

# Bridging the Divide: Designing and Implementing Interprofessional Education and Collaborative Practice in an Academic Health System

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# Welcome and Introductions

- Workshop agenda
  - Overview of Framework
  - Who are we?
  - The big picture of the Nexus
  - Learning activity
  - Case example
  - Learning activity
  - Closing and questions

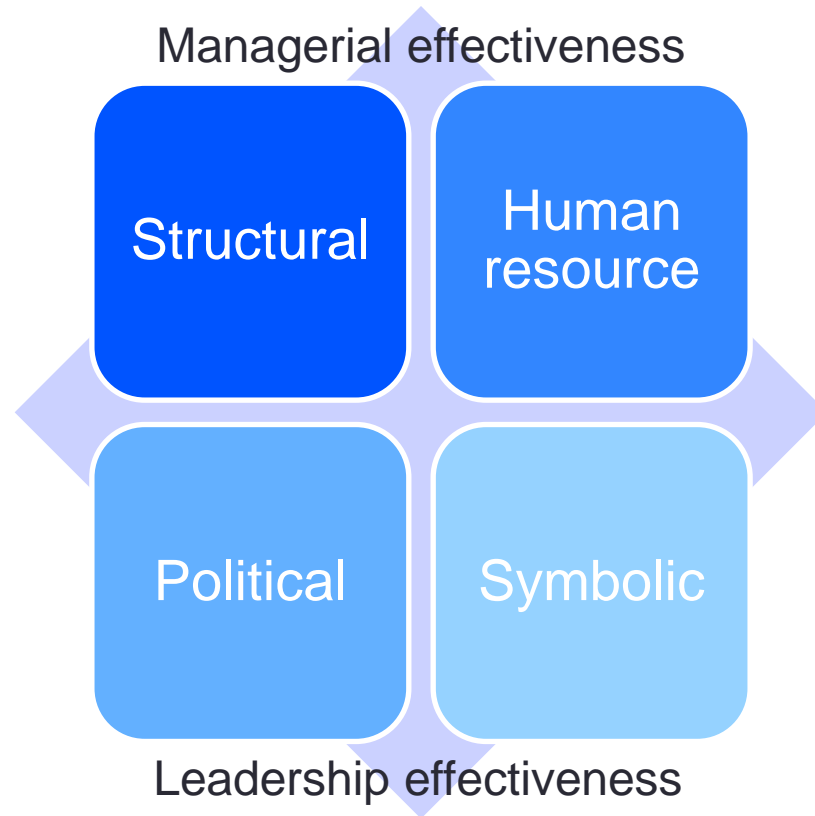


# Session objectives

By the end of this presentation, participants will be able to:

- Identify elements of culture change critical to support interprofessional education and collaborative practice using Bolman and Deal's Four Framework for Leadership
- Describe both successes and challenges that occur in the building of a culture of collaboration both in academic and health care contexts

# Bolman and Deal's Framework



## Structural

- Goal setting
- Accountability
- Policy generation



- Relationships
- People focused – how to ensure a fit between people and organization





Political

- Addressing conflict
- Building collaboration
- Negotiation



Symbolic

- Culture





# Who are we? An academic health system

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- Jesuit institution
- 8 health professions

CHI  
Health

- Nebraska / Iowa Market of CHI
- Network of 15 Hospitals
- 2 Physician Organizations

