Interprofessional Education: Past, Present and Future

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Professor, Pharmaceutical Care and Health Systems
University of Minnesota

HRSA Advisory Committee on Interdisciplinary, Community-Based Linkages
April 20, 2009
Discussion Points

- Background on interprofessional education
- A personal IPE journey with the University of Minnesota AHC as a case study
- What’s happening today
- Creating the future
“You never want a serious crisis to go to waste. What I mean by that it’s an opportunity to do things you think you could not do before”.

– Rahm Emmanuel, November 19, 2008
“Discussions with students disclosed the desire to see far more emphasis on the “team” approach to providing health care. Students assert that if future health care delivery systems require a team approach to provide the necessary services, today’s health student must be exposed to the approach in his educational experience.
Students recognize the impossibility of training all professionals in the same courses and program, emphasize the necessity of integrated training when practical.”

Report of the External Committee on Governance of University Health Sciences, University of Minnesota, February 1970
Distinctions

- **Uniprofessional education (UPE):** Students are all from the same discipline or profession. The mastery of a specific body of knowledge, types of skills and modes of conduct are emphasized.

- **Multiprofessional education** (may also be referred to as 'shared learning' or 'common learning'): Occasions when two or more professions learn side by side for whatever reason.

- **Interprofessional education.** Occasions when two or more professions learn with, from, and about each other to improve collaboration and the quality of care.

UK Centre for the Advancement of Interprofessional Education, 1997
Discipline

- Training expected to produce a specific character or pattern of behavior, especially training that produces moral or mental improvement.
- A branch of knowledge or teaching

Interdisciplinary

- Of, relating to, or involving two or more academic disciplines that are usually considered distinct.
- adj: drawing from or characterized by participation of two or more fields of study; "interdisciplinary studies"; "an interdisciplinary conference"

Profession

- An occupation or career:
- An occupation, such as law, medicine, or engineering, that requires considerable training and specialized study. The body of qualified persons in an occupation or field
Emerging Worldwide Understanding: Interprofessional Education

- Occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care™
  - UK Centre for the Advancement of Interprofessional Education
Interprofessional Education

“the application of principles of adult learning to interactive, group-based learning, which relates collaborative learning to collaborative practice within a coherent rationale which is informed by understanding of interpersonal, group, inter-group, organisational and inter-organisational relations and processes of professionalisation.”

-- Hugh Barr, 2002
Past

“Long and Winding Road”
Hall and Weaver, 2001

- 1970s “Birkenstock” IPE
- Area Health Education Centers
- Geriatric Education Centers
- Health Professions Schools in Service to the Nation
- Pew Commission
- Kellogg Community-Campus Partnerships
- Quentin Burdick grants
- Hartford Geriatrics Projects
- National Health Service Corps – CHC movement
- Various Academic Health Centers
- Association of Academic Health Centers: Group on Multi-Professional Education (GOMPE)
“Long and Winding Road”

- World Health Organization Declaration, 1988
- United Kingdom, Canada, Australia, New Zealand
- Centre for the Advancement of Interprofessional Education (CAIPE), 1987
- *Journal of Interprofessional Care*
University of Minnesota AHC
On the edges: A lot of IPE activities

- ACT II
- Interscholastic grants
- End of life Patient-Centered Teamwork
- Physician & Society courses
- Institute for Healthcare Improvement Collaborative
- Walker-Methodist Transitional Care Unit
- Center for Health Interprofessional Programs
- Immunization Tour
- Duluth strategic initiatives
- Burdick geriatrics fellowship in Moose Lake
- Health Careers Center multiple activities
- CLARION retreats and national case competition
- Area Health Education Center activities
- Fourteen AHEC rural interprofessional sites
- Minnesota Area Geriatric Education Center
- Multiple geriatrics projects such as Seniors as Teachers
- IERC faculty development activities
- Tufts Institute on Systems-based Practice
- Center for Bioethics courses
- Center for Spirituality and Healing
The Constant: Students

