

# *The Global Forum on Health Professional Education, Lessons for America*

*Kathy Chappell, PhD, RN, FNAP, FAAN*

Senior Vice President, Accreditation, Certification,  
Measurement, Quality and Research



**Innovate. Involve. Inspire.**

# Learning Outcome

Identify strategies that the individual, organization and/or profession can implement to improve interprofessional collaborative practice.

# Disclosures

None

# What Is the Global Forum?

*The National  
Academies of*

SCIENCES  
ENGINEERING  
MEDICINE

HEALTH AND MEDICINE DIVISION

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## Global Forum on Innovation in Health Professional Education

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# ACROSS THE CONTINUUM OF EDUCATION



UNDERGRADUATE



POST-GRADUATE

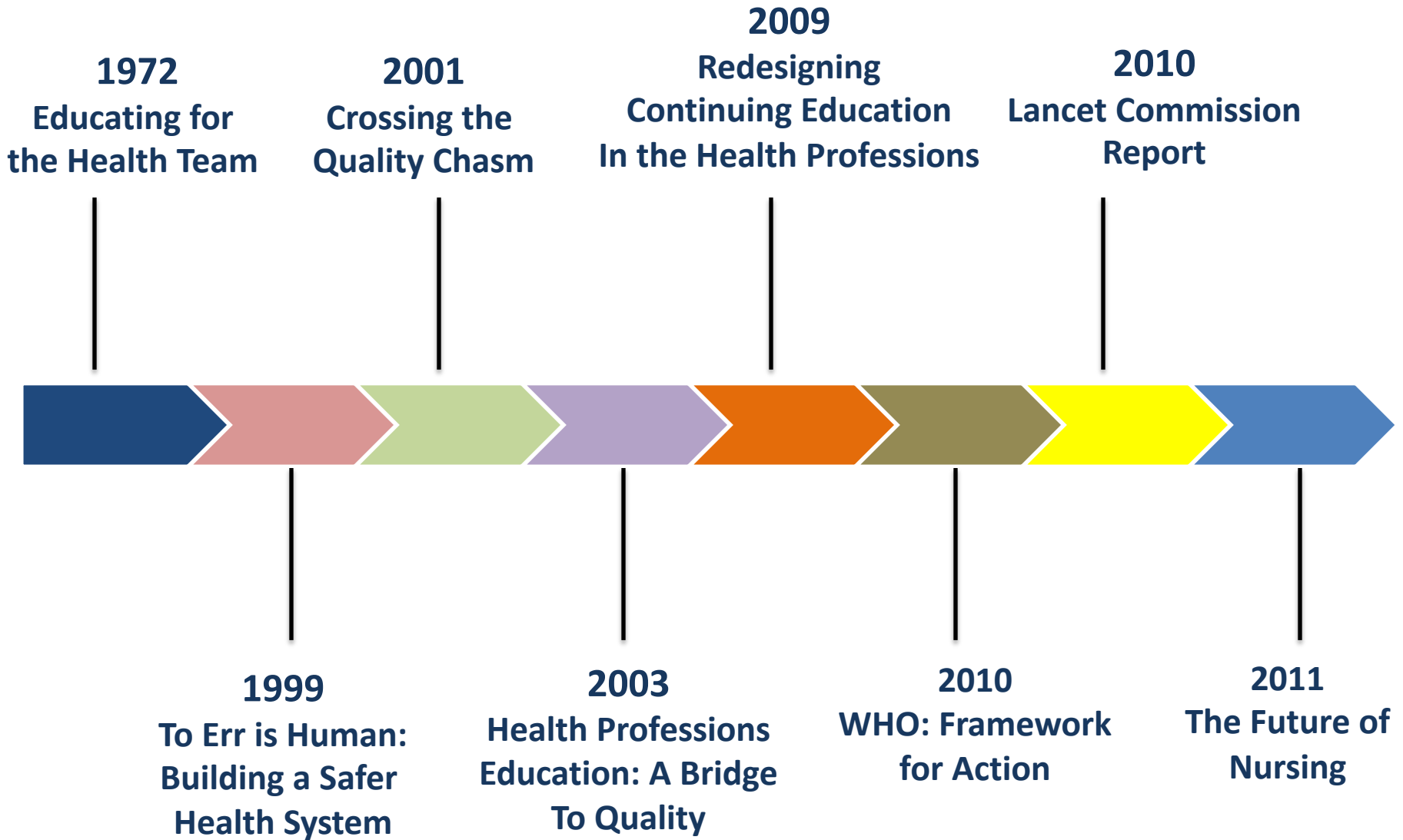


PRACTICE (CPD)

# Preceding the Launch of the Forum

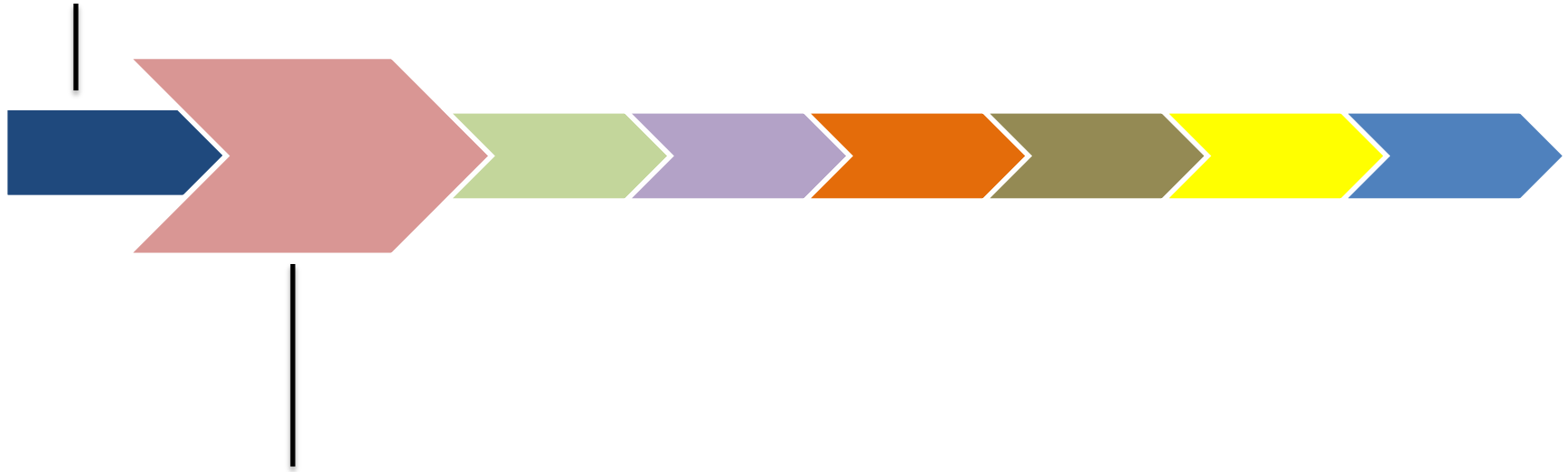
## Recommendations from the Institute of Medicine (IOM)

- Need to use our existing workforce optimally to deliver the most cost effective care
- Need to produce a health care workforce that is responsive to the needs of both the patient and the health care system
- Need to ensure that health care providers can practice to their full scope of practice
- Will require a cooperative effort to form teams of providers able to bring unique skills together to meet the needs of patients