# A little history lesson

## Center for Interprofessional Practice, Education and Research (CIPER)

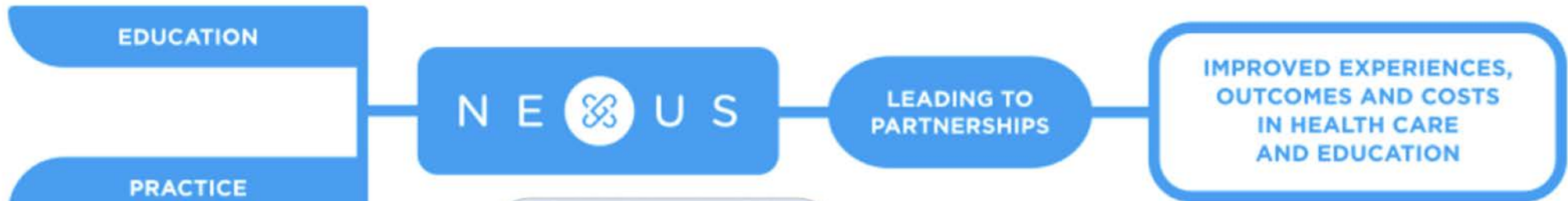
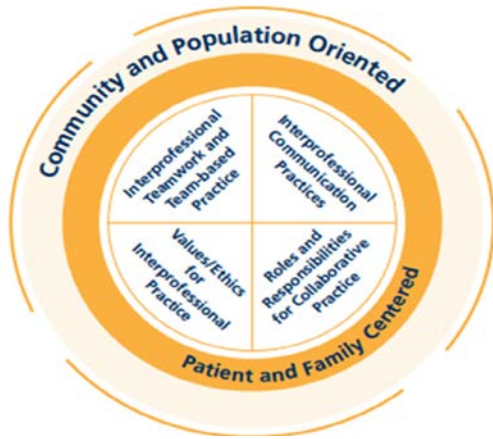
“Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care.”

*(World Health Organization, 2010)*

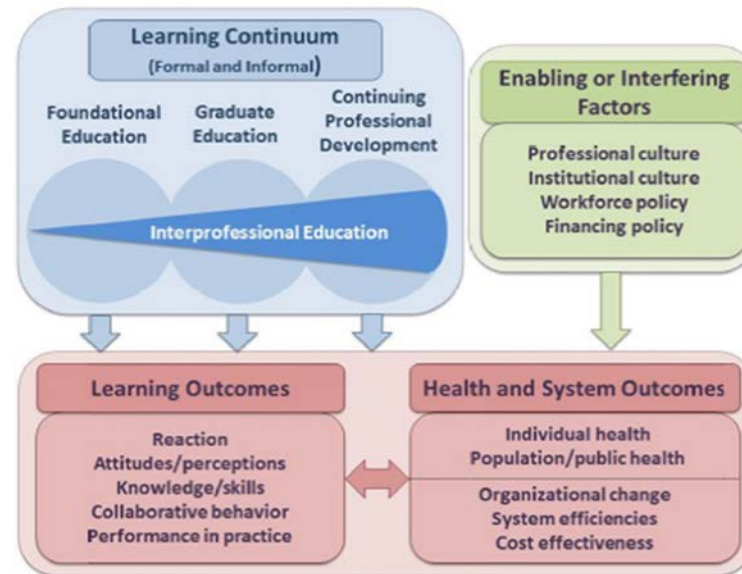
The real story...



# The Big Picture: IPE and IPCP



The IHI Triple Aim



# Education: Learners to Clinicians

## Core Competencies



Talk to a neighbor:  
What opportunities and challenges do the Core Competencies bring to education?  
To Practice?  
How can you apply Bolman and Deal's Framework?

# Our Experience

Divergent accreditation requirements

Complexity – multiple professions  
lots of students, distance learners

Siloes

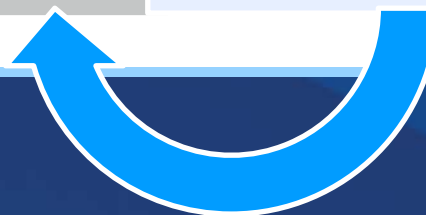
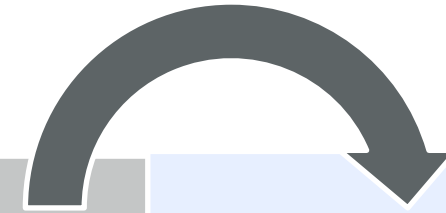
What is the best learning experience?