Center for Health Interprofessional Programs

- Founded in 1972
- Student-driven
- Unfettered by curriculum committees and faculty
- Co-curricular activities
- Introduce innovations to the AHC before faculty
- Push and challenge administrators
- CLARION
Present: New Millennium

Institute of Medicine
- To Err is Human, 1999
- Crossing Quality Chasm, 2000
- Health Professions Education: A Bridge to Quality, 2003

- Joint Council on Accreditation of Healthcare Organizations
- Institute of Healthcare Improvement
- “Traditional” IPE supports – clinging on
Core IOM Competencies
2003

- Provide patient-centered care
- Work in interdisciplinary teams
- Apply quality improvement
- Employ evidence-based practice
- Utilize informatics
Hostage to Our Past: Unfreeze Our Thinking

- 1910: Flexner Report
- 1920-30s: What is a profession or not?
- Power and Conflict
- Mistrust of the professions
- Professionalization
- 1960s policies
- System failures
- Outmoded policies and financing systems?
- Crumbling traditional barriers and “protections” (accreditation, scopes of practice, licensure, “legislature meddling”, rise of the for profits, open source education)
Creating Collaborative Care (C3) is a Quality Enhancement Plan (QEP) for the Medical University of South Carolina that focuses on interprofessional education.

Creating Collaborative Care (C3) offers a continuum of knowledge and teambuilding experiences, from acquisition, to application, to demonstration. It represents a dynamic process of student engagement in increasingly more sophisticated and expansive opportunities promoting and advancing interprofessional education while receiving their formal education. Each step of this continuum is motivated by four inter-dependent goals (see link on left navigation bar for the specific goals).

Please visit the links from this page to learn more about C3's domains: Curricular; Co-curricular; Faculty Development; Healthcare Simulation (teaching and learning using simulation), as well as other events and activity related to C3.

**NEW** Interprofessional Education (IPE) Fellowship

The fellowship is an opportunity for students to engage in interprofessional learning opportunities beyond those developed within their academic programs. Please click on the following links to learn more about the Fellowship, and become a pioneer of interprofessional education in the United States!

Fellowship FAQs

Fellowship Retroactive Credit Process

Fellowship Purpose, Design and Guidelines

*Click here to see dates and times for IPE Fellowship Information Sessions! Come learn more about the Fellowship and ask questions.*

To apply, please feel out the form below. You should receive a confirmation email after you submit the form. Thanks for your interest!

Last Name

First Name
Compliance Certification Report

2.12 The institution has developed an acceptable Quality Enhancement Plan (QEP) that (1) includes a broad-based institutional process identifying key issues emerging from institutional assessment, (2) focuses on learning outcomes and/or the environment supporting student learning and accomplishing the mission of the institution, (3) demonstrates institutional capability for the initiation, implementation, and completion of the QEP, (4) includes broad-based involvement of the institutional constituencies in the development and proposed implementation of the QEP, and (5) identifies goals and a plan to assess their achievement.

(Quality Enhancement Plan)

✓ Compliant  Partially Compliant  Non-Compliant

Narrative:

Synergy: UTMB Quality Enhancement Plan

The synergistic potential of interprofessional education is the focus of the Qualify Enhancement Plan at The University of Texas Medical Branch at Galveston (UTMB). We believe that by pulling together the strengths of our four schools (Medicine, Nursing, Allied Health Science, and the Graduate School for Biomedical Sciences), we can greatly improve the learning environment at our institution.

The QEP Study Group, composed of faculty from all four schools, began work in the spring of 2006. Topic suggestions were solicited from a broad spectrum of stakeholders at UTMB, including course and program directors and students from all four schools. After follow-up involving faculty and students, the QEP Study Group voted unanimously to approve clinical and community-based interdisciplinary teamwork as our topic and the Council of Deans endorsed the following:

We will develop interdisciplinary teamwork experiences in the hospitals, clinics, and community to promote mutual understanding of disciplinary roles, collaboration in planning patient care, joint accountability for decision making and outcomes, and the benefits to the patient and the community of interdisciplinary collaboration.

