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

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ALIGNMENT LESSONS: MONKS, WINDOWS, JEDI, AND CARROTS
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?

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

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?

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

6. Evaluation & Feedback
   Did it work?

Kern et al, 1998
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

Disciplinary Expertise Competencies
- SOD
- SOM
- SON
- SOP
- PPT

Common Competencies
- Systems Thinking
- Continuous Improvement of Quality and Safety
- Patient Engagement

Interprofessional Collaborative Competencies
- Understanding Teams
- Knowledge of Roles and Responsibilities
- Effective Task Distribution
- Usual and Crisis Communication
- Conflict Management
“TEACHING MONKS TO USE INHALERS”

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.

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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.
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

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

These aren't the data you are looking for...
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](#)

Conan McDougall, PharmD, MAS
Associate Professor of Clinical Pharmacy
Director of Infectious Diseases Pharmacy Residency

[UCSF Profile](#)
USING THE SAME TOOLS
SLIPPING THROUGH OPEN WINDOWS

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

About the Teach for UCSF Certificate Program

The program creates defined educational paths so that individuals can develop focused teaching skills and receive a certificate in recognition of achievement. The program is open to current and future faculty at UCSF and at affiliated institutions (i.e., residents, fellows, volunteer faculty). Participants complete specific sets of UCSF Educational Skills Workshops. Credit toward the certificate is given after demonstration of competence through assessments that are completed during each workshop. Currently, certificate themes include:

- **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

Goals

The Teach for UCSF Program aims to:

- Provide an accessible way for faculty and trainees to discover and pursue an interest in improving their educational skills.
AAMC Leads Teach for Quality (Te4Q) Training at UCSF

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.
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

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
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
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
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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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