

Rationale for Interprofessional Education

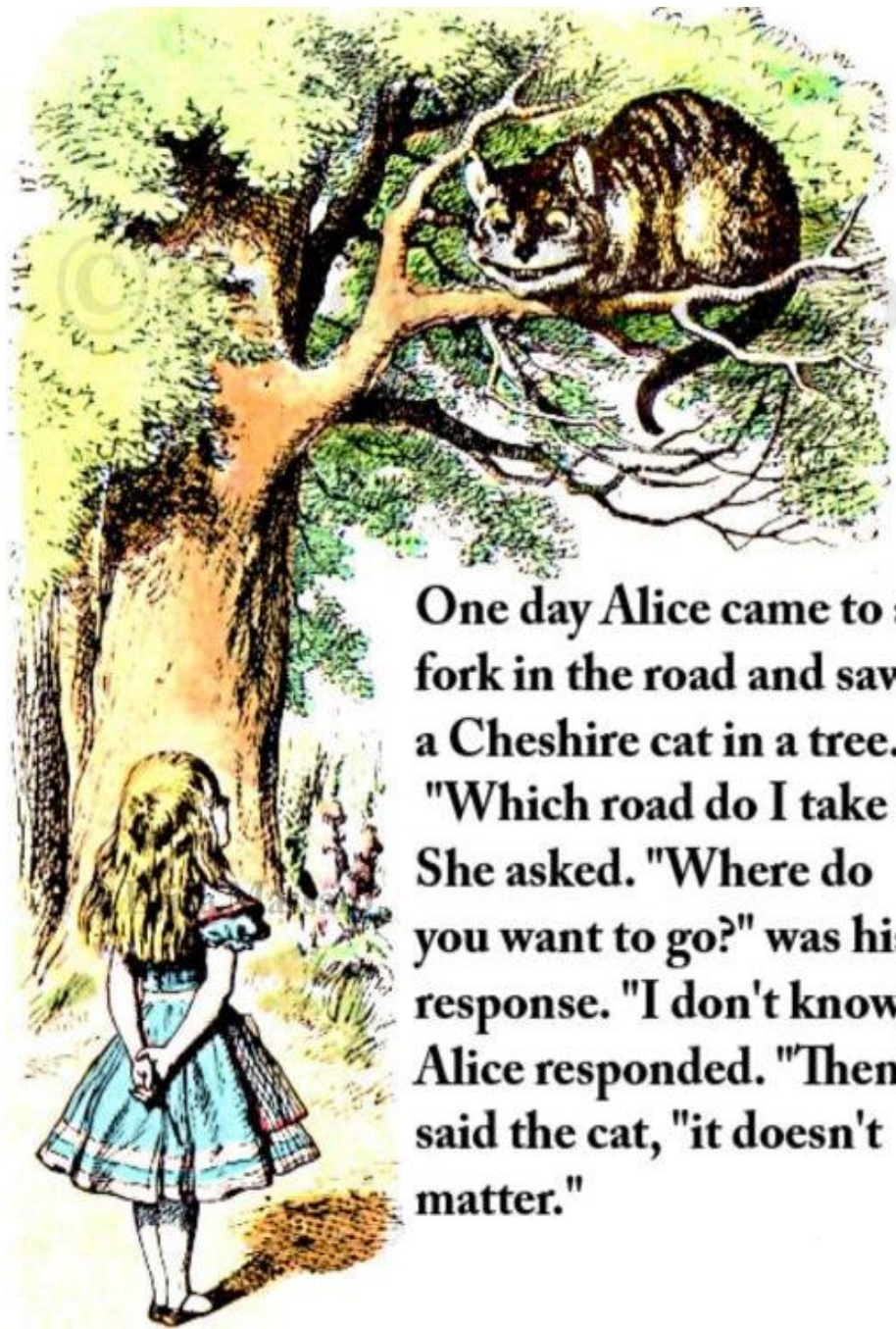
PAHO/WHO Conference

December 12, 2016

Bogota, Columbia

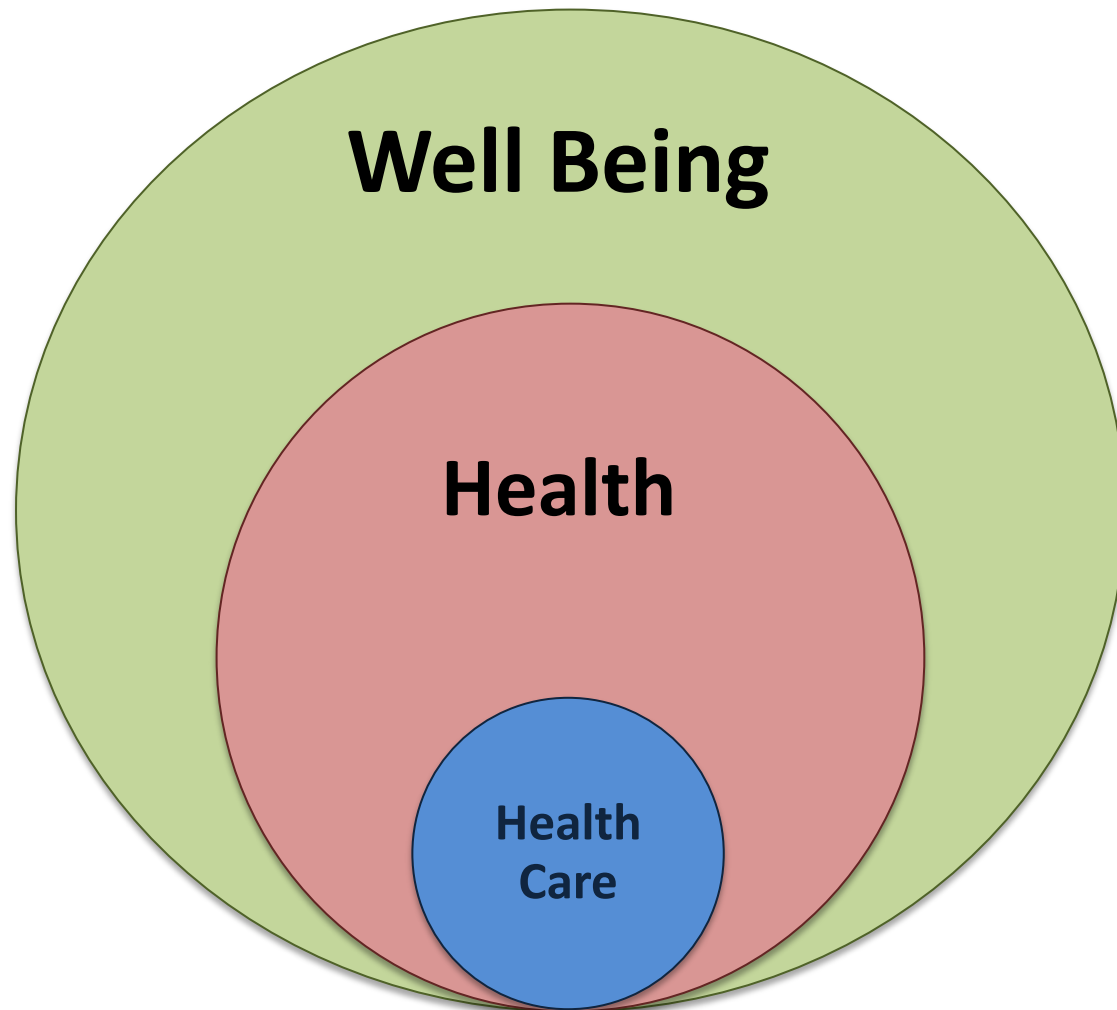
Malcolm Cox, MD

**Adjunct Professor, Perelman School of Medicine, University of Pennsylvania
Former Chief Academic Affiliations Officer, U.S. Department of Veterans Affairs**

