# ACME | Accreditation Commission for Midwifery Education

# Interprofessional Education:

FRAMEWORK AND APPLICATION TO MIDWIVES AND OB/GYNS

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#### **IPEC** history

- Interprofessional Education Collaborative formed in 2009 to prepare health professionals for enhanced team-based care of patients, improved outcomes
- Six national associations of health professions: dentistry, nursing, medicine, osteopathic medicine, pharmacy, and public health
- Core Competencies for Interprofessional Collaborative Practice published in 2011

# Update in 2016

- Reaffirm core and sub-competencies
- Organize under domain of Interprofessional Collaboration: Values and ethics, Roles and responsibilities, Interprofessional communication, Teams and teamwork

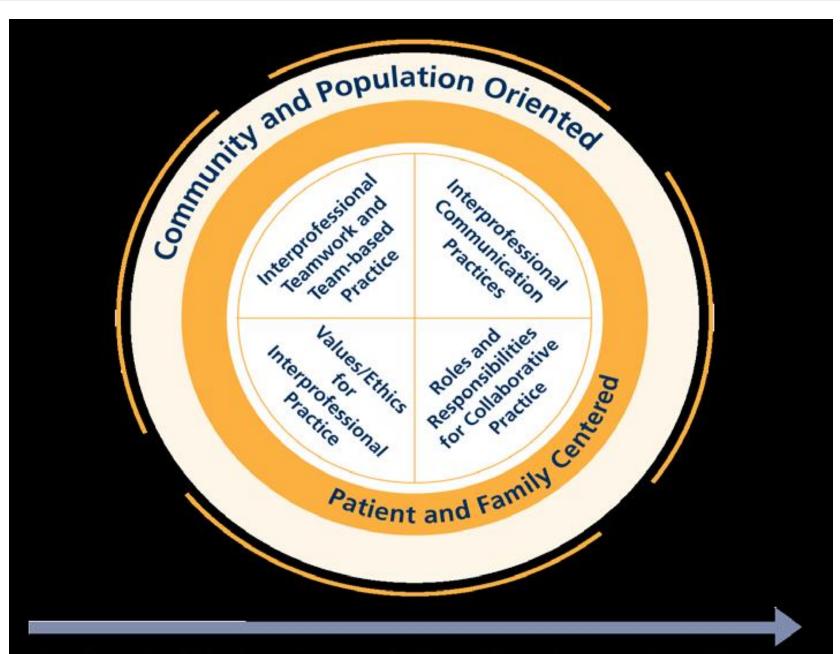
 Broaden competencies to better achieve Triple aim, greater focus on population health

# New participants

- American Association of Colleges of Podiatric Medicine (AACPM)
- American Council of Academic Physical Therapy (ACAPT)
- American Occupational Therapy Association (AOTA)
- American Psychological Association (APA)
- Association of American Veterinary Medical Colleges (AAVMC)
- Association of Schools and Colleges of Optometry (ASCO)
- Association of Schools of Allied Health Professions (ASAHP)
- Council on Social Work Education (CSWE)
- Physician Assistant Education Association (PAEA)

#### Definitions: IPE and IPCP

- When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes (WHO, 2010)
- When multiple health workers from different professional backgrounds work together with patients, families, carers [sic], and communities to deliver the highest quality of care (WHO, 2010)



# 4 Competencies

- Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice)
- Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs **of patients** and **to promote and advance the health of populations.** (Roles/Responsibilities)

# 4 Competencies cont.

• Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease. (Interprofessional Communication)

# 4 Competencies cont.

• Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to **plan**, **deliver**, **and evaluate** patient/population-centered care **and population health programs and policies** that **are** safe, timely, efficient, effective, and equitable. (Teams and Teamwork)

#### Values and Ethics

- Patient/population centered, health equity
- Privacy dignity of patients
- Cultural diversity, including the team
- Respect other professions, work in cooperation with all
- Trusting relationships, high ethical standards
- Honesty, integrity, manage ethical dilemmas
- Maintain own professional competence

# Roles/Responsibilities

- Communicate clearly, recognize limitations
- Engage others who complement individual expertise to meet pt/pop needs
- Explain roles of others, use that full scope to provide quality care
- Communication to explain responsibility of all
- Relationships in/out of system, cont. learning
- Use unique abilities of all, population health

#### **Interprofessional Communication**

- Effective communication tools/techniques, clear communication with all
- Confidence, clarity, respect, common understanding
- Listen & encourage; timely, sensitive feedback; respectful language
- Recognize own uniqueness
- Importance of teamwork in care and policies

#### Teams and Teamwork

- Team development, effective teams
- Guiding principles, engaging others, integrating knowledge and experience
- Leadership practices, manage disagreements
- Shared accountability, reflect on team performance, process improvement
- Evidence to inform teamwork, effective in various roles and settings