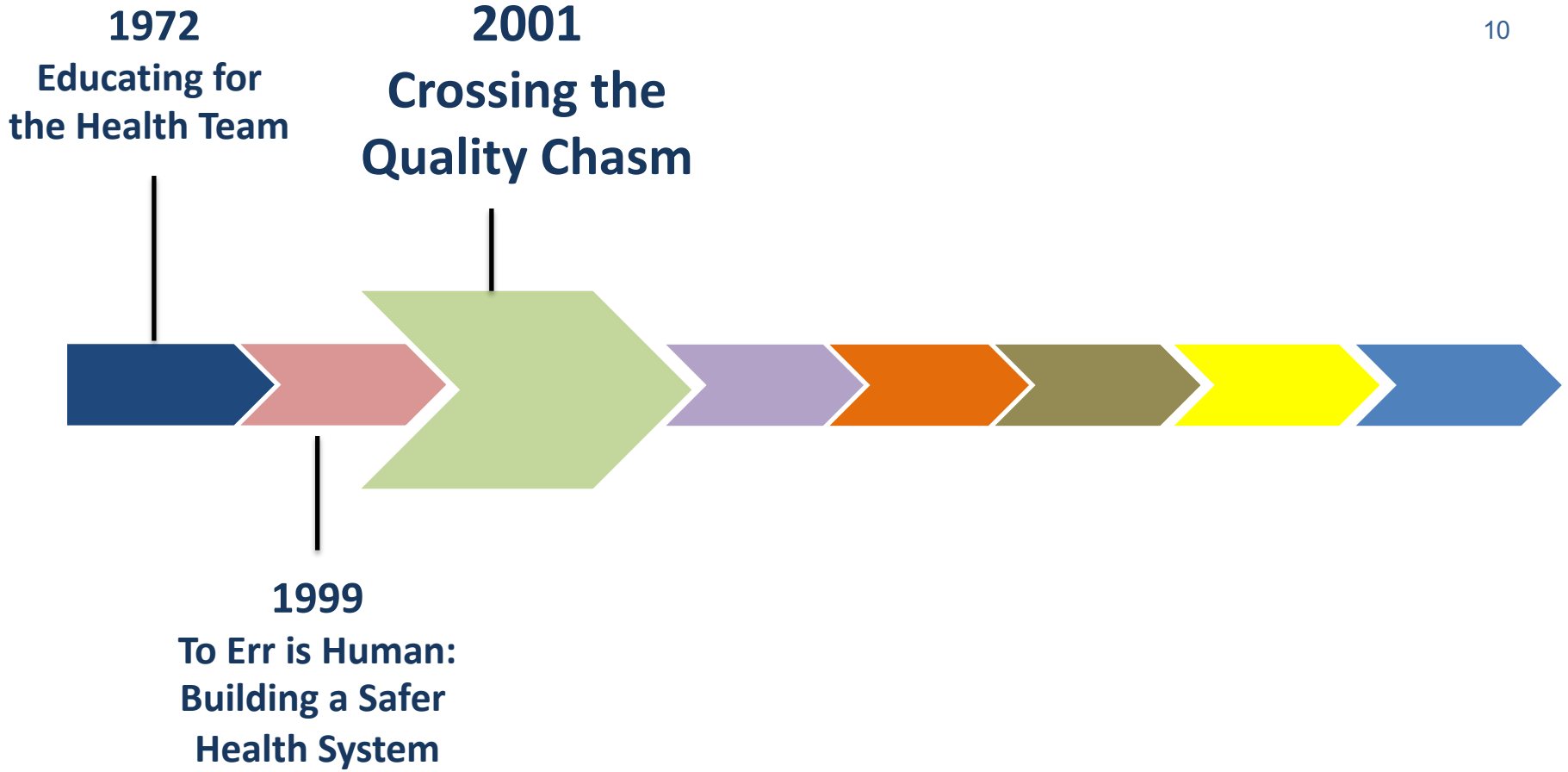


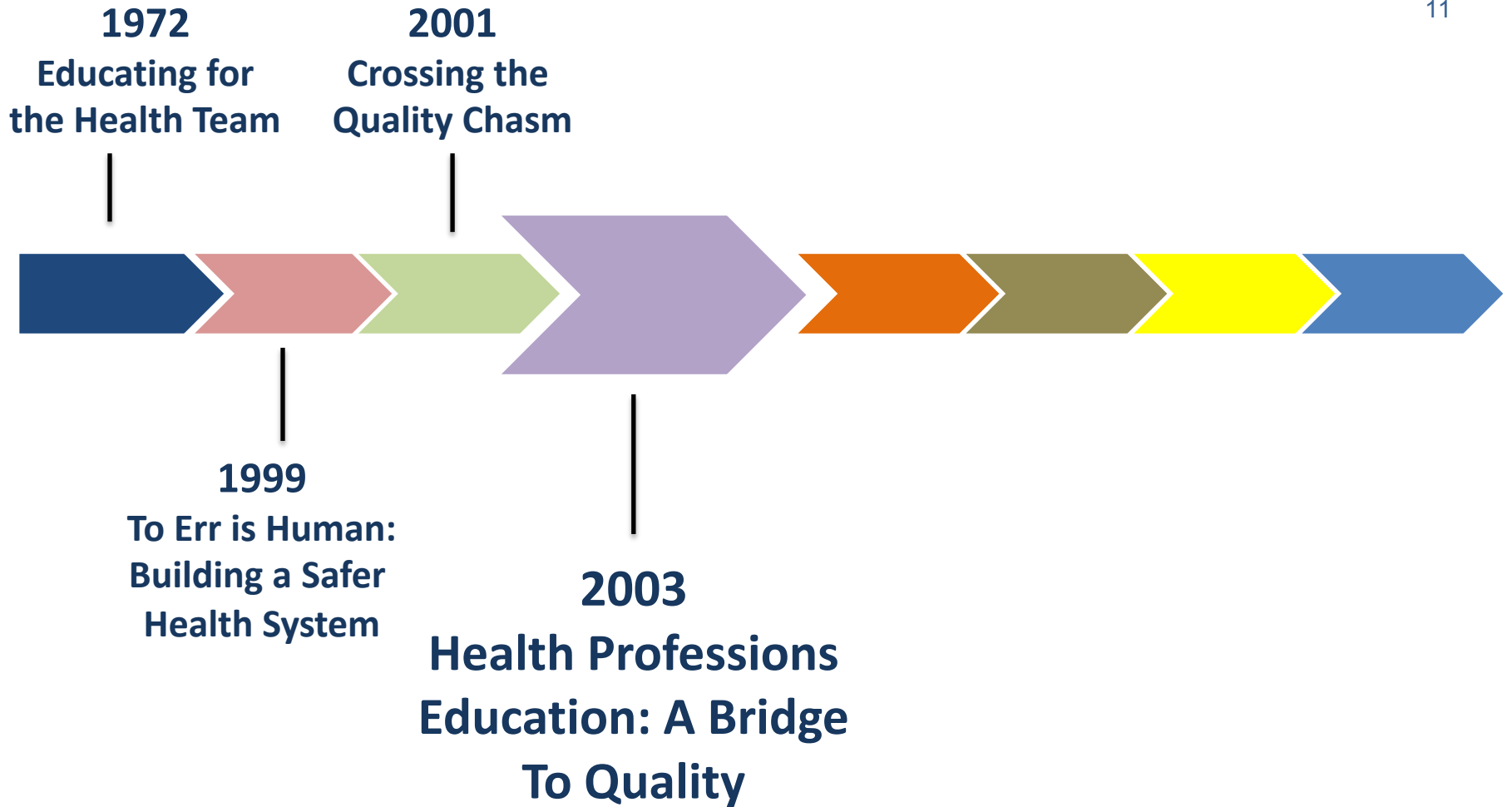


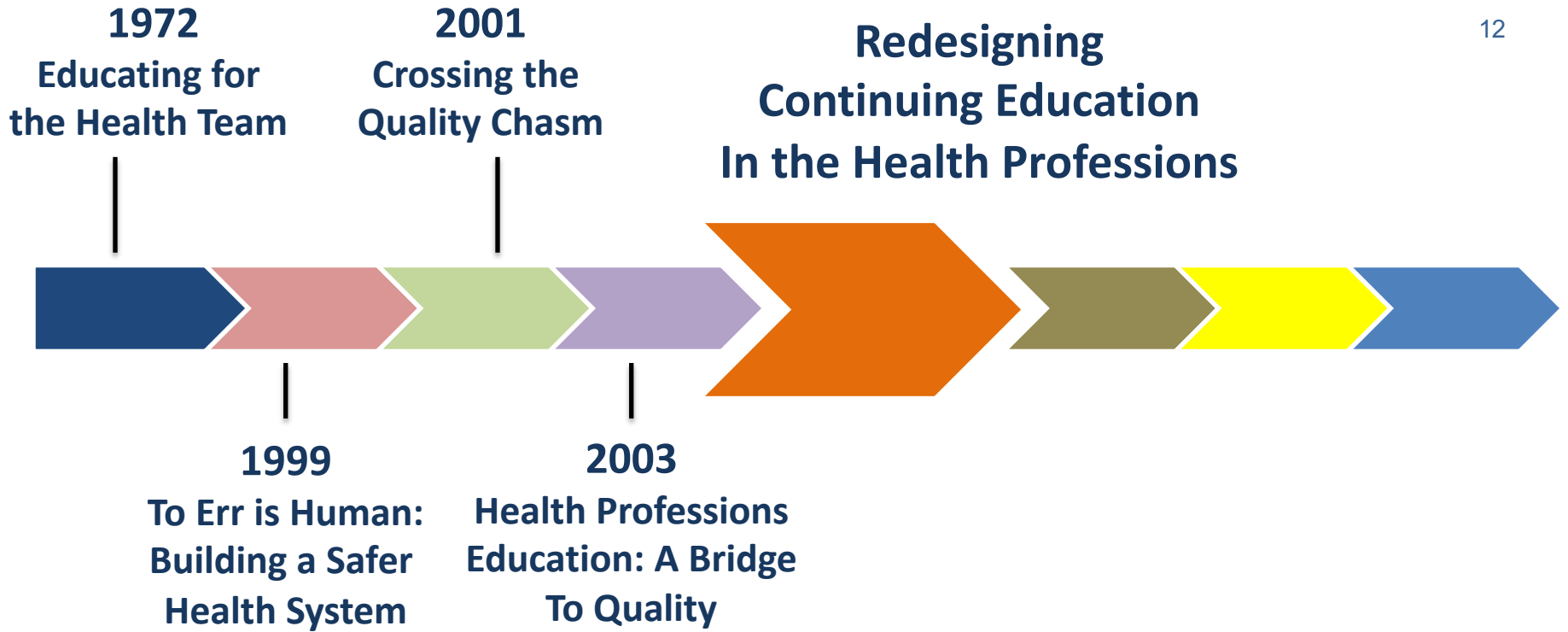
**1972**  
**Educating for  
the Health Team**