Students will develop skills and gain experiences working collaboratively across cultures with patients, patients’ families, other healthcare professionals, and community-based providers to enhance patient care and wellness.

Classrooms, clinics, hospital settings, and simulation laboratories currently offer a number of opportunities for Interdisciplinary teams and Interprofessional learning. In these settings, students learn three things apart from specific medical content: how interprofessional decisions are made, how treatment plans are negotiated, and how uncertainty is professionally resolved. Students state that this type of approach provides...
Thursday, April 26, 2007

UCSF Works to Expand Interprofessional Education
By Camille Mojica Rey

Ever since the Institute of Medicine in 2000 called on educators to improve patient safety by producing graduates who were trained to provide patient-centered care and to work in interdisciplinary teams, universities across the country have been grappling with the barriers to health sciences education.

Both faculty and students at UCSF have recognized the need for such interprofessional education. In response, educators from UCSF’s schools of dentistry, medicine, nursing and pharmacy are working together to bring interprofessional experiences to their students’ curricula.

Breaking Barriers

“Traditional health professions’ education has meant that students are taught in isolation from one another,” said Dorrie Fontaine, associate dean of academic programs in the UCSF School of Nursing. “We’re trying to break down some of those barriers,” she explained. “And, when we do, our students will be better educated and their patients will be better cared for.”

At UCSF, those barriers range from the mundane to the philosophical, said Helen Loeser, associate dean of curricular affairs in the UCSF School of Medicine. “The biggest difficulties are really about logistics,” Loeser said. She pointed to the limited amount of classroom space, the different academic schedules of each school and the fact that students enter these programs with varying levels of education and experience. “It will take a certain amount of creativity and some funding for faculty leadership and curricular innovation to overcome these obstacles,” Loeser predicted.

Loeser and her colleagues have been working with students to develop creative ways of enriching current curricula. In September, they hosted the first-ever Interprofessional Education Day and, in February, worked with the Work-Life Resource Center and Students for Interprofessional Learning on the first interprofessional seminar. Thanks to the strong turnout of 70 students, a second lunch-time seminar has been scheduled for September 17.

Also in the works are two scenarios that are being developed by an interprofessional group of UCSF faculty. Together, these faculty members attended a program for health professions educators at Harvard University’s Harvard Macy Institute. The group is currently writing scripts for two scenarios and designing one hour’s worth of curriculum that will accompany each one.
Research Funding Available for Health Sciences Predoctoral Students

Applications are now being accepted for the 2009-2010 summer and year-long programs

Click here for the quick fact sheet

or here for more detail about the TL1 predoctoral clinical research training program

CHAUTAUQUA 2008

MONDAY SEPTEMBER 22 - 5-7 PM
HOGNESS AUDITORIUM

Students entering all Health Sciences Schools attended the
Interprofessional Education

Mission

To assure that all Creighton University health professions graduates possess the knowledge and skills that enable them to work collaboratively with other health professionals to provide safe, high quality, patient-centered care.

Definition of Interprofessional Education

Interprofessional educational experiences address team building and collaborative interprofessional care and involves students, faculty, and other members of different health professions in a variety of settings, including shared teaching and learning environments.

Goals

Create an atmosphere of commitment to interprofessional practice, education, and research in the Creighton University Health Science Schools.

Foster and facilitate faculty development, implementation, and maintenance of interprofessional education, practice, and research.

All Creighton University health professions graduates will know and understand:

- The professional competencies specific to different health professions
- Different health professionals' perceptions of their responsibilities to patients and their relationships with other professions
- How members of other professions interact with patients
- Team building and team dynamics, including leadership skills
The Center for Interprofessional Education promotes interprofessional educational opportunities that advance teamwork and result in improved health care.

Center Launches Newsletter

The Center published its first newsletter blog on July 2, 2008.

Get on interprofessional news from the Center and from the AHC Schools/Colleges delivered to you by subscribing to our email newsletter or adding our blog to your RSS feeds.