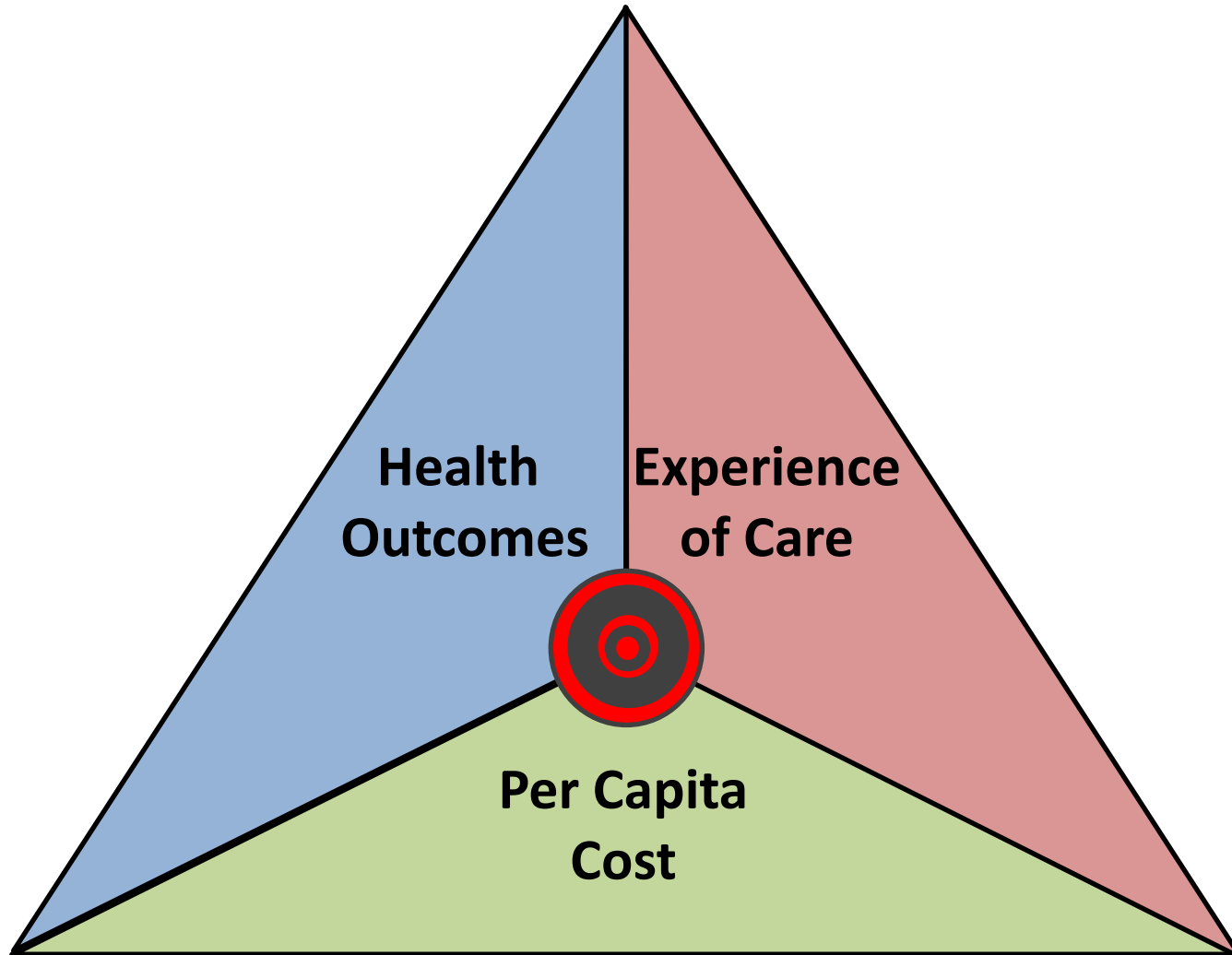


One day Alice came to a fork in the road and saw a Cheshire cat in a tree. "Which road do I take?" She asked. "Where do you want to go?" was his response. "I don't know," Alice responded. "Then said the cat, "it doesn't matter."