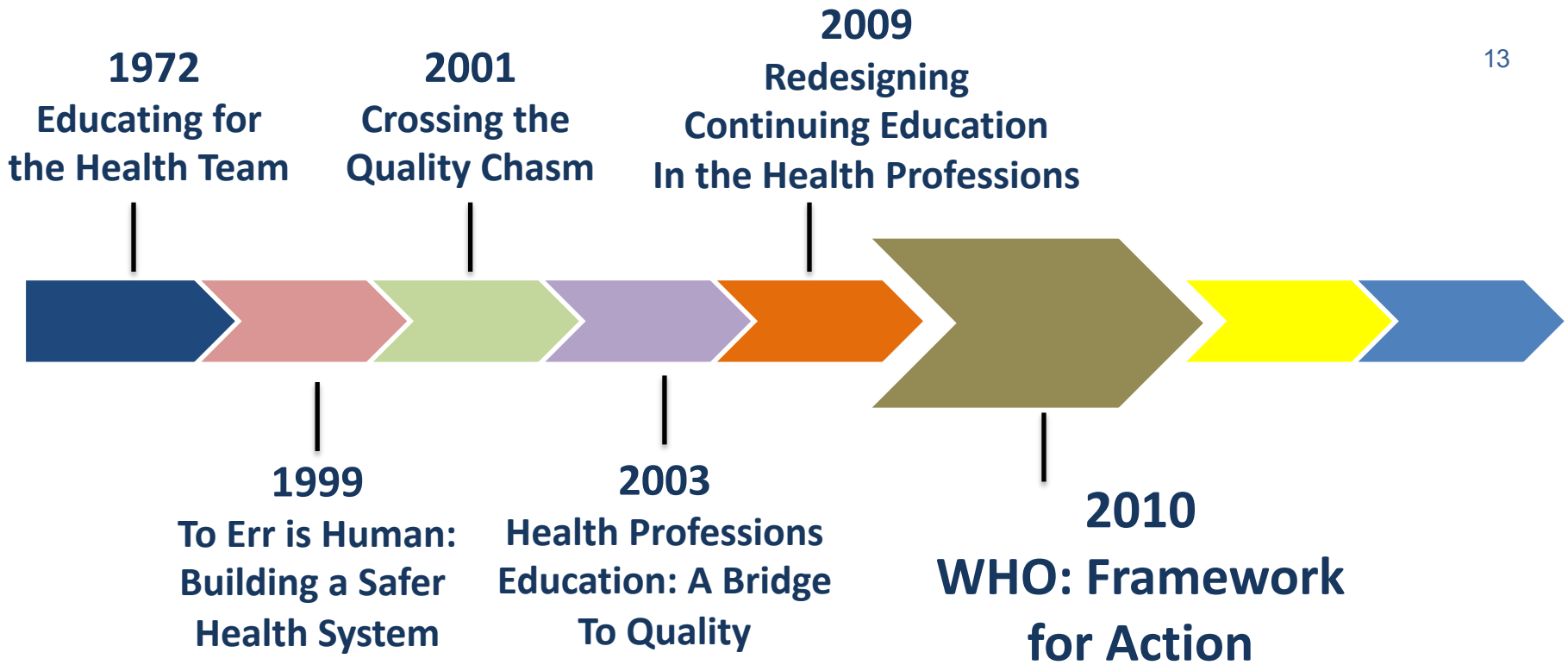


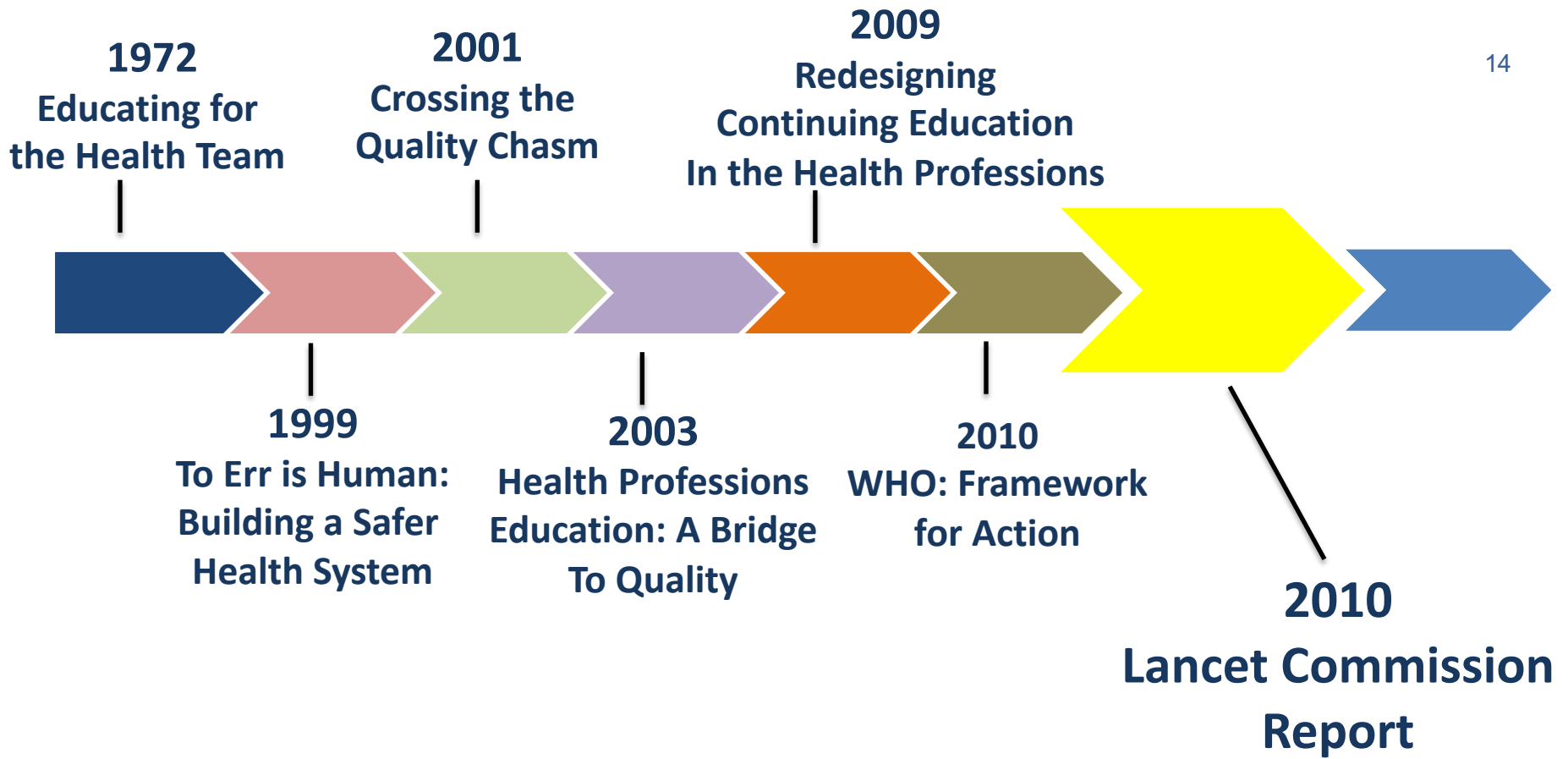
**1999**  
**To Err is Human:  
Building a Safer  
Health System**