RVU model

Training for clinicians

Pressure for outcomes

Leadership unclear

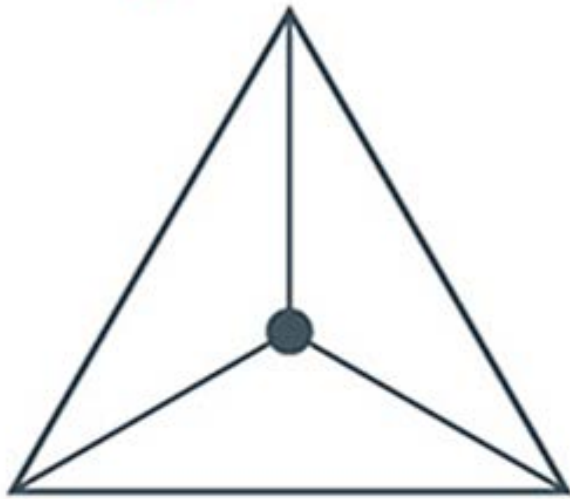




# Practice: Learners to Clinicians

## The IHI Triple Aim

Population Health



Experience of Care

Per Capita Cost

Talk to a neighbor:  
What opportunities and challenges do the Triple Aim bring to education?  
To Practice?  
How can you apply Bolman and Deal's Framework?

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 CHI Health  
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# Our experience

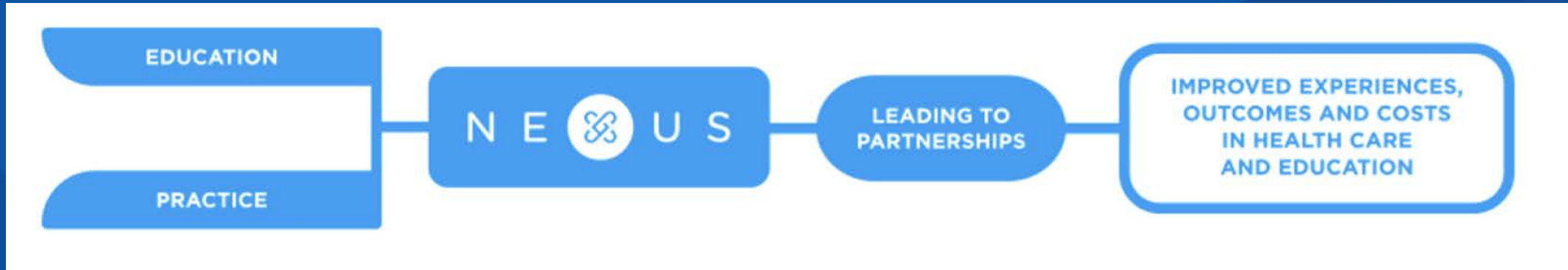
How do you advance IP learning?

Are we building “collaboration ready” professionals?

How do we prove IP is the answer? Is it even the answer?  
Quadruple Aim?



# Bringing Education and Practice Together



Talk to a neighbor:

What opportunities and challenges do the Nexus bring to education?

To Practice?

How can you apply Bolman and Deal's Framework?