The Center for Interprofessional Education is a part of the University of Minnesota Academic Health Center’s Office of Education, which promotes excellence in learning through the support of AHC educational programs.
The Constant: The Students

CHIP Student Center

What's Inside
Welcome
CHIP Student Lounge
Services for Students
Student Committees
Leadership Councils
CHIP Staff
Opportunities for Faculty and Staff
Alumni
FAQ
2008-2009 Executive Council
Calendar of Events

CHIP Student Center
University of Minnesota
1-425 Moos Tower
515 Delaware Street SE
Minneapolis, MN 55455
612-625-7100 (phone)
612-626-5554 (fax)

A One Stop One Stop
Office of Education

What's Inside

What is CLARION?

CLARION is a student-driven, staff/faculty-advised committee housed within the CHIP Student Center. CLARION creates and conducts co-curricular, interprofessional experiences for U of MN Academic Health Center students based upon the Institute of Medicine's report "Six Aims for a New Healthcare System."

CLARION focuses on the professional development of AHC students and includes lessons in leadership, teamwork, communication, analytical reasoning, conflict-resolution, and business practices. Participation in CLARION leads students to a more sophisticated understanding of the healthcare system in which they will practice.

The organizational structure of the CLARION student board models the type of interprofessional equality and collaborative leadership which will be needed to effectively solve the current healthcare system challenges. The interactions which occur among students lead to critical learnings; the most prominent being that many fundamental biases about other professions are firmly rooted before students enter the health professions workplace. Hence, the primary goals of the organization are for participants to develop an understanding and appreciation of the skills that each profession brings to the healthcare team and to develop positive relationships which will extend into their professional careers.

CLARION's Mission Statement

CLARION empowers healthcare professional students to work together to build a better healthcare system. We strive to improve patient safety and the quality of care through the promotion and development of interprofessional leadership, teamwork, and communication.

Pillars of CLARION:
Leadership
Interprofessional Teamwork
Communication
TeamSTEPPS™: National Implementation

About TeamSTEPPS

TeamSTEPPS is a teamwork system designed for health care professionals that is:

- A powerful solution to improve patient safety within your organization.
- An evidence-based teamwork system to improve communication and teamwork skills among health care professionals.

National Implementation of TeamSTEPPS

About the TeamSTEPPS National Implementation Project

AHRQ and the Defense Department have teamed to build a national training and support network called the National Implementation of TeamSTEPPS Project.

Team Strategies and Tools to Enhance Performance and Patient Safety

TeamSTEPPS Training Eligibility

Until August 2000, AHRQ and DoD are offering free TeamSTEPPS Master Trainer preparation training sessions to individuals from eligible organizations.

Are You Ready for TeamSTEPPS?

Use the TeamSTEPPS Readiness Assessment Tool to determine your organization’s readiness to begin implementing the TeamSTEPPS process.

TeamSTEPPS Tools and Materials

TeamSTEPPS is presented in a multimedia format, with tools to help your health care organization plan, conduct, and evaluate its own team training program.

Want to know more about TeamSTEPPS?

Contact us at: TeamSTEPPScontact@air.org
The IHI Open School for Health Professions....
Free courses and community for future healthcare leaders

First-time visitor? Read the **overview** or **get started**.

What's the IHI Open School?
Donald Berwick, IHI's president and CEO, explains.

See more videos

Don't Miss This

Courses
Free courses in quality improvement and patient safety.

Newsletters

IHI Open School Blog
Interprofessional Education (IPE): Finding Our Way Forward 35 Years after the First IOM Report

Madeline H. Schmitt, PhD, RN, FAAN, FNAP
Professor Emerita
Jordan J. Cohen Lecture
AAMC Annual Meeting
November 3, 2008
All Together Better Health IV Conference concluded successfully on June 5th 2008. Thank you all for participating and for your encouraging and positive feedback.

We are pleased to inform you that we have uploaded photos from the conference. Enjoy!