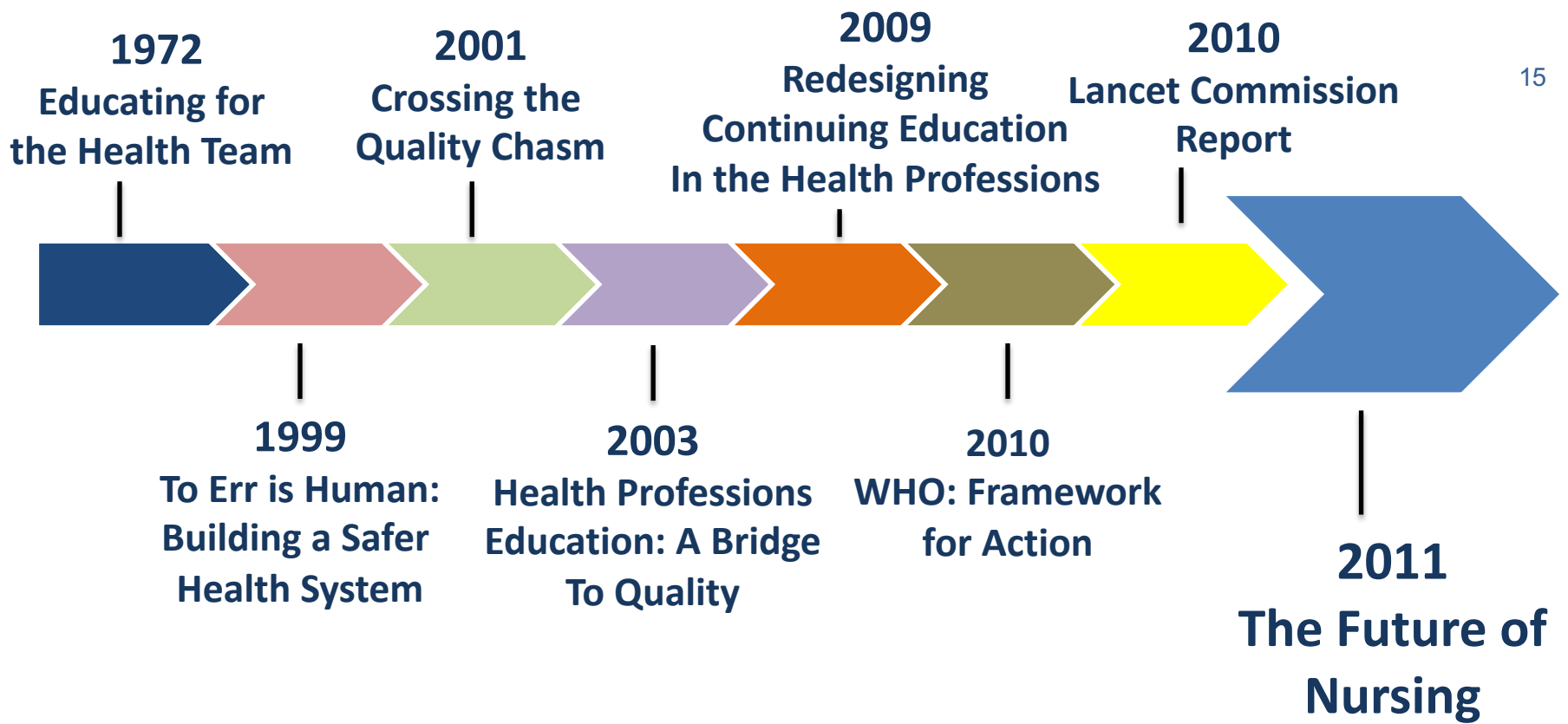










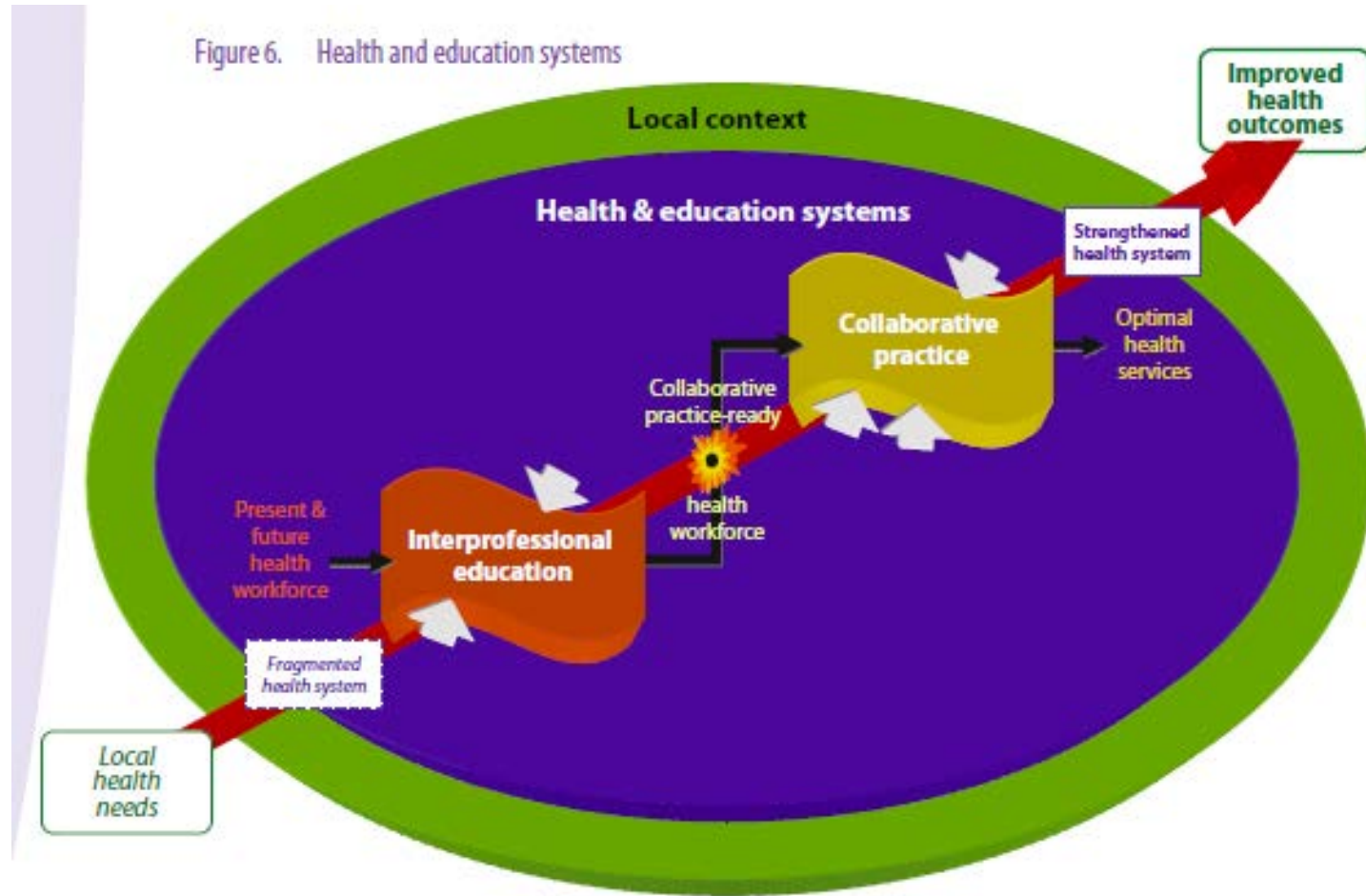


# What else was happening?

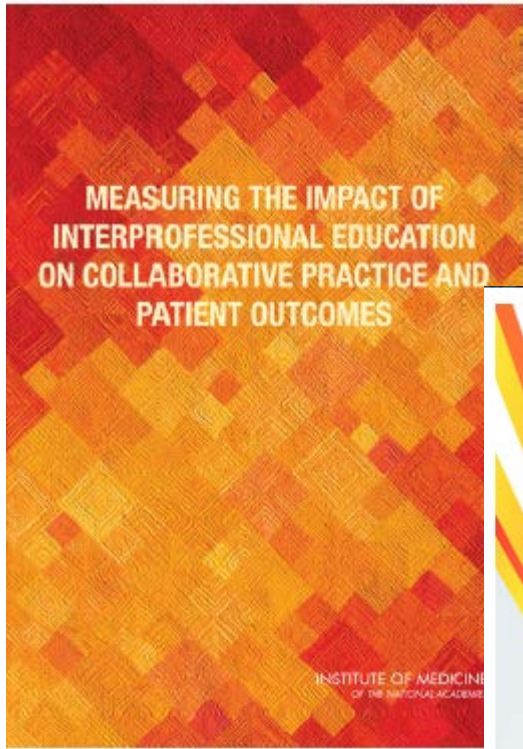
- Core Competencies for Interprofessional Collaborative Practice (IPEC) published (2011)
  - Values/Ethics for Interprofessional Practice; Roles/Responsibilities; Interprofessional Communication; and Teams and Teamwork
- Best Care at Lower Cost: The Path to Continuously Learning Health Care in America (2012)
  - Link personal and population data to researchers and practitioners with focus on effectiveness of interventions in treating and preventing illness
- Medicare Access and CHIP Reauthorization Act (MACRA) (2015)
  - Move to value-based care
- IPEC Competencies updated (2016)
  - Evolve model to single domain of interprofessional collaboration



Figure 6. Health and education systems

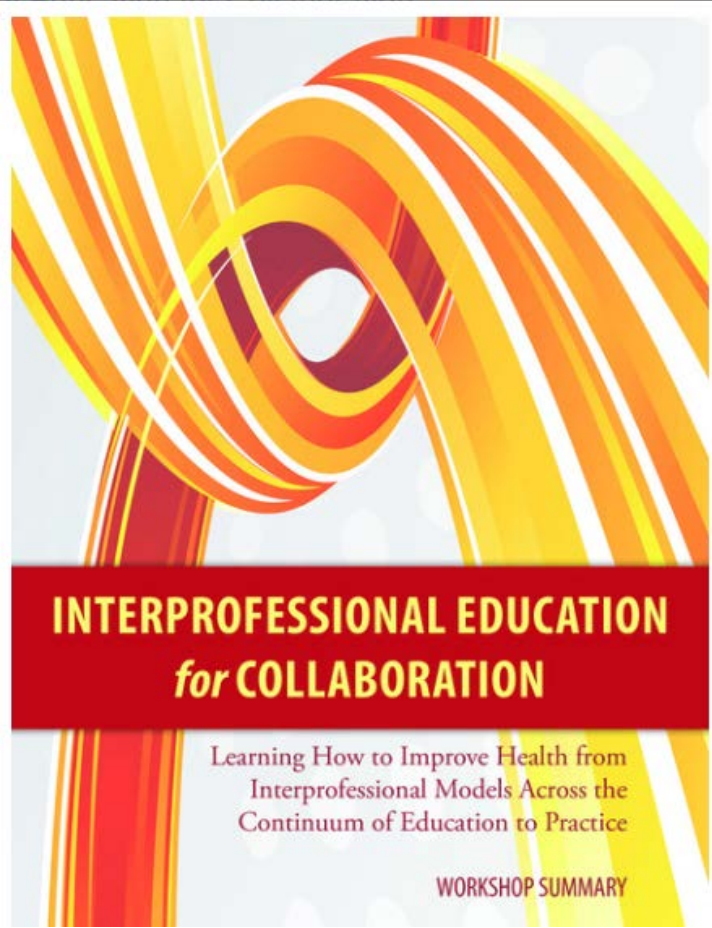


# Global Forum Work



**MEASURING THE IMPACT OF  
INTERPROFESSIONAL EDUCATION  
ON COLLABORATIVE PRACTICE AND  
PATIENT OUTCOMES**

INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES



**INTERPROFESSIONAL EDUCATION  
*for* COLLABORATION**

Learning How to Improve Health from  
Interprofessional Models Across the  
Continuum of Education to Practice

WORKSHOP SUMMARY



PROCEEDINGS OF A WORKSHOP

**EXPLORING A BUSINESS CASE  
FOR HIGH-VALUE CONTINUING  
PROFESSIONAL DEVELOPMENT**



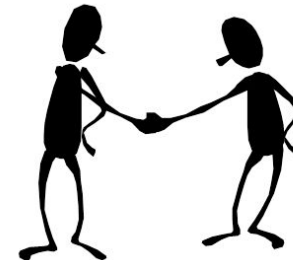