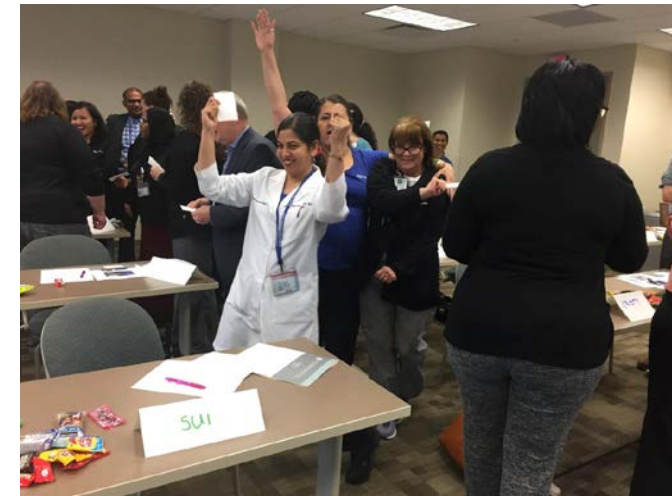
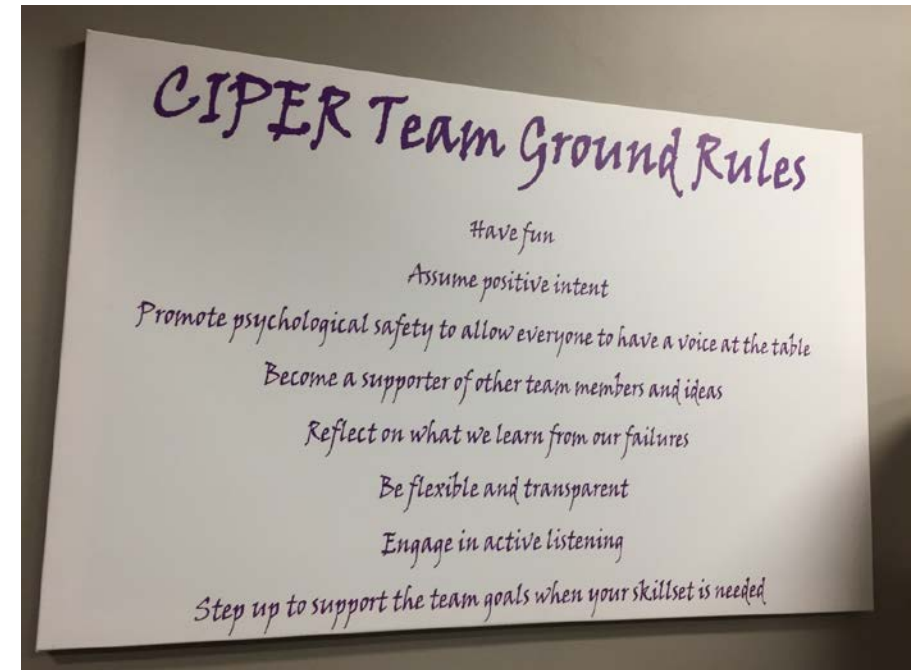
