Current Trends and future directions for interprofessional education: why now is the time for nursing education to lead

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A little about me (Why I’m here)

So Why are you here?
What trends do you see?

Our goals for today...

- Explore trends in health professions education
- Articulate the connections between health care system change and drivers to change health professions education
- Discuss strategies for how nurses can engage in designing IPE experiences
- Create a plan for engaging others in collaboration!

The theme for this talk...

"You never learn by doing something right because you already know how to do it. You only learn from making mistakes and correcting them”

(Ackoff, 1974)
The Catalyst for Change

AVOIDABLE MEDICAL ERRORS ARE THE THIRD LEADING CAUSE OF DEATH IN AMERICA

And then...
Everything is changing!

The Triple Aim is (still) here...

The Quadruple Aim requires new ways of thinking...

The old way of diabetes management:
Schedule patients for primary care or endocrinology 3-4 times a year
And we see them only when they come to the office
15 minute visits, usually provider led
Treat complications as they occur
Reimbursed on a fee for service basis
The ‘new’ way
Engage with individuals and family members frequently through email, phone, MyChart
Appointments with the whole team—physician, nurses, nutrition, behavioral health, life coaches, community health workers, public health and community resources
Contact patients who we do not hear from
Goal is to prevent complications
WE get reimbursed if we prevent them from getting ‘sicker’

And then there is the patient...
A new way of engaging the patient…
Generational changes
Technology
Everyone has an opinion, except when they don’t...

Health Professions education is changing too
All of these things are driving accreditation

Delivering patient-centered care
Working as part of an interdisciplinary team
Practicing Evidence-Based Care
Focusing on quality improvement
Using Information Technology

No wonder we are seeing signs of burnout in our students (and faculty and clinicians)...

It’s all moving towards outcomes based, but what if we are missing the mark???

That gap!

1. Classroom doesn’t match what they see in practice
2. What does interprofessional collaboration really mean?
3. What time?
4. Culture change!
And what happens when we miss the mark?

- Organizational Influences
- Unsafe Supervision
- Preconditions
- Unsafe Acts

But wait...there's hope!

One way to do this...
But we need to teach folks how to ‘zoom out’

ie...How to ‘be’ a systems-thinker

1. Ability to define the “universe” appropriately – the system operates in this universe
2. Ability to define the overall system appropriately – defining the right boundaries
3. Ability to see relationships – within the system and between the system and universe
4. Ability to see things holistically – within and across relationships
5. Ability to understand complexity – how relationships yield uncertain, dynamic, nonlinear states and situations
6. Ability to communicate across disciplines – to bring multiple perspectives to bear
7. Ability to take advantage of a broad range of concepts, principles, models, methods and tools – because any one view is inevitably wrong

Yeah, that sounds great, but can you teach it?

Strategies to help us get there!

An application: Nursing led!
Just Culture
What Kind of Mindset Do You Have?

Growth Mindset
- I can learn something I want to.
- When I’m frustrated, I persevere.
- I have the ability to improve.
- I believe I can learn and grow.
- If one road is blocked, I’ll take another.
- Even if I’m not good at it, I can improve.
- I’m not interested in grades. I’m interested in learning.
- I focus on progress, not performance.
- My effort and attitude determine everything.

Fixed Mindset
- I’m either good or I’m not.
- When I’m frustrated, I give up.
- I can’t learn when I’m not challenged.
- I don’t want to be challenged.
- I focus on grades, not learning.
- If one road is blocked, I’ll take another.
- If I don’t succeed, I’m not interested.
- My abilities determine everything.

THE POWER of Yet

I can’t do that yet. That doesn’t work-yet. I don’t get it yet.

Why?
Reflection

What is Reflective Practice
makes meaning from experience and transforms insights into practical strategies for personal growth and organizational impact.

Reflection deepens learning. The act of reflecting enables us to make sense of what we’ve learned, why we learned it, and how each increment of learning took place.

It is not Rumination, Venting, or a one time event.