# Why is the work of the Global Forum so important for...

- Population health
- The nursing profession
- Other professions
- Patients
- Economy
- Other?

## Thinking time



Think



Pair



Share

# Deep Dive into Practice



## Surgeon Relies on Memory, Removes Wrong Kidney

Dec 4, 2014 8:30 AM CST

**STUDY SAYS**

### Errors With Meds Happen in Half of All Surgeries

Oct 26, 2015 2:19 PM CDT

# Teamwork could have saved baby

A CORONER has savaged Milton Keynes Hospital's maternity department at an inquest into a baby's death.

By Citizen Reporter

[www.miltonkeynes.co.uk](http://www.miltonkeynes.co.uk)

This course 18 weeks after a Healthcare Commission's report branded its services the UK's worst.

Hospital obstetric gynaecology consultant [redacted] said Holly Pease's death would 'probably have been prevented had there been an earlier Caesarean'.

Instead, warnings - including one about abnormally high heart rate - were ignored.

Mum-of-two Liz Fozard gave birth to Holly five hours after being admitted, this week's inquest has been told.

[redacted] said: "In hindsight, we should have performed the Caesarean earlier."

Evidence also suggested babies born at weekends, like Holly, are at greater risk - as decision-making consultants usually aren't on-site.

MK Deputy Coroner Tom Osborne said: "One of the con-

cerns the Pease's have voiced, and I cannot, no doubt, share with other Milton Keynes parents, is that it appears that MK Hospital has an inferior service available at weekends."

