

PRACTICE BURST #3: DESIGNING EFFECTIVE LEARNING EXPERIENCES FOR POPULATION HEALTH IMPROVEMENT



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ALIGNMENT LESSONS: MONKS, WINDOWS, JEDI, AND CARROTS



ATTRIBUTIONS & DISCLAIMERS

1. All *examples* incorporated into the DESIGN practice burst come from the UCSF Program on Interprofessional Education (but not necessarily the speaker's work).
2. Participants who have *experiences* that complement those presented in the DESIGN practice burst should feel free to enhance the session by sharing this information widely.
3. All *opinions* expressed in the DESIGN practice burst are well-reasoned and insightful. Needless to say, they are not those of UCSF or the profession of pharmacy.



What you (should) already know...

- How to plan for IPE that improves collaboration with communities on population health (SUSTAINABILITY)
- How to build learning experiences upon IPEC's core competencies for collaboration that improves population health (CHECKPOINTS)

What we will discuss today...

- How to outline learning activities for both faculty and students that will assist in using IPE to influence population health

What you should be able to do (within 2 years) after the session...

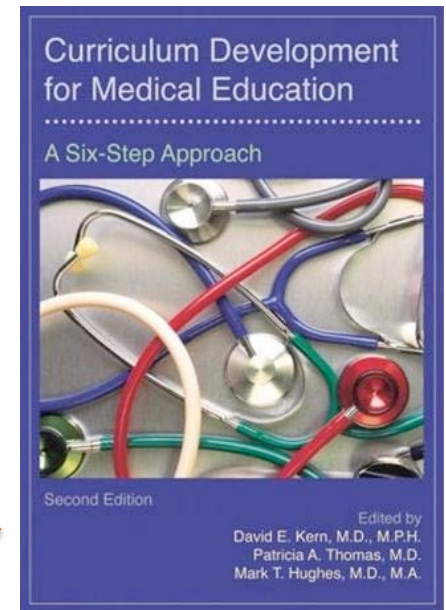
- Implement faculty development in population health at one's home institution(s)
- Create co-curricular learning opportunities for students in both classroom and community settings

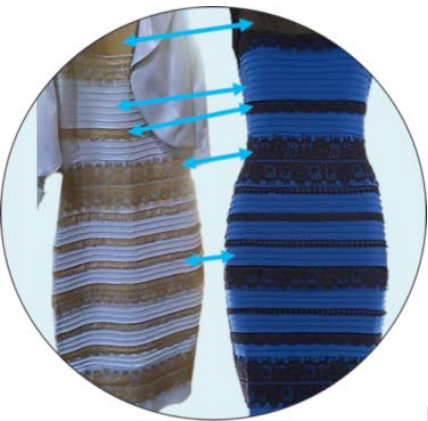
WHAT I'VE BEEN ASKED TO DISCUSS

- Training health professionals faculty to work as communities
- Developing collaborative skills as a faculty/partner team
- Preparing students for IPE work in population health settings
- Engaging community partners to guide and mentor students in IPE
- Crafting a timeline for enacting the curriculum/activities
- Identifying shared content (curricular mapping) for potential optimization and development of IPE cross-listed courses
- Identifying online learning opportunities
- Developing community health assessment activities for building subsequent work on evidence of health needs
- Building students' cultural competency for working with individuals in underserved and vulnerable communities
- Sketching out/reviewing learning objectives of planned activities
- Determining expected outcomes that are shared across student disciplines
- Identifying content and matching teaching methods to the audience activities
- Addressing costs/funding issues juggling logistics, and optimizing human capital
- Assessing the time availability to undertake the activities
- Building sustainability in one's program by working closely with community partners to meet their health needs
- Integrating effecting learning principles

CAUTION

- Things that make team-based care challenging *also* make designing community-engaged IPE challenging
 - Culture
 - Logistics
 - Power dynamics
 - Little resource available for M&E
 - Lack of/low awareness of shared frameworks





The Kern Model

1. Problem Identification & General Needs Assessment
What is the health care problem that needs to be solved?
What are the current vs. ideal approaches?