# What might we add to competencies?



#### Impact of IPE on Outcomes

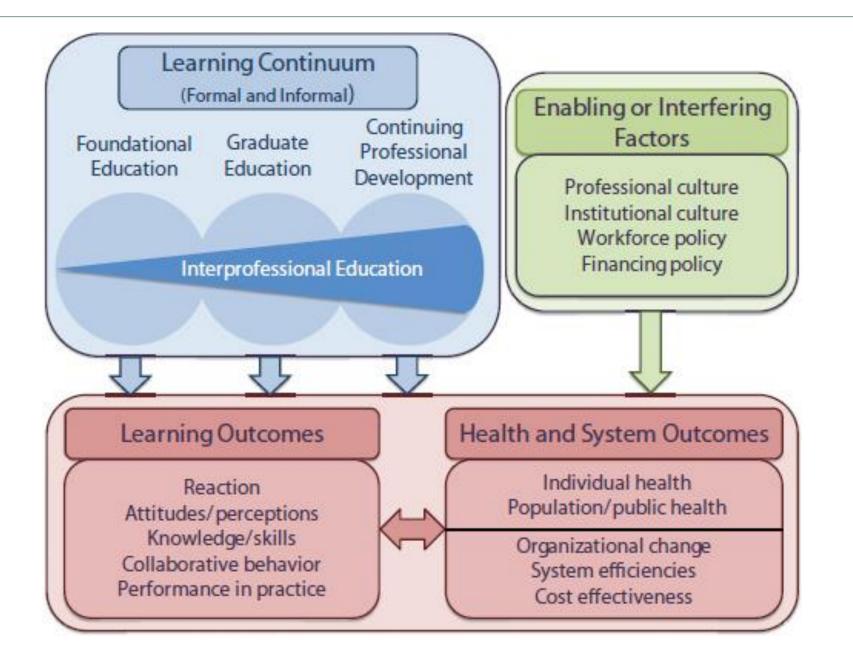
- Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes. 2015
- Education and patient outcomes can be linked
- Impact of IPE not only on student learning but patient safety, patient and provider satisfaction, quality of care, health promotion, population health, & cost of care?

# Align HC education and delivery

- Conclusion 1. 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.
- Active participation of health professions and systems where students educated, ideally joint accountability across learning continuum

# Conceptual Framework

- Conclusion 2. 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.
- Common framework > more robust research



#### Stronger Evidence Base

- Conclusion 3. More purposeful, well-designed, and thoughtfully reported studies are needed to answer key questions about the effectiveness of IPE in improving performance in practice and health and system outcomes.
- Team approach to evaluation, mixed methods, comparative effectiveness research, include financial return on investment, share what works.

#### 2 recommendations

Recommendation 1: Interprofessional stakeholders, funders, and policy makers should commit resources to a coordinated series of well-designed studies of the association between IPE and collaborative behavior, including teamwork and performance in practice. These studies should be focused on developing broad consensus on how to measure interprofessional collaboration effectively across a range of learning environments, patient populations, and practice settings.

#### 2 recommendations

Recommendation 2: Health professions educators and academic and health system leaders should adopt a mixed-methods research approach for evaluating the impact of IPE on health and system outcomes. When possible, such studies should include an economic analysis and be carried out by teams of experts that include educational evaluators, health services researchers, and economists, along with educators and others engaged in IPE.

# Linking midwifery and ob/gyn

- ACNM DOE Core Competencies
- ACME Criteria
- Accreditation Council for Graduate Medical Education (ACGME)
- OB/GYN Residency Review Committee (RRC)
- Council on Residency Education in Obstetrics and Gynecology (CREOG)

#### Definition team care

• Team-based care is the provision of health services to individuals, families and/or their communities by at least 2 health care providers who work collaboratively with patients and their families — to the extent preferred by each patient — to accomplish shared goals within and across settings to achieve coordinated, high quality care.

ACOG 2016. Collaboration in Practice: Implementing Team-Based Care

#### Definition of collaboration

 Process involving mutually beneficial active participation between autonomous individuals whose relationships are governed by negotiated shared norms and visions

• \*\*\*necessary for team care, and more than collaboration required for team care

ACOG 2016. Collaboration in Practice: Implementing Team-Based Care

# CNM and OB/GYN collaboration

- Common overlapping areas of practice
- Areas where the expertise of one may lead to collaboration with the other
- Consultation and/or referrals back and forth
- Jointly managing women's care situations due to provider or patient request
- Includes mutual respect, trust between providers, system that promotes team care

# Principles of collaboration

- Patient and families central to and engaged as members of HC team
- Team has a shared vision
- Role clarity essential to optimal team building and functioning
- All team members accountable to their own practice and to the team
- Effective communication key
- Team leadership is situational and dynamic

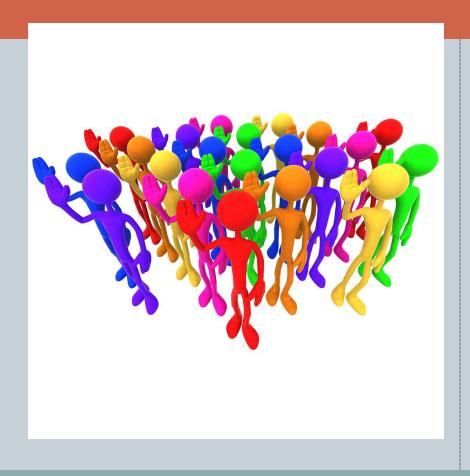
ACOG 2016. Collaboration in Practice: Implementing Team-Based Care

#### Accreditation

- "After reviewing each participating agency's accreditation standards regarding IPE, HPAC members agreed that the definition of IPE and competencies for health profession students identified in the 2011 Interprofessional Education Collaborative (IPEC) report are fundamental to educational programs in the health professions accredited by the HPAC members."
- HPAC Press Release, December 2014

#### Discussion





#### References

- Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.
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