Holly was confirmed dead 34 minutes after coming into the world on June 8 last year.

Mr Osborne told [redacted]: "We've heard lots about hospital teamwork."

"But we've not seen a great deal of it - when we know you have a midwife of 33 years' experience [redacted] wanted the caesarean much earlier and you don't talk to her."

"Everyone's working in isolation."

"Midwives aren't talking to obstetricians."

"Obstetricians aren't talking to consultants."

"Anaesthetists aren't treated early on, etc."

"There's no teamwork. What's the communication?"

Criticism by Holly's parents, of Bablow Crescent, Oakley Park, included:

- They were not told of the urgent need for delivery.
- Delays surrounding the obstetric gynaecology registrar and anaesthetist.
- Not all test results passed between individuals.
- A home-based consultant made decisions by phone.
- Midwives say there should be 30 minutes maximum between an emergency caesarean green light and delivery.

[redacted] said: "It's very easy to say the system has failed the Pease."

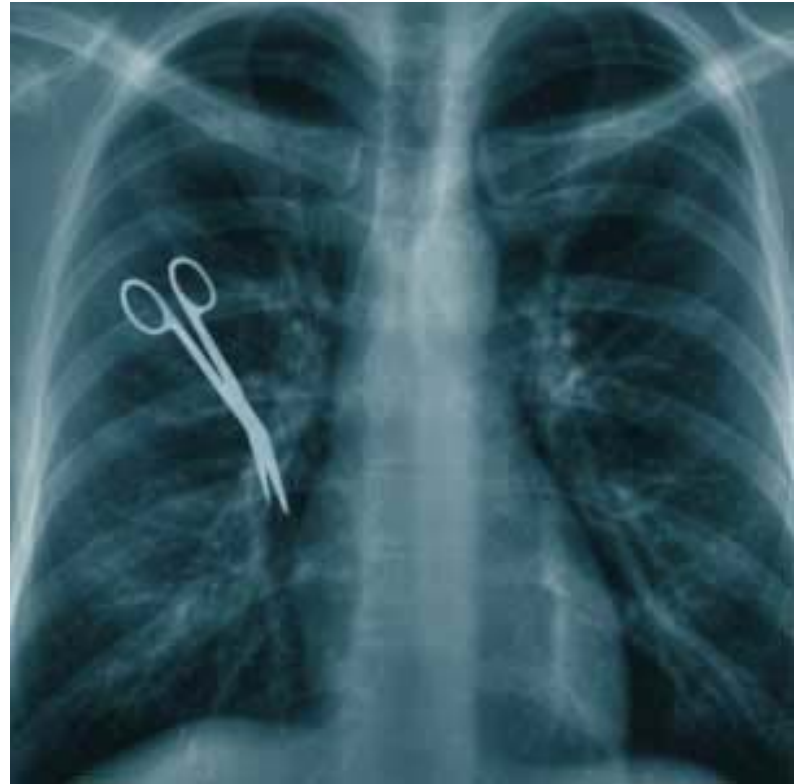
"The system's been working in the NHS for years."

A proboscis pin the cause of death as lack of oxygen to the brain and lung bleeding.

The three-day inquest at Milton Keynes civic office finished today (Thursday) when witness testimony the Pease's and the anaesthetist will be questioned.

Reproduced with the permission of the MK Citizen newspaper, [www.miltonkeynes.co.uk](http://www.miltonkeynes.co.uk)

# SCIENTIFIC AMERICAN™



## **Deaths from avoidable medical error more than double in past decade, investigation shows**

By Katherine Harmon | Aug 10, 2009 06:45 PM | 29

Clinical Leadership & Infection Control

## Vanderbilt hit with \$25.5M suit over wrong-site surgery

Mackenzie Bean - Wednesday, March 20th, 2019 [Print](#) | [Email](#)



A Tennessee woman filed a lawsuit against Nashville-based Vanderbilt University Medical Center March 19, claiming surgeons operated on her wrong kidney, reports *The Tennessean*.

Carla Miller sought care at the hospital in November 2017. The suit claims surgeons implanted a 22-centimeter stent in her right kidney instead of the left and ran it up the wrong side of her body.

Ms. Miller's attorney, Afsoon Hagh, said the medical error damaged her urinary system and now requires her to receive dialysis for life.





## Can 360-Degree Reviews Help Surgeons? Evaluation of Multisource Feedback for Surgeons in a Multi-Institutional Quality Improvement Project

Abstract presented at the American College of Surgeons 100<sup>th</sup> Annual Clinical Congress, San Francisco, CA, October 2014.

[Suliat M. Nurudeen](#), MD, MPH, [Gifty Kwakye](#), MD, MPH, [William R. Berry](#), MD, MPH, MPP, FACS, [Elliot L. Chaikof](#), MD, PhD, FACS, [Keith D. Lillemoe](#), MD, FACS, [Frederick Millham](#), MD, MBA, FACS, [Marc Rubin](#), MD, FACS, [Steven Schwartzberg](#), MD, FACS, [Robert C. Shamberger](#), MD, FACS, [Michael J. Zinner](#), MD, FACS, [Luke Sato](#), MD, [Stuart Lipsitz](#), ScD, [Atul A. Gawande](#), MD, MPH, FACS, [Alex B. Haynes](#), MD, MPH



# Perceptions of team and leadership roles

- How teams were perceived:
  - Surgeons –
    - Teams existed to serve their needs
  - Teams are described as other medical groups and specialists, not other professions
  - Team meant “shared clinical space”

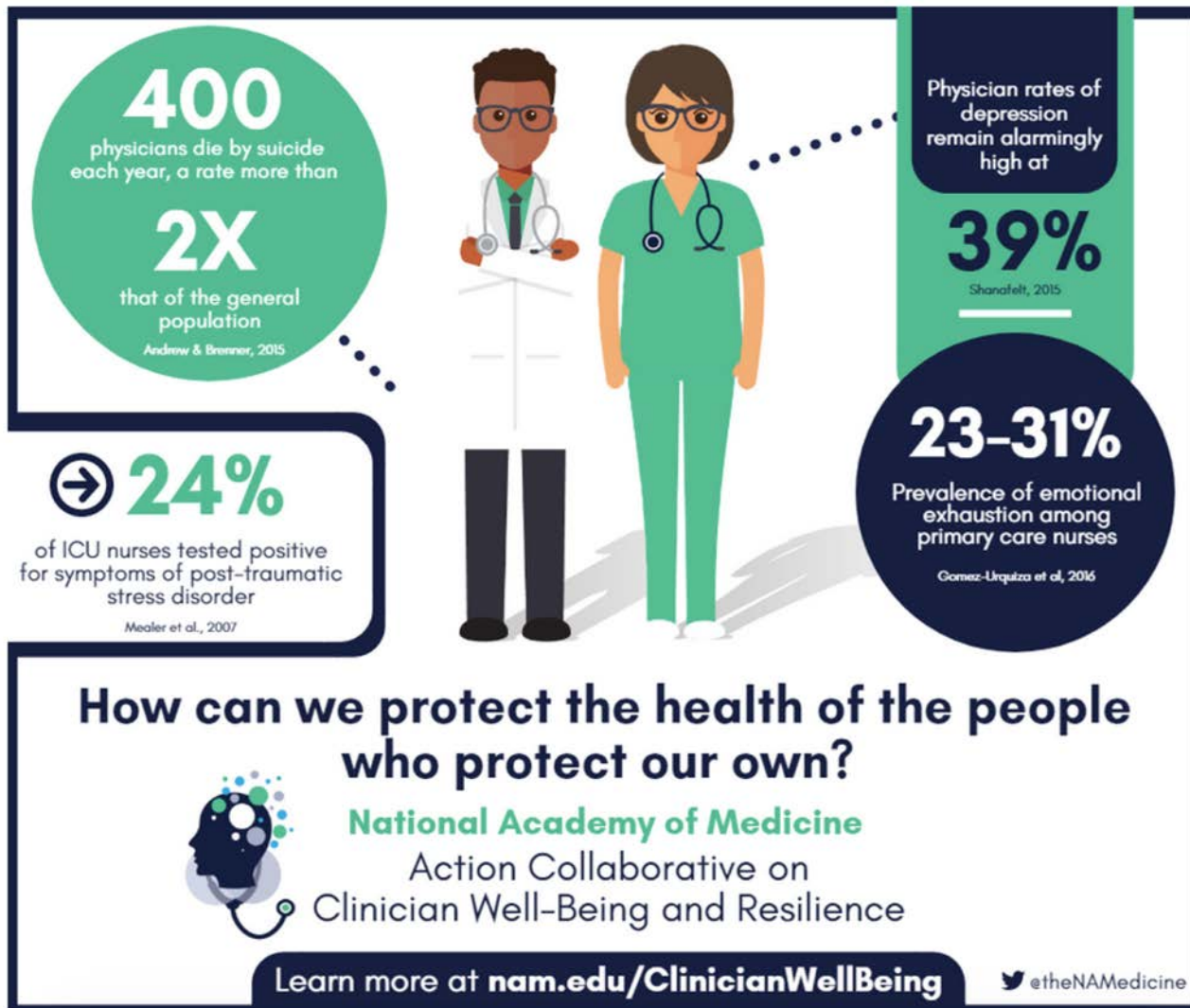
**A meta-ethnographic review of interprofessional teamwork in hospitals: what it is and why it doesn't happen more often**