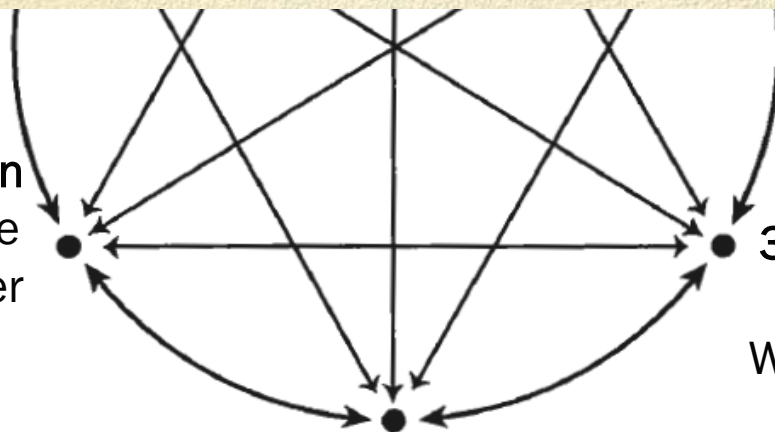
6. Evaluation & Feedback
Did it work?

2. Needs Assessment of Targeted Learners
What do your students need? What does your community partner need?

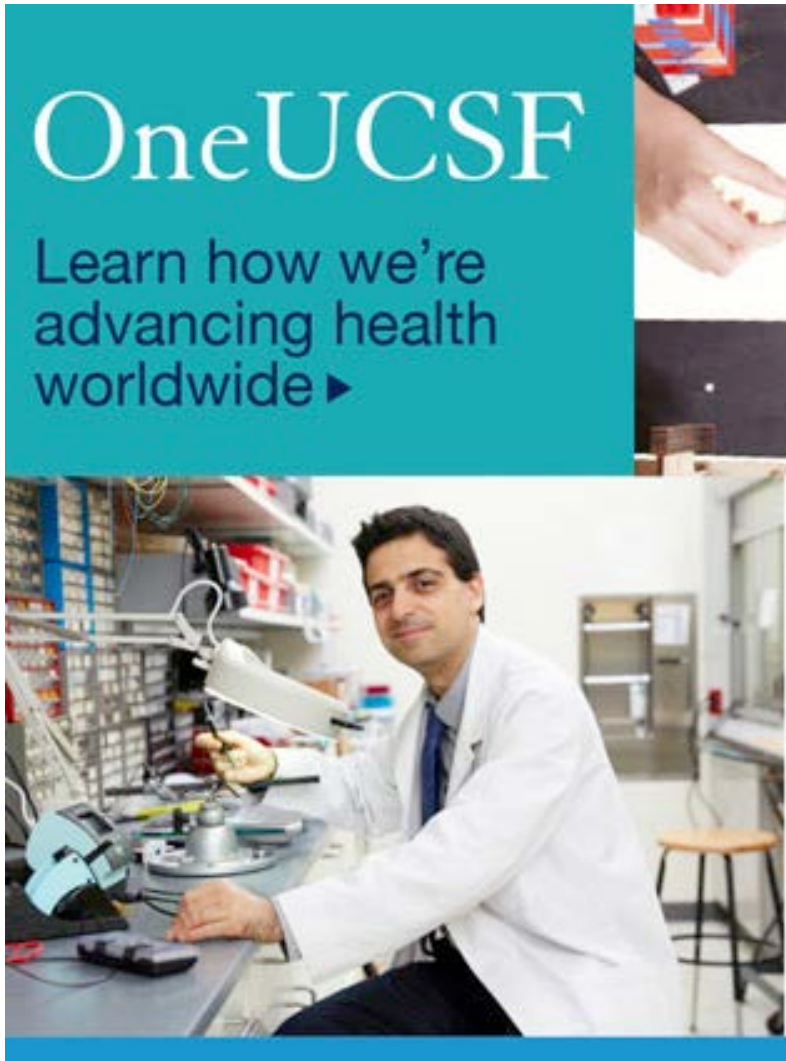
5. Implementation
What resources are necessary to deliver this curriculum?