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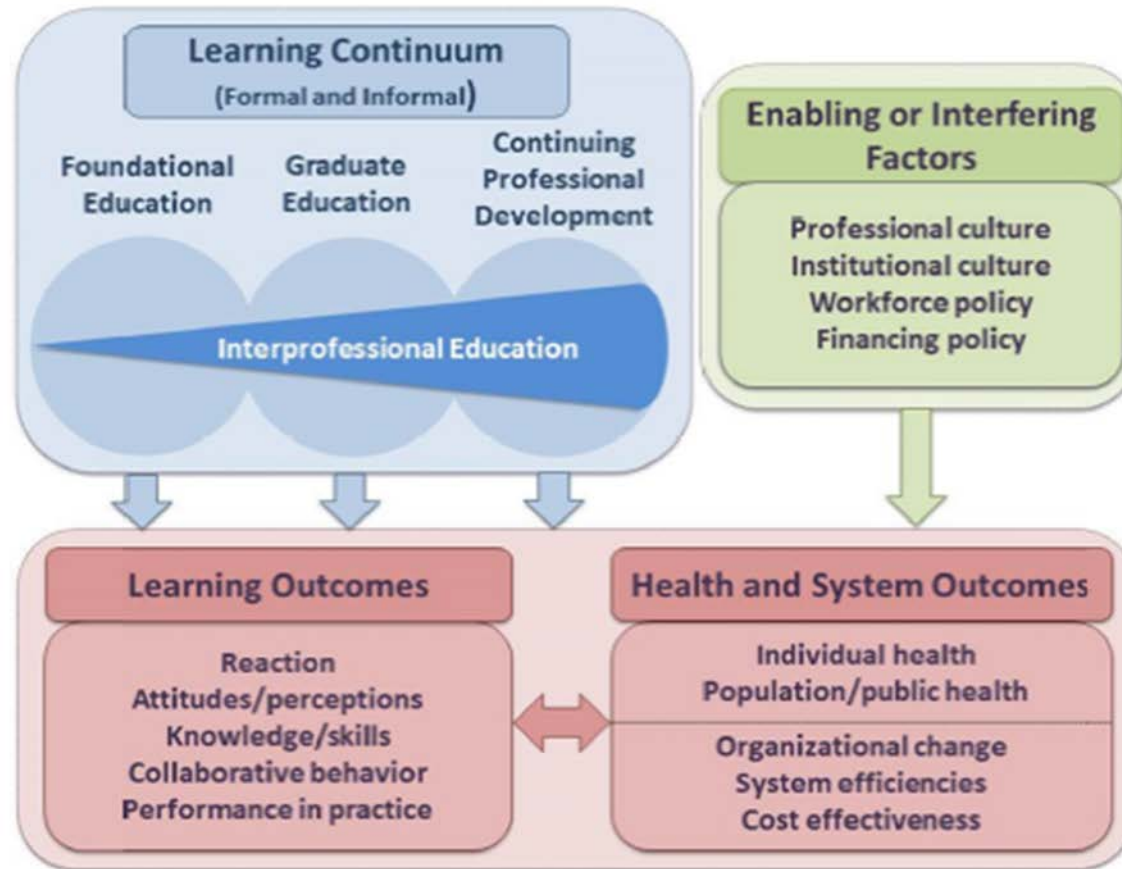