(Pictures - Linköping 4 June, click here)
(Pictures - Stockholm 2, 3, 5 June, click here)

Thank you for your participation once again and we hope to see you in the 5th All Together Better Health Conference in Sydney, Australia in 2010. More information will be provided in near future.

Best regards on the behalf of the Organization Committee,

Ester Mogensen
Tomas Faresjö
Sari Ponzer

For membership application please go to the InterEd Website sign up.
Journal of Research in Interprofessional Practice and Education

The Journal of Research in Interprofessional Practice and Education (JRIPE) is an open access journal that disseminates theoretical perspectives, methodologies, and evidence-based knowledge to inform interprofessional practice, education, and research to improve health care delivery, quality of care, and health status for individuals, families and communities.

The journal adopts the CAIPE definition of Interprofessional Education as “occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care” (CAIPE, 1997 revised). Occasions for this kind of interactions among professionals include but are not limited to professional contacts within and between specific health or educational agencies, and community contexts. Interactions among professionals from the same profession are also within the scope of the journal when their analysis contributes to understanding and/or providing the evidence for the processes involved in interprofessional practice and education (IPE).

The journal supports IPE knowledge development through sound methodology and experimentation. A central premise of the journal is that there can be no sound experiment without adequate data, and no adequate data without sound theories to guide their collection. In turn IPE theories should aim at explaining how IPE works based on testable assertions and hypotheses.

The mainstay of the journal is:

1) To improve understanding of the processes involved in IPE and how they are linked to specific outcomes defined at the level of the patient, the family, the health care team, the health care organization, and the community level;

2) To stimulate the development of the evidence related to these processes;

3) To facilitate knowledge exchange between those who fund and conduct research, and those
Collaborating Across Borders II

"Building Bridges Between Interprofessional Education and Practice"

May 20 - 22, 2009
Halifax, Nova Scotia, Canada

Collaborating Across Borders II (CAB II) is the second Canada-United States joint conference focusing on an exploration of common issues around interprofessional education and practice. CAB II will facilitate a discussion of interprofessional education, practice and policy in an international context. It will feature best practices, provide evidence that supports efforts, showcase outcomes, describe lessons learned, and provide a venue for scholarly dialogue and productive networking.

The conference theme, Collaborating Across Borders II: Building Bridges Between Interprofessional Education and Practice, reflects the importance of establishing relationships and networks to promote the further development of interprofessional health education and practice. The meeting will be held in Halifax, Canada, May 20-22, 2009 and will involve numerous concurrent sessions and poster presentations over the three days.

Please click here for more information about the conference.
## The Canadian Initiative

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002 Nov</td>
<td>Commission on the Future of Health Care in Canada</td>
</tr>
<tr>
<td>2003 Feb</td>
<td>First Minister’s Accord</td>
</tr>
<tr>
<td>2003 July</td>
<td>The NEC and Interprofessional Education for Patient Centred Practice</td>
</tr>
<tr>
<td>2005</td>
<td>Health Canada: 21 IECPCP Initiatives</td>
</tr>
<tr>
<td>2006</td>
<td>Health Canada: The CIHC</td>
</tr>
<tr>
<td>2007</td>
<td>Health Canada: Committee on Health Education</td>
</tr>
</tbody>
</table>

Provided by John Gilbert, CIHC
21 IECPCP projects across Canada
CIHC: Major Foci

- Identifying and sharing best practices in interprofessional education and collaborative practice.
- Working with education and health policymakers to build a more patient-centred approach to health care delivery.
- Coordinating and disseminating learnings from the various Health Canada funded projects.
- Establishing CIHC as THE Canadian organization for Interprofessional Education for Collaborative Patient Centred Practice.
Establishing the Canadian Interprofessional Health Collaborative

The Logic Model

Inputs
- $ from Health Canada
- Knowledge from IECPCP projects
- In-kind contributions from health & education in provinces and territories
- Secretariat to support activities