3. Goals and Specific Measurable Objectives
What are the goals and specific, measurable objectives?

4. Educational Strategies
What teaching and assessment methods are best suited to your objectives?

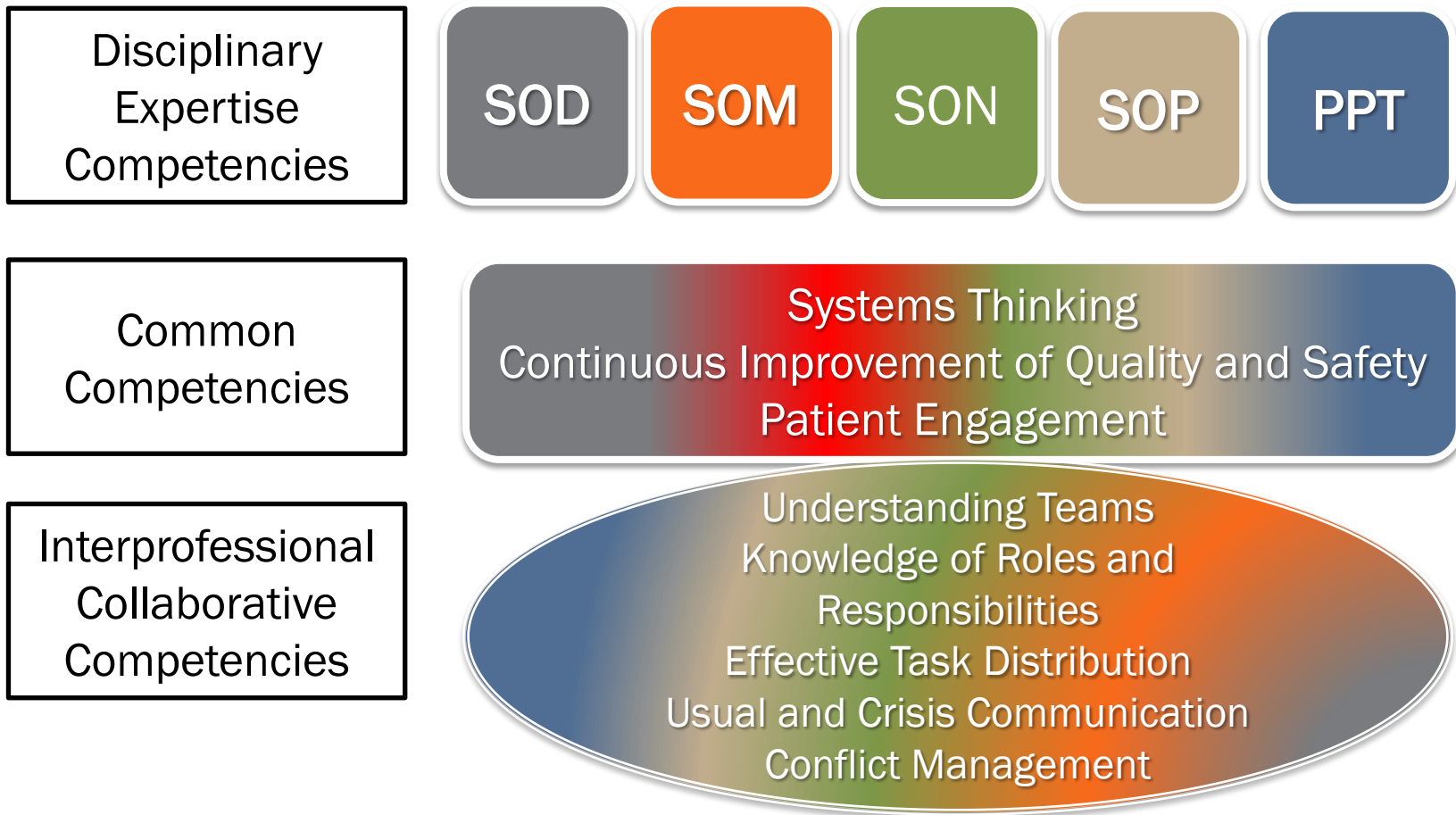


BACKGROUND



- **5 health professions programs**
 - Dentistry
 - Medicine
 - Nursing
 - Pharmacy
 - Physical Therapy
- **Modest central support for IPE**
 - Led from within schools
 - Includes simulation center
- **Serendipitous alignment of accreditation windows**
- **AMA grant to SOM for curricular transformation**

UCSF FRAMEWORK FOR IPE



“TEACHING MONKS TO USE INHALERS”

Clinical Review & Education

Special Communication

Medical Education

Part of the Problem and Part of the Solution

Catherine Reinis Lucey, MD

Medical education today is pedagogically superb, but the graduates of our educational programs are still unable to successfully translate decades of biomedical advances into health care that reliably meets the Institute of Medicine quality criteria. Realizing the promise of high-quality health care will require that medical educators accept that they must fulfill their contract with society to reduce the burden of suffering and disease through the education of physicians. Educational redesign must begin with the understanding that the professional identity of the physician who was successful in the acute