Vision



“Triple Aim”



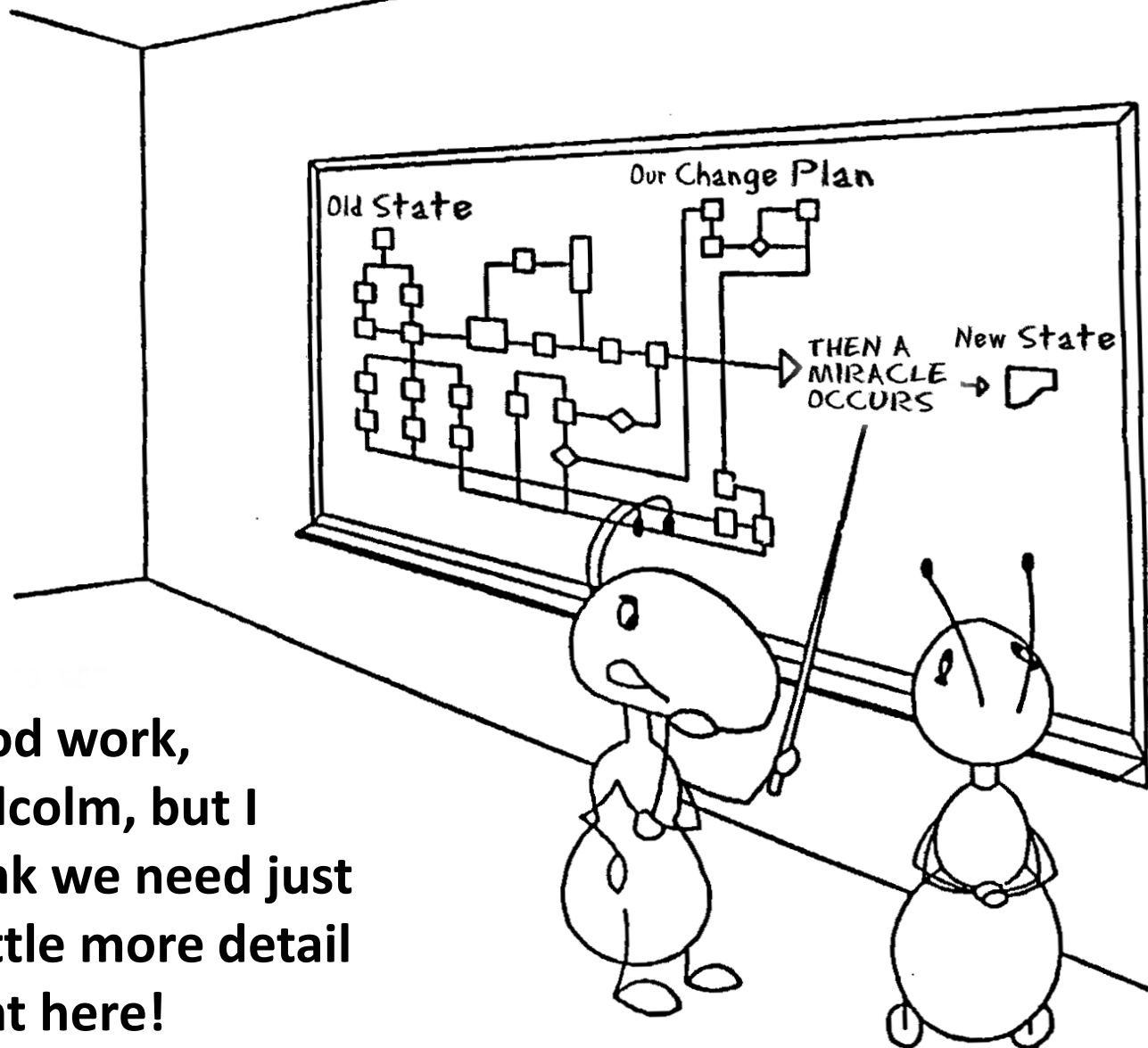
Achieving the “Triple Aim”

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!