# Our Experience

- Start with easy wins
- Start simple!
- Build the culture
- Address systems issues
- Training is critical



# The Interprofessional Learning Continuum (IPLC)



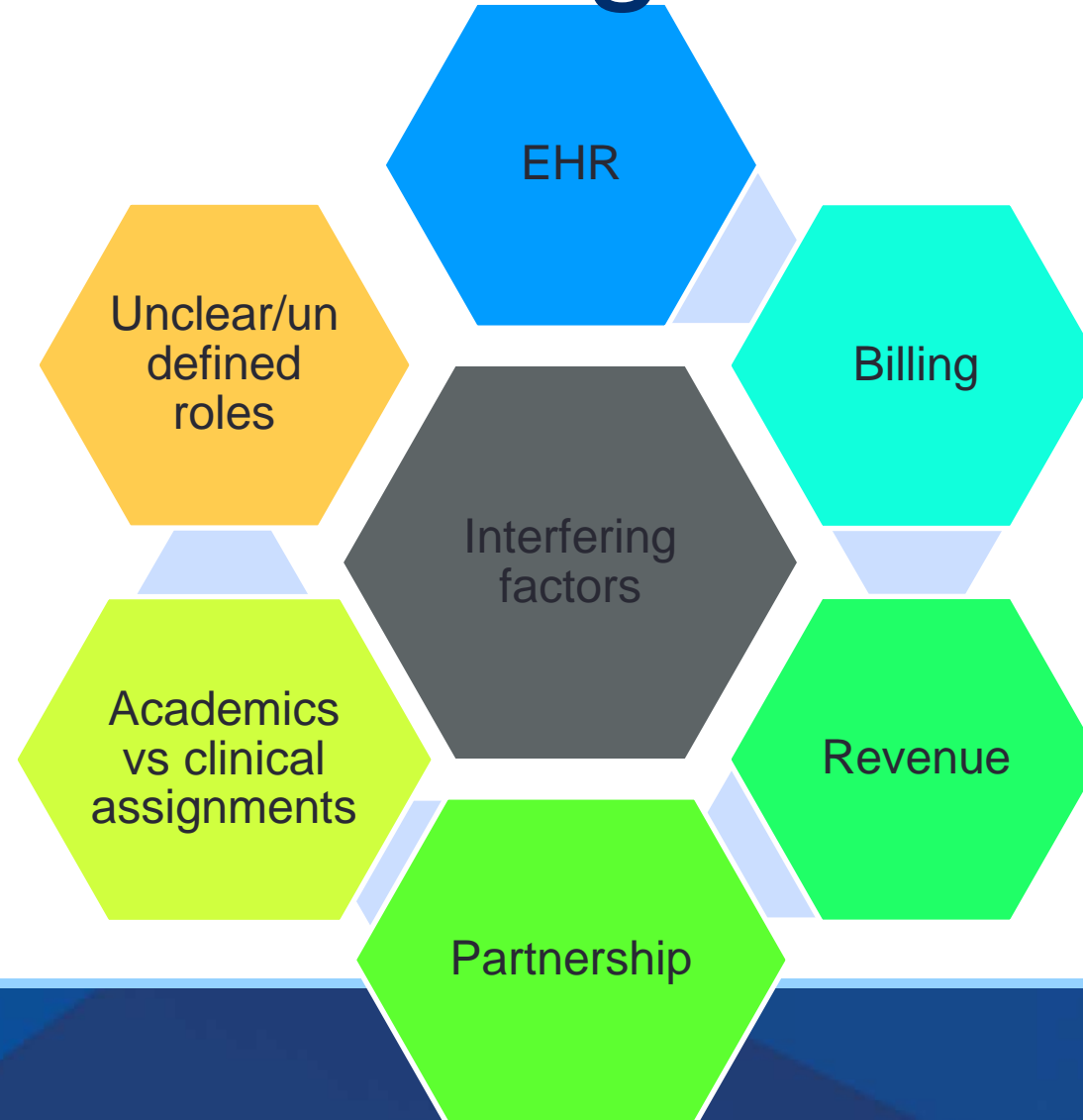
# Learning Activity

Enabling Factors	Interfering Factors

# Bringing the Enablers Together

- Our new mottos created by the individuals during training
  - “Everyone teaches, everyone learns”
  - “Assume positive intent”

# Potential interfering factors



# Systems can be moved!

The screenshot displays the 'SmartPhrase Editor' window for a template named 'IPINITIALPATIENTREVIEWFORM'. The interface includes a top navigation bar with 'Content', 'Owners & Users', and 'Synonyms' tabs. A warning message states: 'Do not include PHI or patient-specific data in SmartPhrases.' Below this is a rich text editor toolbar with options for bold, italic, underline, text color, and font size. The main text area contains the following template content:

**Collaborative Care Note** - @TODAYDATE@ @NOW@  
PCP: @PCP@

**Patient History:** \*\*\*

**Medications:** @CMEDP@

**Last 3 Hemoglobin A1Cs:** @LASTLAB(hgba1c:3)@

**Background:**

- Bio: \*\*\*
- Psycho: \*\*\*
- Social: \*\*\*

**Barriers to Care/Health:** \*\*\*

**Patient Encounters:**

- # ER Visits in Last Year: \*\*\*
- # Admissions in Last Year: @ADMITDT(1Y)@
- # Clinic Visits: \*\*\*

**Follow Ups:** \*\*\*

**Current Care Plan/Action/Compliance:** \*\*\*

**Treatment Plan Considerations:** \*\*\*

**Summary:** My ultimate goal for this patient is \*\*\*. I believe that \*\*\* is the issue that keeps me from reaching the above goal, bringing this patient to the ER, is leading to multiple admissions, or is complicating this patient's medical status. \*\*\* in my opinion, would make a positive impact on this patient's outcomes. \*\*\* is the problem/barrier that I feel has prevented me from accomplishing the above.

On the right side, there is a 'Short Description' field (250 characters max.) with a 'Populate from SmartPhrase text' button. Below it, the text 'Collaborative Care (iP) Initial Patient Review Form - Updated 7/5/17' is visible. At the bottom of the window are buttons for 'Open', 'Accept & Stay', 'Accept', and 'Cancel'.