disease era of the 20th century will not be effective in the complex chronic disease era of the 21st century. Medical schools and residency programs must restructure their views of basic and clinical science and workplace learning to give equal emphasis to the science and skills needed to practice in and lead in complex systems. They must also rethink their relationships with clinical environments so that the education of students and residents accelerates the transformation in health care delivery needed to fulfill our contract with society.

JAMA Intern Med. 2013;173(17):1639-1643. doi:10.1001/jamainternmed.2013.9074
Published online July 15, 2013.

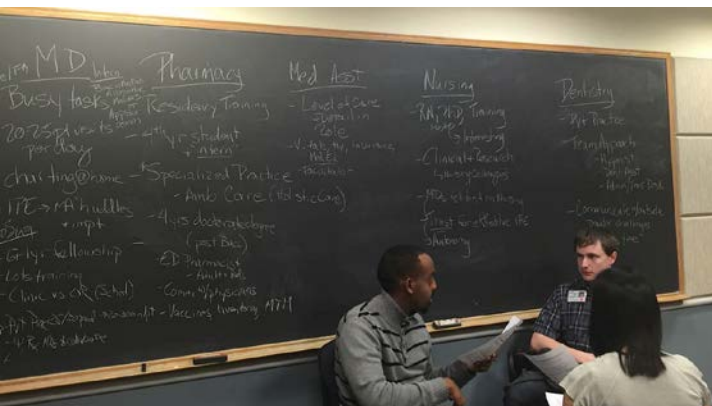
Author Affiliation: University of California, San Francisco, School of Medicine.

Corresponding Author: Catherine Reinis Lucey, MD, University of California, San Francisco, School of Medicine, 521 Parnassus Ave, Rm C-254, San Francisco, CA 94143-0410

UCSF BRIDGES TO HIGH QUALITY HEALTH CARE

1. Adoption of shared IPE Graduation Milestones

- Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served.
- Communicate with other health professionals in a responsive and responsible manner that supports a collaborative approach to the maintenance of health and the treatment of disease in individual patients and populations.
- Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust.