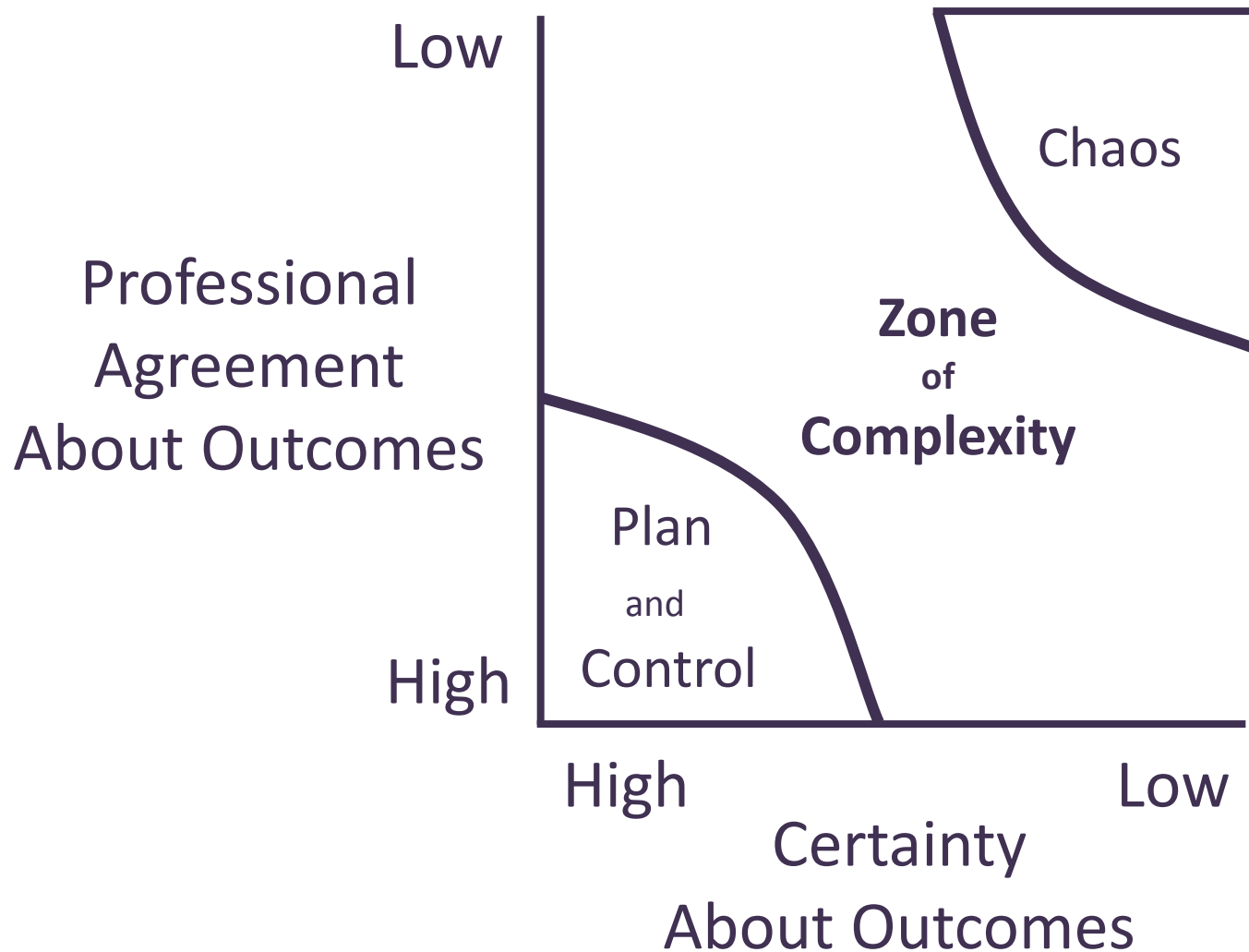
Interprofessional Education (IPE)