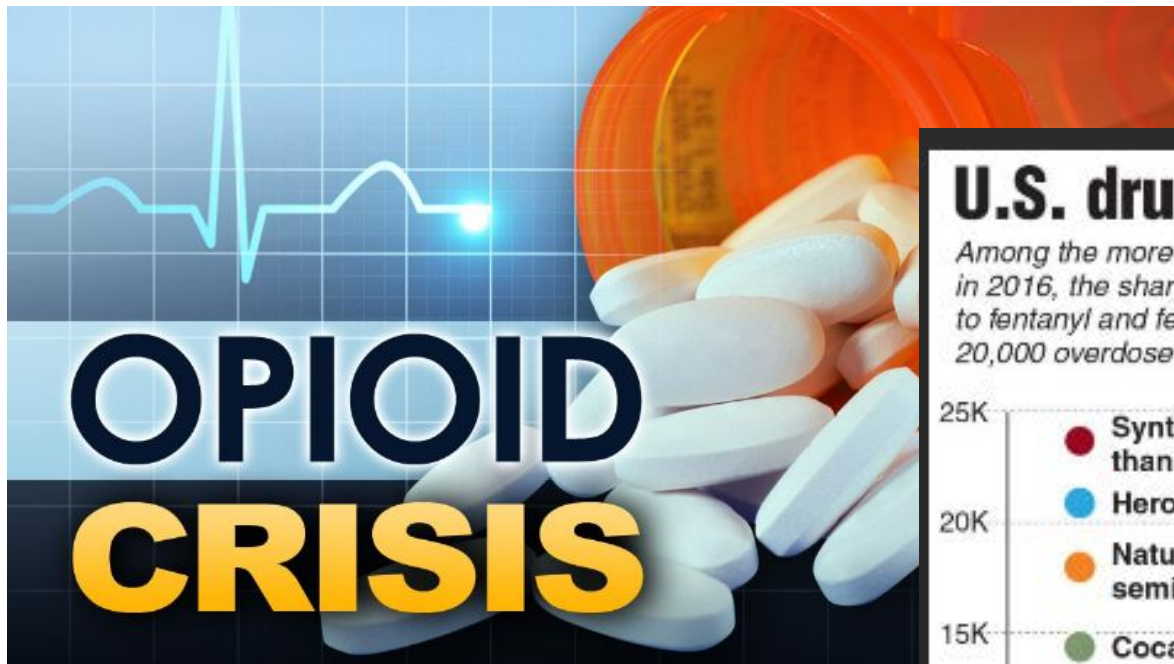
**Odessa Petit dit Dariel  and Paula Cristofalo**

- Between professions
  - Medicine and nursing
- Within professions
  - Horizontal violence
  - Shift to shift
  - Unit to unit
- Academia to practice
- Inpatient to outpatient



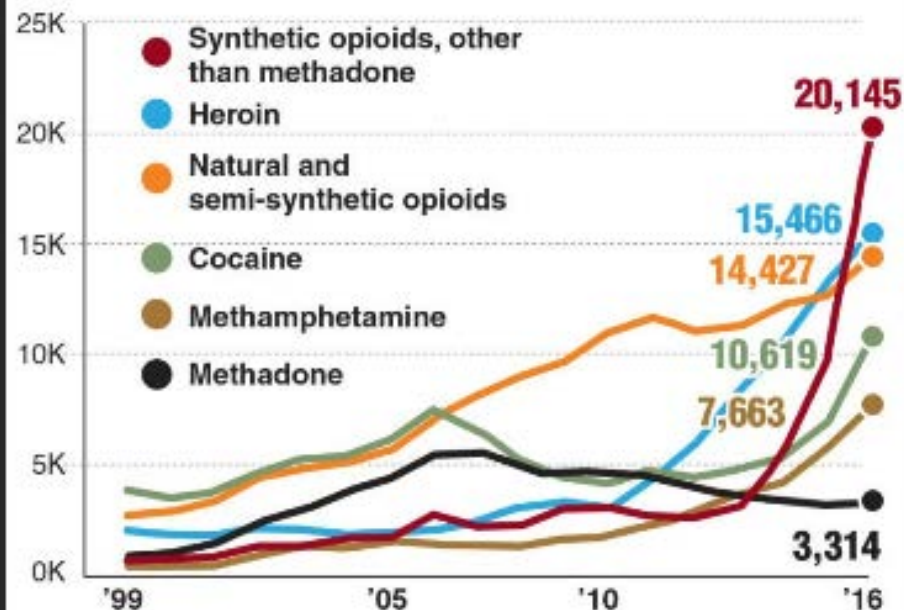
# Impact of the Practice Environment





## U.S. drug overdose deaths

Among the more than 64,000 drug overdose deaths estimated in 2016, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids), more than 20,000 overdose deaths.



Source: CDC  
Graphic: Staff, TNS

# Where is the evidence to support the focus on interprofessional education and practice?



# Interprofessional Continuing Education (IPCE)

*When members from **two or more professions** learn with, from, and about each other to enable **effective collaboration** and **improve health outcomes**.*

[www.jointaccreditation.org](http://www.jointaccreditation.org)

*(definition derived from the WHO definition of IPE)*

# IPCE in Context

- IPCE is **not** just co-locating learners in the same space
  - *interprofessional registration vs interprofessional by design*
- IPCE is education by the team, for the team
- Requires meaningful engagement and respect by all team members
- Addresses gaps, processes, and outcomes that are relevant to all members of the health care team including the patient and family



# Evidence/Outcomes for IPE/IPCE

Outcomes	Positive	Neutral	Mixed	Not Reported
Level 1: Reaction	25	0	7	14
Level 2a: Perceptions and Attitudes	14	1	11	20
Level 2b: Knowledge and Skills	19	1	6	20
Level 3: Behavioral Change	15	0	5	26
Level 4a: Organizational Practice	11	1	2	32
Level 4b: Patient/Client Care	9	1	1	35

A BEME systematic review of the effects of interprofessional education:  
BEME Guide No. 39; *Medical Teacher*, May 2016

# Evidence/Outcomes for IPE/IPCE

- Level 1: Reaction – value/support IPE; satisfaction with involvement; enjoyable/rewarding
- Level 2a: Modification of attitudes/perceptions – positive attitude over time; some mixed (positive then negative)
- Level 2b: Acquisition of knowledge/skills – self-reported improvements in knowledge and skills; 2 studies validated change
- Level 3: Behavioral change – self-reported change in behavior; 2 studies validated (ED teamwork and breaking bad news)
- Level 4a: Change in organizational practice – improvements in service delivery (**illness prevention, patient screening, safety practices**)
- Level 4b: Benefit to patients/clients - **improvements in mortality rates, reduced clinical errors and patient LOS; clinical status (BP and cholesterol levels)**