UCSF BRIDGES TO HIGH QUALITY HEALTH CARE

2. Principles of Interprofessional Practice curriculum

- Core interprofessional concepts
- Roles, responsibilities, and abilities of different professions
- Communication, accountability, and task distribution
- Conflict management and negotiation
- Leadership and membership

**Formative
assessment -
Interprofessional
Standardized
Patient Exercise
(ISPE)**



TEACHABLE MOMENTS

- **Community-based IPE projects done across year 1 of the program**
 - + student initiated
 - + projects linked to local need
 - no dedicated time
 - groups vs teams
 - M&E very difficult (n=60)
 - +/- no institutional memory



Colley P, et al. MedEdPORTAL Publications; 2012.
Available from: <https://www.mededportal.org/publication/9284>
http://dx.doi.org/10.15766/mep_2374-8265.9284

BRIDGES - NEXT STEPS

3. Implementation of an IPE Passport system for exposure and immersion Activities

Points awarded based on:

- # of Health Professions Learners Involved
- # of Sessions/Activities
- Faculty Qualifications in IPE
- Explicit IP Learning Objectives
- Coverage of IP Graduation Milestones
- Reflection on IP Learning
- Assessment of IP Learning



4. Development and implementation an interprofessional OSCE focused on telehealth provision

JEDI MIND TRICK



THE COURSE CATALOG

At UCSF, courses submitted for consideration of *interprofessional* status in the course catalog must meet all of the following criteria:

- ✓ The course must specify an explanation for the request for interprofessional status
- ✓ The course must include learners from at least two professions and these should be specified
- ✓ The prerequisites, if any, for the course should not be specific to one profession
- ✓ The course must be the result of a participatory collaboration among faculty representing two or more professions
- ✓ At least one of the course objectives should be related to interprofessionalism



SPEAKING THE SAME LANGUAGE

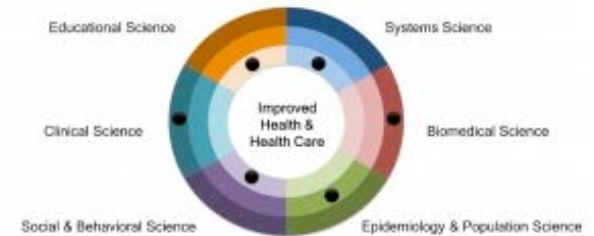


Dan Lowenstein, MD

Executive Vice Chancellor and Provost
Professor of Neurology

[UCSF Profile](#)

Physician Scientist

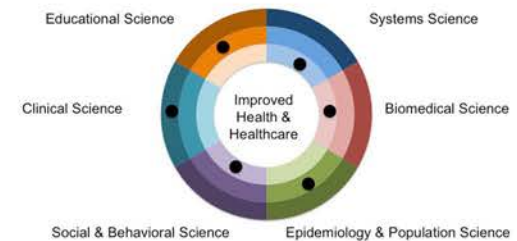


Conan McDougall, PharmD, MAS

Associate Professor of Clinical Pharmacy
Director of Infectious Diseases Pharmacy Residency

[UCSF Profile](#)

Clinical Educator



USING THE SAME TOOLS



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Powering Healthcare Education



SLIPPING THROUGH OPEN WINDOWS

BRIDGES
CURRICULUM

UCSF Bridges @ucsfbridges · Feb 4

The six areas of Inquiry as part of the new UCSF Bridges curriculum. #meded #changemeded



← ↻ 5 ★ 2 ...

[View more photos and videos](#)

Underdeveloped areas:

- Diversity
- Equity
- Quality improvement
- Safety
- Sustainability
- Value

Teaching to Choose Wisely

Crowd-sourcing innovative approaches to prepare clinicians to implement and develop educators to teach the principles and practice of healthcare value

The UCSF [Center for Healthcare Value \(CHV\)](#) is sponsoring awards to faculty, staff and trainees for collaborative proposals responsive to two priority areas outlined by the [CHV Training Initiative](#):

- Preparing clinicians to recognize and appropriately implement high-value, cost-conscious decisions
- Developing educators with focused expertise in teaching the principles and practice of healthcare value

The CHV will select up to 3 one-year projects that have the greatest potential to meet the intended goals of the two priority areas.