Activities
- Face-to-face & teleconference meetings
- Website
- Two annual conferences
- Communications to target groups
- Knowledge exchange

Outputs
- National framework, tested & validated
- Standardized measurements across jurisdictions
- Consistent policy messages to health & education
- Knowledge translation

Immediate Outcomes
- Information hub
- New knowledge: evidence-based tools, models
- Improved training of health professionals
- More collaborative practice across system

Intermediate Outcomes
- Changes to policy in health & education
- Efficiencies in health system
- Improved health human resources e.g. - recruitment & retention
- More research

Final Outcomes
- Health system transformation
- Empowerment of patients
- Improved patient care - safety, access, etc

Ultimately: Improved health for Canadians
May 2007
Responses to Call

127 Proposals

71 Canada
55 United States
1 United Kingdom
US Examples

“Introducing Interprofessional Education Across Campus: The MUSC IPE Day”

“Interprofessional Education Day at UCSF”

“IPE: A Tool Kit to Get Started”

“IPE Course Evaluation: An Evolving Process”
Canadian proposals

- Higher education / health systems networks
- Comprehensive curriculum mapping with competencies
- Only collaborative practice proposals (16)
- Many evaluation studies with sophisticated design
- DATA
Emerging integrated IPE Competencies

- Interpersonal and Communications Skills
- Patient Centered and Family-Focused Care
- Collaborative Practice, including:
  - Collaborative Decision Making
  - Professional Roles and Responsibilities
  - Team Functioning
  - Continuous Quality Improvement

What does IPE look like on the ground at UMN?

- Managing a history and legacy of many overlapping and duplicative individually funded grant programs (HHS / DOE / USDA, foundations)
- Continuing multiple courses, activities, experiential education
- Working to focus on clinical and translational science with a strong link to education
- Intentionally positioning programs at a systems level – e.g., new AHEC, new CTSI
- Directing resources to community-campus partnerships to develop and test collaborative practice
- Supporting a liaison between AHC, Extension, CEHD
- Periods of *intense* progress in change: We are in one now.
- Bottom line: Work locally to develop a system for linking interprofessional education and collaborative practice
Root Cause Analysis

- Each situation has its own history rooted in the past but tied to our national legacies.
- Move from “evidence base” justification for not connecting IPE and new models of care: We can’t measure what we haven’t done.
- Reframe “barriers” to systems failures
- Apply quality principles to link education and practice
- Conduct a root cause analysis
- Move beyond the culture of blame
- Place national incentives to drive new models of education linked to practice
  - Accreditation
  - Funding / Incentives
  - Link to health care reform discussions – recognize the continuum of education is part of the problem and must be part of the solution
  - Learning collaboratives
Teamwork is not a destination.
IPE: Opportunities for Community-Campus Partnerships linked to Health

- Integrated Health care & Higher Ed System Transformation
- Improved Health and Learning Outcomes
- Driving Costs Out of Systems
- Community Health Outcomes
- Workforce Development
- Access to care
- Patient Safety/Quality
- Teamwork
- Getting to know each other

University of Minnesota
## Walker Transitional Care Unit
### Annual Average Rotating Learners

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PharmD Students</td>
<td>11</td>
</tr>
<tr>
<td>Family Medicine Residents</td>
<td>7</td>
</tr>
<tr>
<td>Medical Students</td>
<td>3</td>
</tr>
<tr>
<td>Gerontological NP students</td>
<td>9</td>
</tr>
<tr>
<td>Dental fellows, students &amp; hygienists</td>
<td>67</td>
</tr>
<tr>
<td>Chiropractic faculty &amp; students</td>
<td>3</td>
</tr>
</tbody>
</table>
TCU Care Outcomes: Re-admission Rates

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total admissions to TCU from hospital of patients ≥ 65 years of age whose length of TCU stay exceeded 48 hours</td>
<td>190</td>
<td>176</td>
</tr>
<tr>
<td>No. of hospital readmissions (% of total TCU admissions*) whose TCU stay exceeded 48 hours before hospital readmission and readmissions was not scheduled for procedure</td>
<td>32 (16.8%)</td>
<td>23 (13.1%)</td>
</tr>
</tbody>
</table>
## TCU Length of Stay