# Outcomes of Interprofessional Collaboration

- Improve efficiency
- Decrease cost
- More holistic approach to care
- Improves health outcomes
- Decreases duplication of services
- Decreases error rates
- Reduces length of hospitalization
- Decreases staff turnover
- Improves staff and patient satisfaction

# Influences on Collaboration

FACTOR	HELP	HINDER	BOTH
I work in close proximity to my colleagues			
I have a heavy workload			
Turnover in my organization is high			
Physicians and Nurse Practitioners are the leaders of the team			
Team members rotate often			
I have a good understanding of my colleagues' roles and responsibilities			
I interact on personal and professional level with my colleagues			
My leaders hold formal meetings for me and my colleagues			
My colleagues have relevant knowledge that I need			
This is my patient			

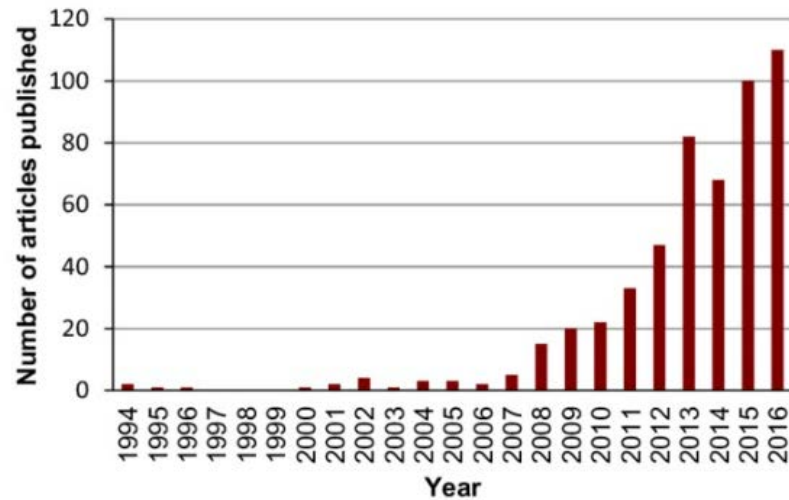
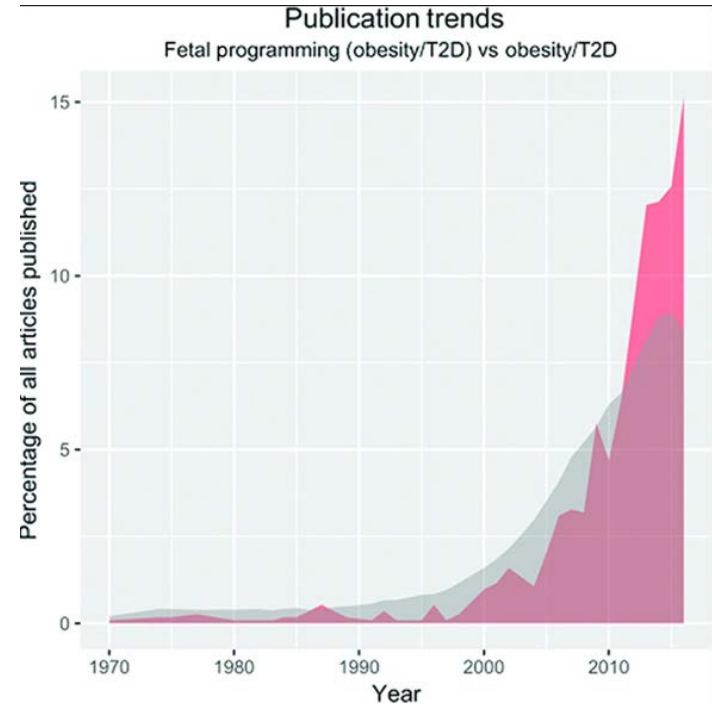
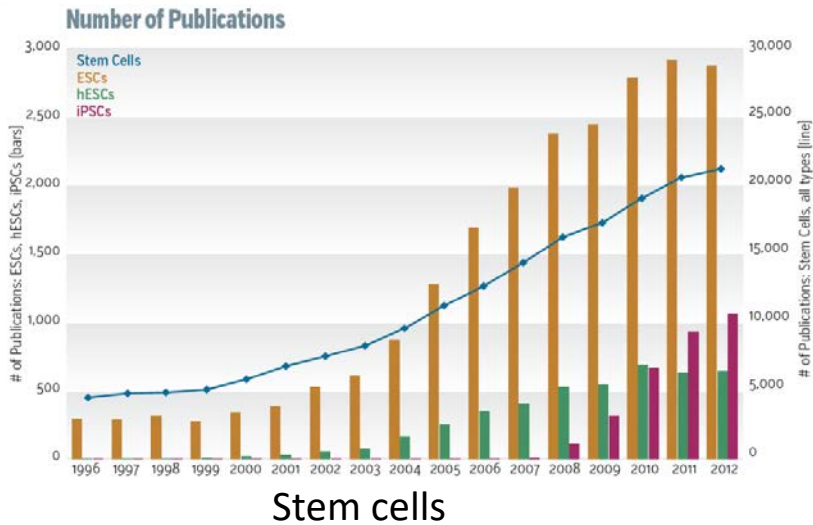
# Integrating Interprofessional Collaboration Skills into the Advanced Practice Registered Nurse Socialization Process

- APRN socialization processes need to be examined and revised
- Method of precepting (APRN-APRN student) maintains silos
- More success when helping student develop professional identity while also gaining an understanding of professional role as member of the health care team.

# What is the global conversation?



# Explosion of Evidence




Fetal programming

Fat grafting with breast reconstruction

# Specialization, Sub-Specialization and More

- Trend towards more specialization
- Fast-tracking to specialty practice (proposed)
- Impacting Medicine and Advanced Practice Providers






**Achieving Competency-Based,  
Time-Variable Health Professions Education**

Proceedings of a conference chaired by  
**Catherine R. Lucey, MD**  
June 2017 | Atlanta, Georgia

February 2018



**CONFERENCE  
RECOMMENDATIONS**

April 15–18, 2018 | Atlanta, GA

**Improving Environments for Learning  
in the Health Professions**

Recommendations from the Macy Foundation Conference

Josiah Macy Jr. Foundation | 44 East 64th Street, New York, NY 10065 | [www.macyfoundation.org](http://www.macyfoundation.org)

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# Where are the opportunities?



- Call to the profession
- Duty to act
- Require interprofessional education, interprofessional continuing education as a strategy for interprofessional collaborative practice



# REFERENCES

- Workshop summaries:
  - Interprofessional Education for Collaboration: Learning How to Improve Health from Interprofessional Models across the Continuum of Education to Practice (2013)
  - Establishing Transdisciplinary Professionalism for Improving Health Outcomes (2013)
  - Assessing Health Professional Education for Improving Health Outcomes (2014)
  - Building Health Workforce Capacity Through Community-Based Health Professional Education (2014)
  - Empowering Women and Strengthening Health Systems and Services Through Investing in Nursing and Midwifery Enterprise: Lessons from Lower-Income Countries (2015)
  - Envisioning the Future of Health Professions Education (2015)

# Global Forum Publications

- Exploring the Role of Accreditation in Enhancing Quality and Innovation in Health Professions Education (2016)
- Future Financial Economics of Health Professional Education (2016)
- Exploring a Business Case for High-Value Continuing Professional Development (2018)
- Improving Health Professional Education and Practice Through Technology (2019)
- A Design Thinking, Systems Approach to Well-Being Within Education and Practice (2018)

# Global Forum Consensus Studies

- Measuring the Impact of Interprofessional Education (IPE) on Collaborative Practice and Patient Outcomes (2015)
- A Framework for Education Health Professionals to Address the Social Determinants of Health (2016)