PRIORITIZING FACULTY DEVELOPMENT

The image is a screenshot of the UCSF Faculty Development website. At the top, the UCSF logo and 'University of California, San Francisco' are on the left, and 'About UCSF', 'Search UCSF', and 'UCSF Medical Center' are on the right. Below this is a navigation bar with 'Home', 'Faculty Development' (highlighted in green), 'Consultation & Services', 'Educational Research at UCSF', and 'Outcomes & Success Stories'. A search box is on the right of the navigation bar.

The main content area features a banner for 'Medical Education Research and Development in Medical Education'. Below this is a sidebar with 'Faculty Development' and several menu items: 'Educational Skills Workshops', 'Teach for UCSF Certificate Program' (selected), 'Program Details', 'Accelerated Path to Teach for UCSF Certificates', 'For Departments & Committees', 'Teaching Scholars Program', and 'Advanced Education Programs'.

The main content area is titled 'About the Teach for UCSF Certificate Program'. It describes the program's purpose and lists certificate themes:

- [General Teaching](#): skills for classroom-based teaching in a health sciences setting.
- [Clinical Teaching](#): skills for teaching in a clinical environment.
- [Simulation Teaching](#): skills for teaching with simulation.
- [Interprofessional Teaching](#): coming in 2015

The 'Interprofessional Teaching' item is circled in red. Below this is a 'Goals' section stating the program aims to provide an accessible way for faculty and trainees to improve their educational skills.

On the right side, there is a quote: 'Improve the quality and depth of the teaching skills of UCSF faculty.' Below the quote is a 'Teach for UCSF Links' section with several links: 'Program Details', 'Enrollment Form', 'Accelerated Path to Teach for UCSF Certificates March 29', 'UCSF Educational Skills Workshops', and 'Continual Professional Learning Space'.

AAMC Leads Teach for Quality (Te4Q) Training at UCSF



UCSF is one of 13 Te4Q Sites. Photo credit:www.aamc.org

On January 12-13, 2015, UCSF hosted Drs. Dave Davis and Jennifer Myers, faculty from the **Association of American Medical Colleges**, to lead a day and a half-long workshop on **Teaching for Quality (Te4Q)**. Participants included faculty champions of education, patient safety, and quality improvement. This was a timely opportunity, endorsed by Vice Dean **Catherine Lucey, MD** to build learning in quality improvement and patient safety within the new **Bridges Curriculum**.

SUPPORTING INNOVATION

University of California San Francisco

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 The Haile T. Debas Academy of Medical Educators
UCSF Program in Interprofessional Education
UCSF Library & Center for Knowledge Management

UCSF Open Proposals

 Powered by CTSI

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Innovations Funding for Education 2015

A collaborative call for proposals to create innovative approaches to teaching and learning at UCSF

The Haile T. Debas Academy of Medical Educators, the UCSF Program in Interprofessional Education and the UCSF Library and Center for Knowledge Management are pleased to announce **18 new Education Innovations Funding awards** for the 2015-2016 academic year. These intramural grants are expected to make significant contributions to curricular and educational excellence at UCSF.

This call, a collaboration by programs that fund education innovations addressing a range of priorities in education of students and trainees at UCSF, resulted in an unprecedented crop of strong proposals. We thank all faculty who submitted proposals and/or contributed to the development of proposals with their comments.

- + **September 26 - October 16: Open Submission Phase**
- + **October 17 - November 18, 5:00 PM: Open Improvement Phase**
- + **November 19 - March 1, 2015: Review Phase**
 - **March 4, 2015: Awards Announced**
 - **July 1, 2015 - June 30, 2016: Implementation Phase**

Proposals (62 total)

1

2

3

4

5

next >

last »

This Opportunity

- ? **Questions?** Contact Kathleen Land
- 👁 Follow all proposals
 - > Most Commented Proposals
 - > Awards
 - > Summary of Proposals

My Proposals

- > Proposal submission phase is closed.