<table>
<thead>
<tr>
<th>Unit</th>
<th>Mean Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interprofessional Team</td>
<td>20.4 days</td>
</tr>
<tr>
<td>Traditional Care</td>
<td>27.0 days</td>
</tr>
<tr>
<td>All Participants</td>
<td>23.8 days</td>
</tr>
</tbody>
</table>
## TCU Total Charges

<table>
<thead>
<tr>
<th>Unit</th>
<th>Average Total Per-Patient Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interprofessional Team</td>
<td>US $12,001</td>
</tr>
<tr>
<td>Traditional Care</td>
<td>US $14,298</td>
</tr>
<tr>
<td>All Participants</td>
<td>US $13,195</td>
</tr>
</tbody>
</table>
### 2003 – 2008 Medical, Nursing, and Pharmacy Student Evaluations

**N = 81**

<table>
<thead>
<tr>
<th>1 - poor; 2 - fair; 3 - good; 4 - very good, 5 - excellent</th>
<th>Pharmacy</th>
<th>Nursing</th>
<th>Medicine</th>
<th>All Disciplines</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was able to participate as a member of an interprofessional care team.</td>
<td>4.8</td>
<td>4.4</td>
<td>4.6</td>
<td>4.7</td>
</tr>
<tr>
<td>Geriatrics principles of care were emphasized during this rotation.</td>
<td>4.8</td>
<td>4.9</td>
<td>4.6</td>
<td>4.8</td>
</tr>
<tr>
<td>Members of the faculty team were readily accessible to me.</td>
<td>4.6</td>
<td>4.7</td>
<td>4.6</td>
<td>4.6</td>
</tr>
<tr>
<td>I had adequate patient contact during this rotation.</td>
<td>4.5</td>
<td>4.7</td>
<td>4.6</td>
<td>4.6</td>
</tr>
<tr>
<td>My interest in providing geriatric care improved during this rotation.</td>
<td>4.4</td>
<td>3.9</td>
<td>4.6</td>
<td>4.3</td>
</tr>
<tr>
<td>Average scores by disciple</td>
<td>4.6</td>
<td>4.5</td>
<td>4.6</td>
<td>4.6</td>
</tr>
</tbody>
</table>
Compared to traditional care, annual savings $459,400 BUT TO WHOM????
New Opportunities

- Clinical and Translational Science
- Health Home
- Health Informatics Initiatives
- Need for policy changes because of economics
- Workforce shortages, maldistributions, need to right size
- More advanced and cross training
  - Practicing at the top of the license
- The Constant: The Students

Need for a new “IOM” report: Who is going to lead these efforts to link education to new models of care?
Think Bold

- Face the realities of our old & crumbling policies in higher education & health care
- Create healthy *new* alliances with federal agencies, public and private entities
- Adopt common definition, goals, and IP competencies
- Align incentives for interprofessional education with the new and emerging health care realities
- Develop bold logic models that link IPE with IPP across the learning continuum
- Build in systems of evidence collection
- Develop new models of IP leadership
Emerging Leader in IPE

- Leadership development
- IP culture worker
- Systems change
- Apply theory / research to practice
- Polarity Management
- Broad understanding: educational design, organizational and intraorganizational development, health care, systems thinking
- Ability to work with policy at all levels – curriculum committees, Regents level, health systems boards, state and national
- Piece together all resources in a system linking education and health – local, state, regional, national, foundations
- Cross-functional teams: human, financial, informatics, intellectual
- Be strong
Thanks to past and present role models, mentors and supporters

- Frank Cerra
- John Gilbert
- Mattie Schmitt
- Don Weaver
- Jimmy Mitchell
- Jordan Cohen (Pharmacy, University of Iowa)
- Dan Bloomfield – author, *Keys to the Asylum*