# Outcomes

- Huddles and pre-visit planning
- Implement collaborative care process
  - Identify patients with high ED utilization, hospital readmissions and high A1Cs
  - Identify patients for collaborative care planning process with interprofessional team
- Metrics plans
  - Plan in place
    - One for clinicians and students
    - One for patient outcomes
  - IRB approved

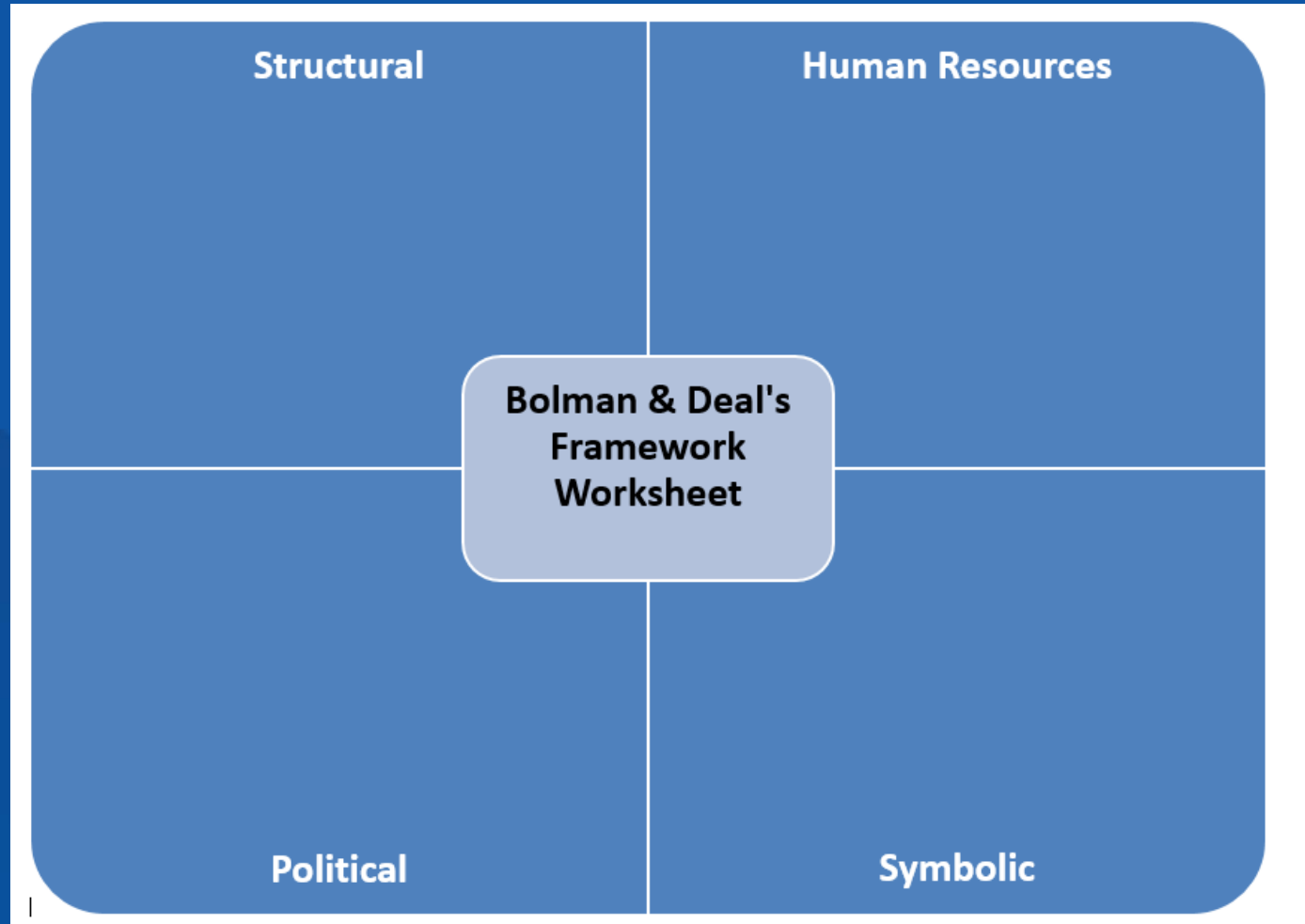
# What have we learned?

- Culture is EVERYTHING
- Champions at many levels are necessary
- Grit and determination matter
- Creativity and innovation are a must
- Living in uncertainty must be acceptable



# Your Turn!

Choose one of the four frames that is your most challenging to reflect upon



# Closing and Reflection

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