The ASPIRE Model:
Grounding the IPEC Core Competencies for Interprofessional Collaborative Practice within a Foundational Framework

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Objectives

• Articulate the need for new educational models which embed the IPEC competencies in the design, implementation, and assessment of IPE/ICP educational activities.

• Recognize how educational models inform decisions pertaining to the selection, organization, and presentation of IPE/ICP curricular content.

• Describe the ASPIRE Model as a new paradigm for developing IPE/ICP educational experiences.
Interprofessional Education (IPE) and Interprofessional Collaborative Practice (ICP) are essential to achieving the Triple Aim.

Faculty and clinicians need to be trained to lead IPE/ICP.

The Core Competencies for ICP (IPEC, 2016) are general competency statements developed to guide IPE/ICP training.

New educational models are needed to operationalize these competency statements into measurable knowledge, skills, attitudes, and practice behaviors which are incorporated in the design, implementation, and assessment of IPE/ICP activities.
The ASPIRE Model

• New paradigm for design, implementation, & assessment of IPE/ICP training.

• Informs pedagogic considerations such as:
  • Learning theories;
  • Teaching strategies;
  • Selection & organization of learning content;
  • Assessment of learner outcomes.

• Depicts relationship between & inclusion of IPEC competencies in curricular content across the learning continuum.

• Provides a shared mental model for IPE/ICP training and assessment
The ASPIRE Model

This model was created by mapping 38 sub-competencies grouped under 4 IPEC core competencies to three key, distinguishable content areas: (1) Leadership, (2) Practical Tools, and (3) Relational Factors.
Train the Trainer Interprofessional Faculty Development Program (T3-IFDP)

University of Washington

University of Missouri

University of Virginia

The Josiah Macy Jr. Foundation

National Center for Interprofessional Practice and Education
T3-IFDP

- 3 Training Sites
- National Advisory Committee
- Common curriculum
- ~40 hours (pre-work, 3.5 day in-person training and follow up coaching webinars)
- Interprofessional teams (come with project)
- Robust program and learner evaluation
EXEMPLAR: Application of The ASPIRE Model to the University of Virginia T3-IFDP
Key Element: Leadership

- Lead educational and clinical teams
- Teach others how to be leaders
- Develop and coach emerging leaders to be IPE/IPC champions
Leadership T3-IFDP Content Exemplar

- Leadership always **begins** with a task and consists of **results** and **relationships**.
- The Trusted Leader™ **model** allows one to **operationalize** concepts related to results and relationships.
Trusted Leader Model
Aligning Leadership T3-IFDP Content to IPEC Competencies

VE5: Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs.

RR5: Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely efficient, effective, and equitable.

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

TT5: Apply leadership practices that support collaborative practice and team effectiveness.
Key Element: Practical Tools

• Data is accumulating that links IPE/IPC to improved teamwork competencies, practice processes, and patient outcomes

• Academic institutions are disseminating evidence-based IPE/IPC implementation strategies and the National Center offers resources for accessing assessment tools

• IPE/IPC must incorporate specific and measurable teamwork skills and behaviors for competency domains
Practical Tools T3-IFDP
Content Exemplar

- ASPIRE T3 FDP offers a step-by-step process for using tools achieve measurable improvements in learner outcomes.

- These tools support:
  - identification and application of best practices for IPE/IPC
  - outcomes-based design and assessment
  - creation of faculty development programs
  - contributions to the national database for the positive impact of IPE in health professions education and clinical practice
Aligning Practical Tools T3-IFDP Content to IPEC Competencies

• RR5. Use the full scope of knowledge, skills, and abilities of professionals to provide care that is **safe, timely, efficient, effective**, and equitable.

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

• TT9. Use **process improvement** to increase effectiveness of interprofessional teamwork, programs, & policies.

• TT10. Use **available evidence** to inform effective teamwork and team-based practices.
Key Element: Relational Factors

• Team: more than just a collection of people
  • Strong sense of mutual commitment
  • Synergy  \textit{(Business Dictionary, 2017)}

• Sense of group identity

• Work of teams impacted by
  • Team context
  • Team atmosphere
  • Ability to deal with conflict
Relational Factors T3-IFDP
Content Exemplar

• T3 incorporates several active learning activities
  • Requires development of new relationships
  • Utilizes unfamiliar tasks, time elements to introduce stress, uncertainty

• Allows for
  • Reflection on individual defaults
  • Consideration on who ones brings to teamwork
Aligning Relational Factors T3-IFDP Content to IPEC Competencies

- VE3. Embrace the **cultural diversity and individual differences** that characterize patients, populations, and the health team.
- TT3. **Engage** health and other professionals in **shared** patient-centered and population-focused problem-solving.
- RR7. Forge **interdependent relationships** with other professions within and outside of the health system to improve care and advance learning.
- CC7. Recognize how **one’s uniqueness** (experience level, expertise, culture, power, and hierarchy within the health team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships.
Results/Outcomes

- 51 Participants, Mixed-methods approach

- Three primary sources of data:
  - Responses to Likert scale questions (1-low, 5-high)
  - Responses to open-ended questions
  - Team project development throughout the training.

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Today’s sessions were well-organized</td>
<td>4.73 – 4.96</td>
</tr>
<tr>
<td>Today’s sessions enhanced my current knowledge of learning IPE and ICP</td>
<td>4.29 – 4.64</td>
</tr>
<tr>
<td>As a result of today’s sessions, I intend to make changes to my IPE or ICP work</td>
<td>4.25 – 4.70</td>
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Results/Outcomes

• Examples of project titles include:
  
  • “COPD Two-Part Simulation with Nursing, Respiratory Therapy and Occupation Therapy Assistant”
  
  • “Interprofessional Education Teaching Certificate: Teaching and Precepting Interprofessional Learners”
  
  • “UVA 4 East IPE and Clinical Program: Improving the Engagement of Learners in Patient Safety Activities”
Conclusions

• The ASPIRE Model is an effective approach to embed the IPEC competencies in the design, implementation, and assessment of IPE/ICP educational activities.

• The three distinguishable content areas of the ASPIRE Model demonstrate the interplay of these three areas as foundational components of balanced effective team training.
QUESTIONS
References


5. Brashers V, Haizlip J, Owen JA. The ASPIRE Model. Presented during the University of Virginia Train-the-Trainer IPE Faculty Development Program; November 2015 - November, 2016; Charlottesville, VA.