Proposal Types

Seed Project **Full Proposal**

Latest Comments

Carolyn Slaughter on: Interprofessional screening and healthcare after...



CALL FOR MEMBERSHIP APPLICATIONS

The [Haile T. Debas Academy of Medical Educators](#) is pleased to announce the 2015 call for membership applications.

The Academy's vision is to promote an educational climate that accelerates advances in teaching and learning, champions educator careers and improves health. Academy members serve as mentors to faculty, residents, students and other teachers interested in developing as educators. They assist courses, clerkships and departments in strengthening their teaching and education programs as requested. Members actively participate in Academy governance, programs and events and further our [mission](#) throughout the broader teaching community.

The Academy's 110 members currently represent seven core UCSF teaching sites and 21 of 28 clinical and basic science departments in the School of Medicine. The membership ranges from assistant to full professor, and includes ladder, in-residence, clinical X, clinical, adjunct and emeritus faculty. Please visit the Academy's [Directory](#) to learn more about our members and their roles and activities at UCSF.

The Academy is pleased to announce a pilot with the wider professional programs at UCSF (Dentistry, Nursing, Pharmacy, and Physical Therapy), as a way to foster our goals for, and grow experience in, interprofessional education. These programs may choose to partner with the Academy and propose applicants for consideration of membership for the 2015 and 2016 calls. The applicants will undergo the same competitive rigorous application and selection process as those from the School of Medicine, including working with an Academy coach to determine readiness and preparation for application.

About the Application

Completed applications include:

- (1) An **application checklist**
- (2) A **personal statement**
- (3) An **Educator's Portfolio**
- (4) Your department chair's **letter of support**
- (5) **Additional letters of support** as required of applicants in Mentoring and Advising and Educational Leadership

The **Educator's Portfolio** showcases achievement in up to five educational

DOUBLE DIPPING

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Collaboration and Communication in Healthcare: Interprofessional Practice

Interprofessional collaborative practice is key to safe, high quality, accessible, patient-centered care. This course aims to introduce health professions learners to the fundamental principles and skills for effective interprofessional collaborative practice.



About the Course

Interprofessional collaborative practice is essential to the provision of safe, high quality patient-centered care. This course will introduce health professions learners to the concept of interprofessional collaborative practice and the evidence base that supports its effectiveness. In order for learners to better understand the professionals with whom they will collaborate, specific modules will focus on the roles of various healthcare professionals, their scope of practice, and settings in which they work. Additional modules will focus on communication strategies and tools for effective interprofessional collaborative practice and learners will practice to gain competence in interprofessional communication, conflict management and negotiation. Finally, the course will introduce the concepts of leadership and membership and explore leadership and membership strategies to promote effective interprofessional teamwork.

Sessions

May 11, 2015 - Jun 14th 2015 ▾

Join for Free!

Earn a Verified Certificate

Eligible for

Verified Certificate

Statement of Accomplishment

PRINCIPLES OF INTERPROFESSIONAL PRACTICE

Module 1:

Core IP Concepts

Online Activity:

Define IPE/P, elements of team-based care, impact on quality and safety, facilitators/barriers to IPE/P

In-person Activity:

Understanding patient perspective:
Interview a patient about experience of care; group debrief

Module 2:

Roles & Responsibilities

Online Activity:

Roles and responsibilities of different professions and the patient/family, scope of practice

In-person Activity:

Reflection on roles/training/scope of practice of different healthcare professionals

Module 3:

Communication

Online Activity:
Communication tools and techniques

In-person Activity:
Practice applying team communication tools

Module 4:

Negotiation & Conflict Management

Online Activity:
Types of conflict, conflict style, conflict management, negotiation, and apology

In-person Activity:
Reflect on personal conflict style; application of conflict management skills exercise

Module 5:

Leadership & Membership

Online Activity:
Team leadership and membership styles, leadership stance tools/strategies

In-person Activity:
Leadership self-assessment tool; team observation activity

INVOLVING LEARNERS

Curriculum Ambassadors

Projects

2014 - Bridges

2013

2012

2011 and prior


Proposed Projects for Summer 2015

Last Updated: **March 26th, 2015**

The proposals below provide a summary of the project. Please contact the primary advisor(s) listed if you have any further questions or need more details.