Steps in reflection
Describe the event
Examine feelings
Evaluate the positive and negative of the event
Analyze to determine sense-making
Ask what else you could have done
Set action plan for the future.

Freshwater, Taylor, and Sharwood, 2008
How we develop reflective practice

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<thead>
<tr>
<th>Level of Reflection</th>
<th>Model of Reflection</th>
<th>Stage of Development</th>
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<tbody>
<tr>
<td>Descriptive</td>
<td>Journal, reporting incidents, reflection-on-action</td>
<td>Practice becomes conscious</td>
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<tr>
<td>Dialogic</td>
<td>Discourse/dialogue with peers including clinical supervision/debrief</td>
<td>Practice becomes deliberate</td>
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<tr>
<td>Critical</td>
<td>Able to provide reasoning for actions by engaging in critical conversations about practice with self/others</td>
<td>Transformative practice, continuous improvement, move to innovation</td>
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3R’s of reflective practice

Reaction (affective) → Relevance (cognitive) → Responsibility (Psychomotor)
The recommendations

1. **Rationale:** Articulates a vision, framework, and justification for the IPE plan;
2. **Outcome-based Goals:** Stated in terms that will allow the assessment of students’ achievement of objectives and interprofessional competencies for collaborative practice;
3. **Deliberate Design:** Intentionally designed and sequenced series of classroom, co-curricular, and clinical learning activities integrated into the existing professional curriculum and longitudinal in nature, spanning the entire length of the program and including content and instructional formats appropriate to the level of the learner and to the outcome-based goals; and
4. **Assessment and Evaluation:** Methods to assess individual learners’ mastery of interprofessional competencies prior to evaluate the IPE plan for quality improvement purposes; and if appropriate, education and practice outcomes research and scholarship.

A systematic recommendation: Define

“When students [or providers] from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes”

WHO-2010

Deliberate Design

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<th>In-Person Learning</th>
<th>Collaborative Online Learning</th>
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<td>Face-to-face synchronous learning activities where students from one program learn with students from another program or with practitioners representing different professions from their own</td>
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<td>Case discussions, Simulations, Service learning, Clinical observations, Clinical rotations</td>
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A Quick Example
Assessment and Evaluation

So how do we build this systematically?

Overview of a logic model

Kotter’s Model for Change
Overview of a logic model

Logical Kotter? Step 1
Assumptions and Inputs
Beliefs about the project and how it will work
The environment in which the program exists
What can influence the success of the project
Need to think about investment

A sense of urgency (opportunity)
Are there opportunities for change?
Use situations to see problems and solutions
Stakeholder need?
Use the affective domain (get emotional?)
Logical Kotter? Step 2

**Outputs:** Activities (the actual tasks we do)
- Form a guiding coalition
- Create a vision

**Participation** (who we serve; customers & stakeholders)

**Engagement** (how those we serve engage with the activities)

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Stakeholders Engagement

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Build your Team

- Right Commitment
- Right Time
- Right Team
- Conflict as a sign of growth
- Open and honest communication
Who does what?

Use logic to develop a shared vision
What is our vision?
What is needed to improve Care? Education?
Vision → Strategy → Plan → Budget

Elevator Speech
Logical Kotter? Step 3

Outcomes (impact)
- Short Term
- Medium Term
- Long Term

Communicate the vision
What DOES NOT work:
- Poor communication
- Pushing YOUR agenda
- Inconsistent message and actions

Using Logic to Empower Action

SOMETIMES IT'S OUR OWN MIND HOLDING US BACK
Create short ‘wins’

- Pilot study?
- Small manageable steps
- Zoom in—Zoom out
- Continuous quality improvement

Remember it’s just the first try…

Long Term Goals: Consolidate and BUILD

- Create structures that allow people to build
- Competition
- Keep changing
Long term goals: Institutionalize the Change

- Make it Stick
- Don’t give up
- Reinforce
- Tie values with behaviors

Other Challenges/Opportunities?

Questions?

Thank you

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