



Creating Collaborative Care (C3): Preparing for Interprofessional Education



What is the C3 Initiative?

- Focus is on interprofessional education for MUSC students
- “Enhances MUSC graduates’ abilities to participate as effective team members in interprofessional cooperative health care delivery or research.”



What is Interprofessional Education?

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

- (CAIPE 1997, 2005)



What is Interprofessional Education?

- Promotes active learning with, from, and about others.
- Arises from interaction
- “Does not occur when members of different professions simply listen to the same presentation together or independently access common learning materials.”

- (CAIPE 2005)



Why Do We Need Interprofessional Education?

- *To Err is Human* (1999) - decentralized nature of health care as contributing to medical errors.
- *Health Professions Education: A Bridge to Quality* (2003) – emphasis on interprofessional teams in education.
- CTSA – Enhances translational research efforts



How Did We Arrive at C3?

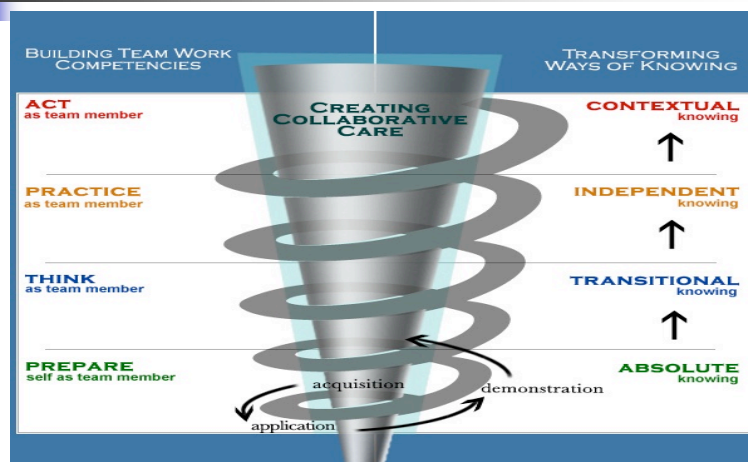
- MUSC history of several IPE activities:
 - SCRIPT, Presidential Scholars, IPE Day, etc.
- SACS reaffirmation of accreditation requires a Quality Enhancement Plan (QEP)
 - “Course of action for institutional improvement crucial to enhancing educational quality that is directly related to *student learning*”
 - Broad-based, university wide 10 year plan tied to the institution’s mission

C3 Goals

Students will:

1. acquire teamwork competencies
2. acquire knowledge, values and beliefs of health professions different from their own profession
3. apply their teamwork competencies in a collaborative interprofessional learning context
4. demonstrate their teamwork competencies in a collaborative interprofessional health care delivery or translational research context

C3 Conceptual Framework





Putting the Plan in Action

- 4 Collaborative Domains:
 - Curricular
 - Extracurricular
 - Faculty Development
 - Clinical Effectiveness and Patient Safety (Healthcare Simulation)



Faculty Development Domain

- Overall Goal
 - Prepare faculty for developing and implementing interprofessional education as described in the C3



Faculty Development Domain

- First Year Goals
 - Identify faculty competencies
 - Assess current expertise
 - Identify faculty for first level of training
 - Design and implement one faculty development model program



Clinical Effectiveness and Patient Safety Domain (Healthcare Simulation)

- Enhance technical, behavioral, and social skills
- Teach complex team skills
- Provide realistic representations of complex clinical environments
- Allow educators to alter patient reactions and responses (unattainable with actual patients)
 - To communication skills
 - To diagnostic technique
 - To therapeutic intervention
- Do ALL of the above without compromising the care of a "REAL" patient.

Modern medical simulation falls into five main categories



Table 1

Simulation Tools and Approaches Used in Simulation-Based Medical Education	
Tool or Approach	Description
Low-tech simulators	Models or mannequins used to practice simple physical maneuvers or procedures.
Simulated/standardized patients	Actors trained to role-play patients, for training and assessment of history taking, physicals, and communication skills.
Screen-based computer simulators	Programs to train and assess clinical knowledge and decision making, e.g., perioperative critical incident management, problem-based learning, physical diagnosis in cardiology, acute cardiac life support.
Complex task trainers	High-fidelity visual, audio, touch cues, and actual tools that are integrated with computers. Virtual reality devices and simulators that replicate a clinical setting, e.g., ultrasound, bronchoscopy, cardiology, laparoscopic surgery, arthroscopy, sigmoidoscopy, dentistry.
Realistic patient simulators	Computer-driven, full-length mannequins. Simulated anatomy and physiology that allow handling of complex and high-risk clinical situations in lifelike settings, including team training and integration of multiple simulation devices.

Ziv A, Wolpe PR, Small SD, Glick S. Simulation-Based Medical Education: An Ethical Imperative. Acad. Med. 2003;78:783-788.

Interprofessional Simulation on Campus



Center for Clinical Effectiveness and Patient Safety

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TALUS

"Teaching and Learning Using Simulation"
 Committee for Interprofessional Simulation Education

Intern 101



Measures of Student Outcomes

- Will focus on:
 - Attitudes, using a variety of established instruments
 - Knowledge about interprofessional collaboration
 - Application of teamwork competencies



Domain and Program Outcomes

- Each Domain has discrete outcomes
- Program outcomes
 - Alumni surveys
 - Post-graduate employer/program directors' assessment of graduates' collaborative interprofessional skills
 - Changes in students' attitudes
 - Changes in students' collaborative interprofessional skills



What Has Occurred to Date?

- C3 Implementation Committee established
- Year 1 goals for each domain determined
- Domain committees created
- Housekeeping tasks started (inventorying common clinical skills, academic program structure, etc.)
- Baseline measurement of incoming students' attitudes toward IPE and their professions



What Is Occurring?

- Definition of teamwork competencies under development
- Implementation of pilot project involving students during clinical rotations in an interprofessional service learning activity.
 - MUSC team attended the APTR Institute for Interprofessional Prevention Education in Sept.



What is Occurring?

- Call for “Intern 101” submissions for interprofessional learning opportunities tied to a College of Medicine course in the spring.



Mark Your Calendar For:

- Research Day, November 2, 2007 – Award for Interprofessional Collaboration
- Interprofessional Education Day – Friday, January 25, 2008
 - Dr. Uhlig will be keynote speaker
 - Small group activities for 1st and 2nd year students