[Application for 2015 is available here](#)

Setting the stage for productive integration of early learners in the clinical workplace: For Students

Primary Advisor(s): [Meg McNamara MD](#) 

This work will inform additional pilots in FPC/CMC workplace learning sessions (e.g. Selectives, possibly preceptorships) for 2015-16, and will serve as important background work for the development of more robust integration of early learners in the clinical workplace starting in 2016-17.

Building on work from previous Curriculum Ambassadors as well as feedback from current Selectives, CAs will develop curriculum materials to prepare students for meaningful integration into the workplace. For the students, this will be core or complementary material for what they will learn in ground school.

There is a tremendous need to determine the needs of the faculty, clinical sites, and students in order for early students in the clinical workplace to be "value-added" since this is the notion upon which this innovation is based. Curriculum Ambassadors will interview faculty, staff, and students from 2014-15 Selective pilots, analyze data from current and past Selectives, and explore new sites to engage early learners in the clinical workplace. This project will determine the range of feasible activities in which students can engage in clinical microsystems. CAs will also help produce curriculum materials that are essential for this effort to succeed.

Looking for: up to 2 medical students

INVOLVING TRAINEES



Pathway to Discovery in Health Professions Education



The Health Professions Education Pathway trains innovators from all health professions fields who promote excellence in teaching, translate theory and novel strategies to the learning environment, and expand knowledge in the field of health professions education.

- **Painting Healthier Smiles –San Francisco Department of Public Health**
- **Patient Voices in Wellness Promotion – San Francisco General Hospital**
- **Cribs for Kids - San Francisco Department of Public Health**
- **Adalente! – the Mission District**



TIPS FOR YOUR WORKSHEET

- + Repetition/Revisit
- + Reward/Reinforcement
- + Visualization
- + Active Engagement
- +/- Stress
- Fatigue
- +/- Multitasking
- + Different Learning Styles
- + Active Involvement
- + Multimedia/Sensory Processes

HOW DID I DO?

- ✓ Training health professionals faculty to work as communities
- ✓ Developing collaborative skills as a faculty/partner team
- ✓ Preparing students for IPE work in population health settings
- ✓ Engaging community partners to guide and mentor students in IPE
- ❑ Crafting a timeline for enacting the curriculum/activities
- ✓ Identifying shared content (curricular mapping) for potential optimization and development of IPE cross-listed courses
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- ✓ Building sustainability in one's program by working closely with community partners to meet their health needs
- ✓ Integrating effecting learning principles

LOOKING AHEAD...

Level 1: Reaction

- Did they LIKE it?

Level 2: Learning

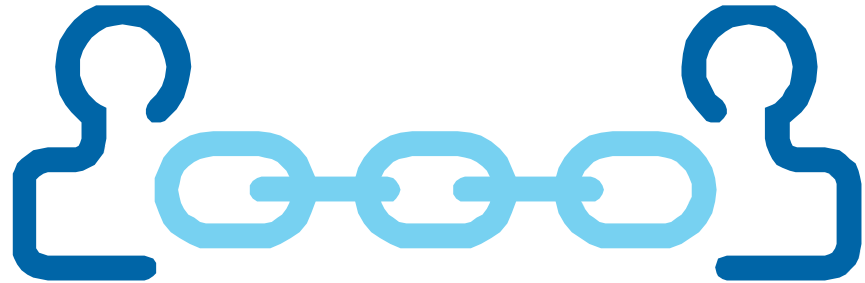
- Did they LEARN it?

Level 3: Behavior

- Do they DO it?

Level 4: Results

- Did they IMPROVE something?



Kirkpatrick D. Evaluating Training Programs, 1994

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