

- Foundational Education
- Graduate Education
- Continuing Professional Development

Interprofessional Education

Learning Outcomes

- Reaction
  - Attitudes/perceptions
  - Knowledge/skills
  - Collaborative behavior
  - Performance in practice

Health and System Outcomes

- Individual health
- Population/public health
- Organizational change
- System efficiencies
- Cost effectiveness
Return on Investment

• Positive learning outcomes
  – Attitudes, knowledge, clinical skills
• Limited evidence for “higher level” outcomes
  – Behavior, performance in practice, patient or population benefits, system outcomes
• Significant methodological weaknesses
• Focus on short-term (rather than long-term) impact
Implications

• Broadly accepted measures of higher levels of learning outcomes (especially collaborative behavior and performance in practice)
• Well-designed mixed methods studies that utilize qualitative data as well as validated quantitative tools for evaluating IPE outcomes
• Calculation of comparative effectiveness and return on investment of IPE interventions
• Dedicated resources for conducting robust program evaluations and research studies
Facilitating Investment in IPE

- Enhanced alignment between education and health delivery systems
- Joint investment by the academic and practice communities
- External support from private foundations based on potential societal benefits
- Infusion of public funds based on documented societal benefits
- Broad-based, cross-professional public financing of health professions education
New Rules

• **Practice redesign is foundational!**
  – Alignment of education reform with health system redesign is Job #1

• **Learning by doing is essential!**
  – Workplace learning trumps formal instruction
  – Reflection on and in action are critical

• **Context matters (a whole lot)!**
  – Evidence-based blueprints are important, but local modifications are essential for maximum effectiveness and sustainability
More New Rules

• **Outcomes are persuasive (but still largely missing)!**
  – Even traditionalists will yield to evidence of positive outcomes

• **Demonstrating a return on investment is critical!**
  – Health and system outcomes are more meaningful than learning outcomes

• **Understanding what works (and when and why) is also critical!**
  – Without such information generalizability is unknowable

• **Culture matters most of all!**
  – Leadership, leadership, leadership...
Burning platform

Pockets of Success
- Learn
- Do

Linked Success
- Connect Success
- Engage Value Stream

Learning Organization
- Leaders as Teachers
- Teachers as Learners
- Empowered Teams
- Self-sustaining Culture of Improvement

Engagement of People in Re-Designing Work

• Education
• Awareness