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

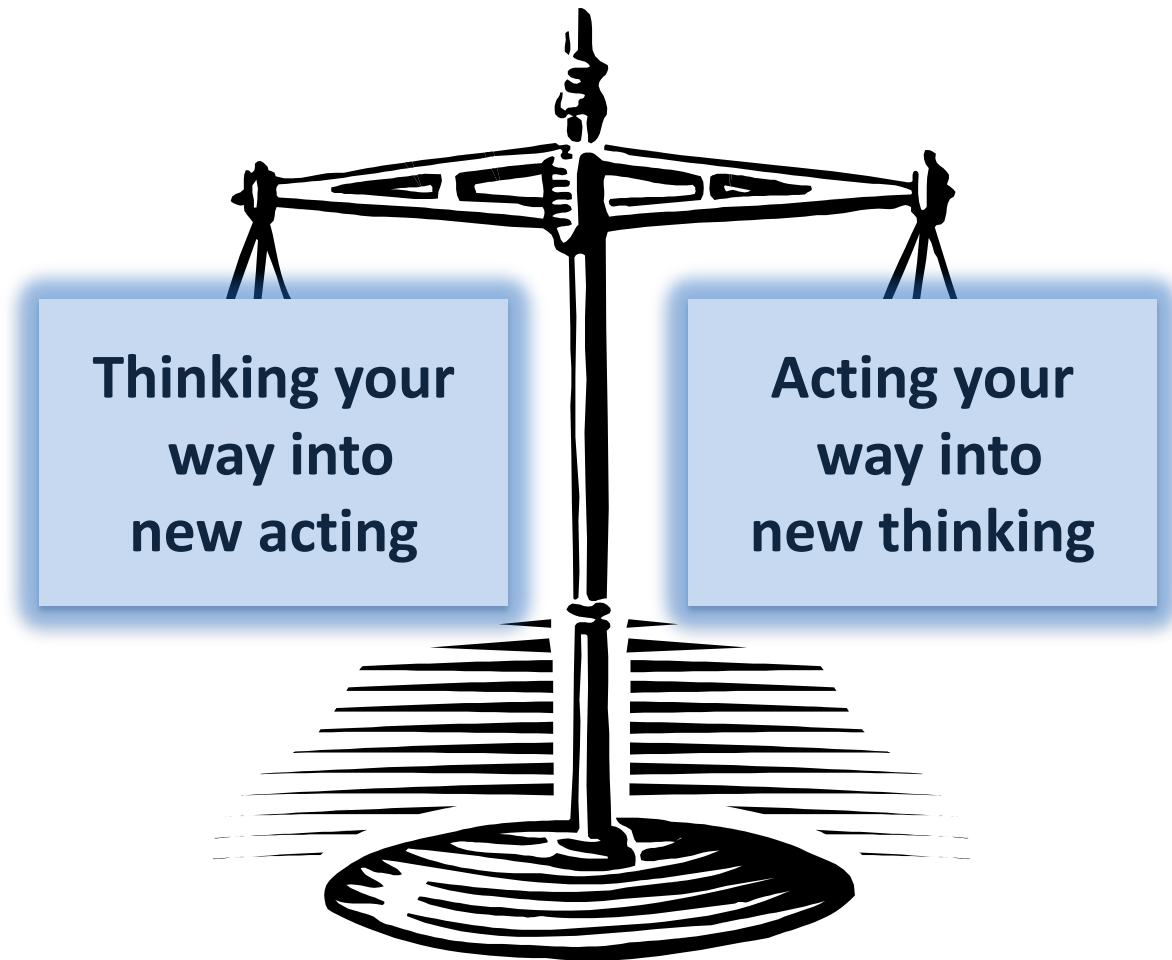
Requirements for Effective IPE

- **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



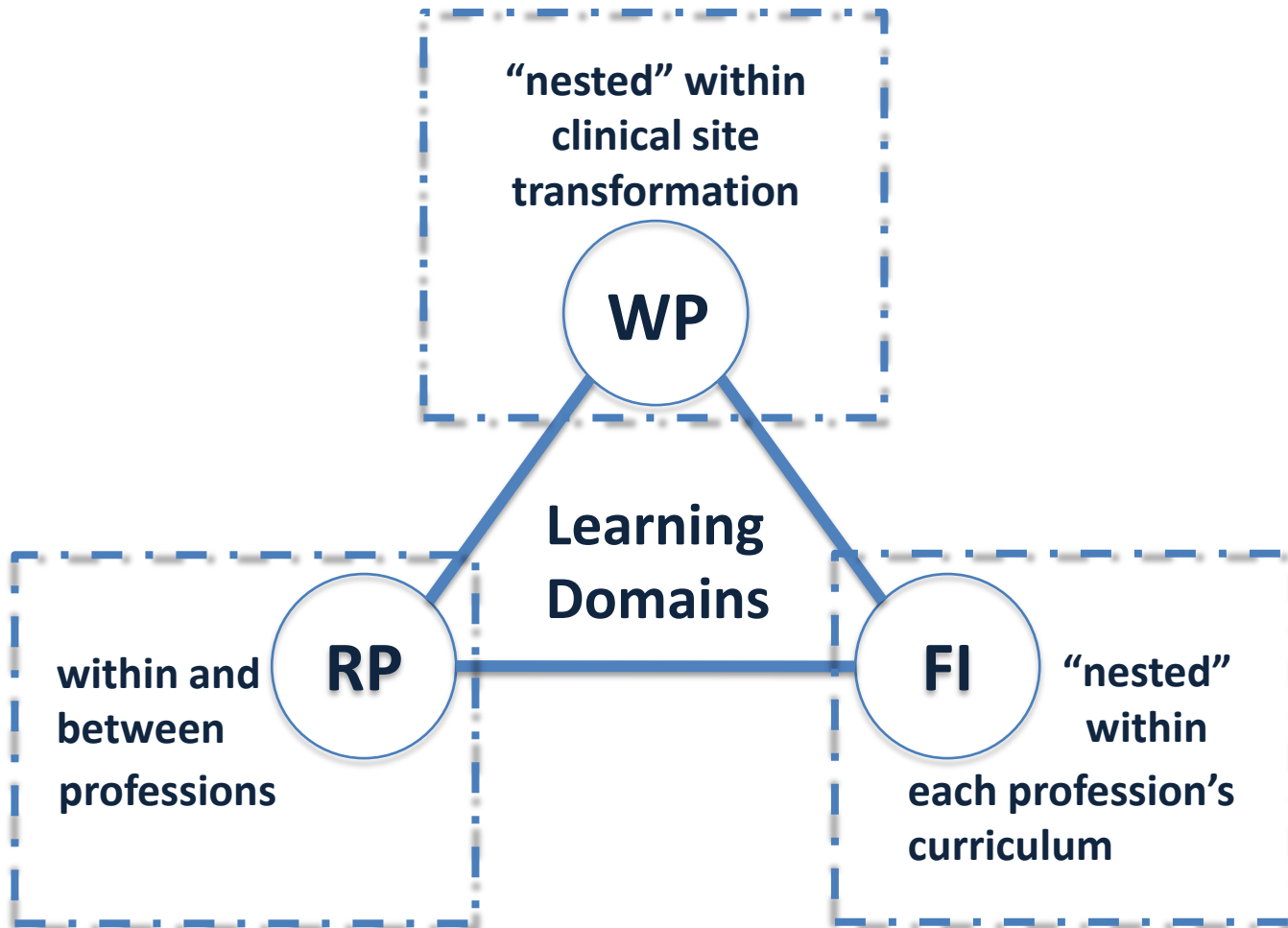
Learning Modalities



Workplace Learning

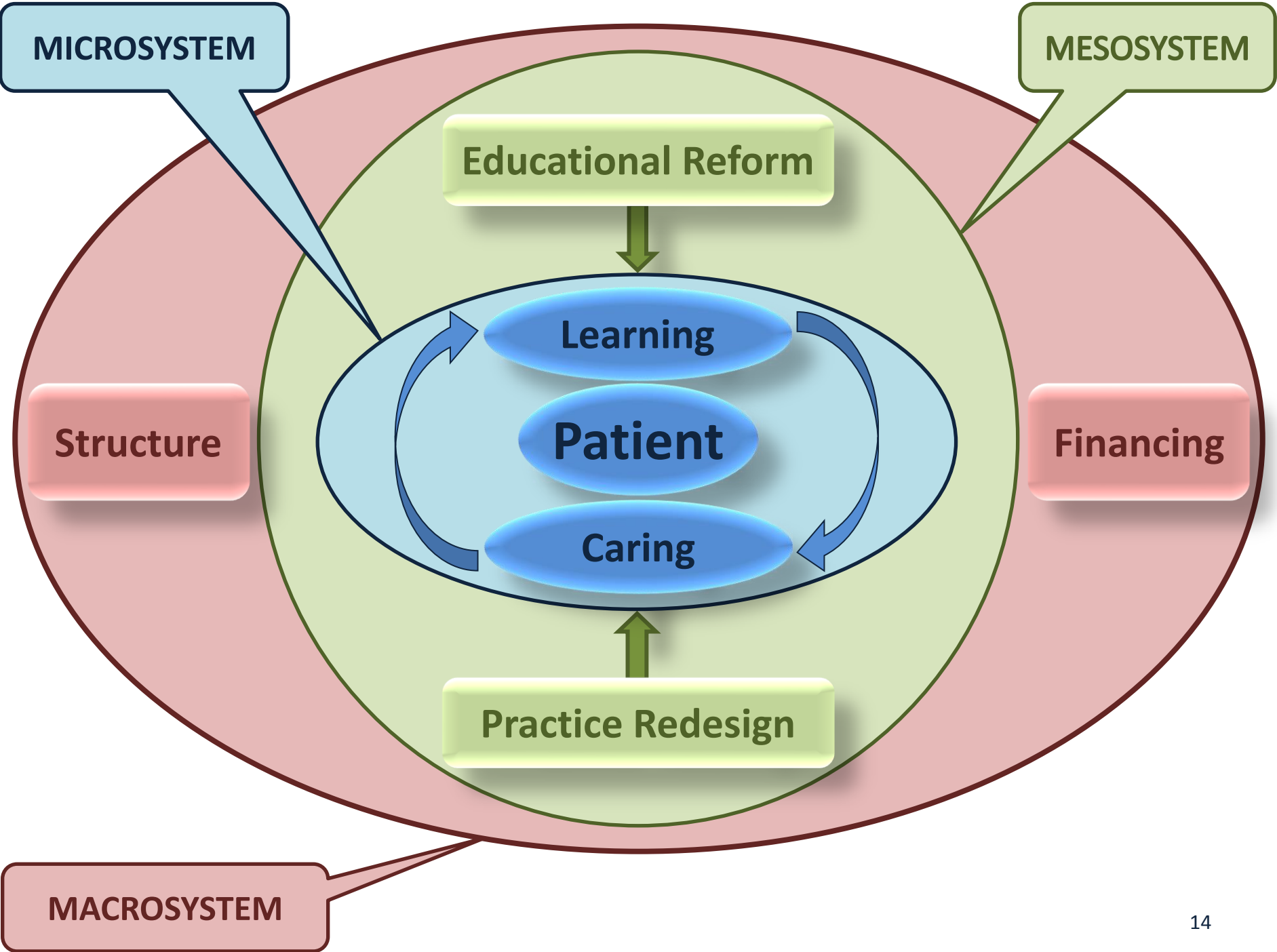
- Unscripted: Requires workers to go beyond approaches learned previously in order to resolve novel and poorly defined work challenges
- Collaborative: Requires workers to enhance or replace their collective expertise as changes in technology and work processes necessitate the development of new skills
- Distributive: Requires team leadership to be determined by expertise germane to the question at hand rather than artificial hierarchies

Learning Domains



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.



Conceptual Models

- 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.

Learning Continuum

(Formal and Informal)

Foundational
Education

Graduate
Education

Continuing
Professional
Development

Interprofessional Education

Enabling or Interfering
Factors

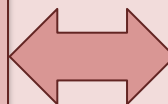
Professional culture
Institutional culture
Workforce policy
Financing policy

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...

