



NATIONAL CENTER for
INTERPROFESSIONAL
PRACTICE and EDUCATION

American Dental Education Association 2019 Annual Session
Interprofessional Education and Collaborative Care Special Interest Group
March 17, 2019

Celebrating Interprofessional Practice and Education: State of the Nation

Barbara F. Brandt, PhD, EdM, FNAP
Director and Associate Vice President

Learning Objectives

1. Describe ***national trends and significant influences***—specifically, the social determinants of health—that are driving new models for interprofessional practice and education (IPE) supporting a person-driven, team based model of health care.
2. Articulate rationale for
 - a) preparing graduates who are **practice-ready** to participate in collaborative care, and
 - b) significant opportunities for **research and scholarship** with regard to collaborative care and interprofessional education.
3. Identify **resources** in the National Center for Interprofessional Practice and Education Resource Center to help frame conversations in support of IPE program development and research in your setting.



Before I Start, and, Given the Learning Objectives

From what dental school do you hail?

Current models of IPE at your institution?
didactic, clinical, community?

What burning questions do you have about
interprofessional education and collaborative
practice?



Interprofessional Education and Collaborative Practice

The “New IPE” – Interprofessional Practice and Education

Interprofessional education “occurs when two or more professions learn with, about, and from each other to enable effective collaboration and improve health outcomes.”

Interprofessional, collaborative practice “occurs when multiple health workers **and students and residents** from different professional backgrounds provide comprehensive health services by working with patients, their families, carers (caregivers), and communities to deliver the highest quality of care across settings.”

Adapted from:

The Centre for the Advancement of Interprofessional Education, UK, 1987

World Health Organization, Framework for Action on Interprofessional Education and Collaborative Practice, 2010.



The Nexus

*Redesigning both healthcare education
and healthcare delivery simultaneously to be
better integrated and more interprofessional
while demonstrating outcomes*



Moving Beyond Academic Tourism

Journal of
**Interprofessional
Care**

<http://informahealthcare.com/jic>
ISSN: 1356-1820 (print), 1469-9567 (electronic)

J Interprof Care, Early Online: 1–4
© 2014 Informa UK Ltd. DOI: 10.3109/13561820.2014.933650

informa
healthcare

COMMENTARY

Aligning practice redesign and interprofessional education to advance triple aim outcomes

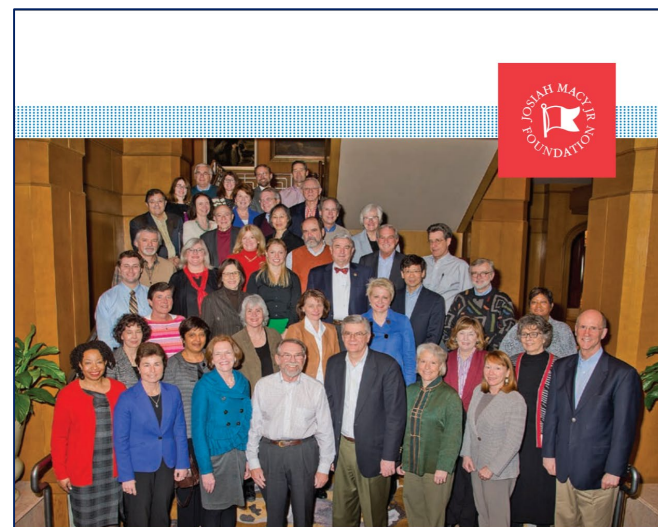
Mark Earnest¹ and Barbara Brandt²

¹Program for Interprofessional Education, University of Colorado, Denver, CO, USA and ²University of Minnesota, National Center for Interprofessional Practice and Education, Minneapolis, MN, USA

Introduction

Achieving the goals of health care reform – described by the Institute for Healthcare Improvement as the “Triple Aim” – will place new demands on the health care workforce. Interprofessional team-based care, quality and process improvement, and population health management are not skills that have been emphasized in traditional health professions education and

together, they are meeting goals that none could accomplish in isolation. The SCDA receives culturally competent and respectful health care for the Somali community, as well as role models and an education pipeline for a new generation of Somali health professionals. The university is graduating “collaboration-ready” health professionals who learned their skills in the community, focused on achieving the Triple



Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Redesign

Proceedings of a conference chaired by
Malcolm Cox, MD and **Mary Naylor, PhD, RN, FAAN**

January 2013 | Atlanta, Georgia

June 2013

National Trends in Health Care and Education

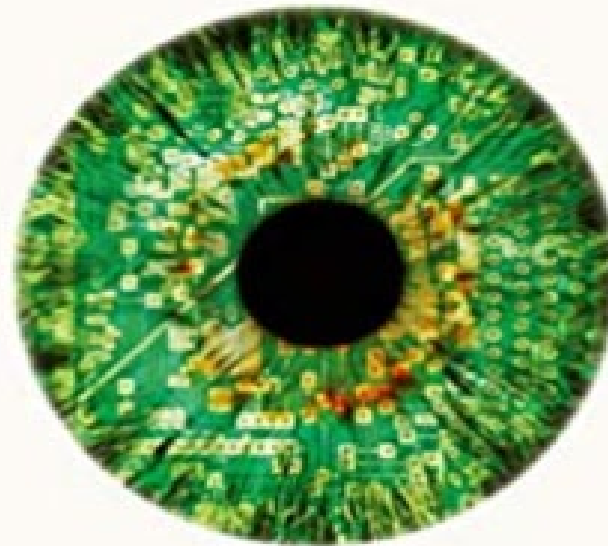
- “The North Star”
- Shifting focus of health care
- Social Determinants of Health
- Workforce Policy: Moving beyond the “shortage” narrative
- Interprofessional Clinical Learning Environments
- Health Professions Accreditors Collaborative – National Center Guidance on Quality IPE for the Health Professions

Where does Dentistry fit into these discussions?



'A Financial Times Book of the Year'

RICHARD DANIEL
SUSSKIND SUSSKIND



THE FUTURE OF THE PROFESSIONS

HOW TECHNOLOGY WILL TRANSFORM
THE WORK OF HUMAN EXPERTS





AMERICAN DENTAL EDUCATION ASSOCIATION

ADEA eLearn Webinar

Dental Labs Are Changing:
What Should Tomorrow's Dentists Know?

REGISTER NOW

Tuesday, March 5, 2019 | Noon – 12:45 p.m. ET

ADEA | THE VOICE OF
DENTAL EDUCATION

REGISTER

The dental lab landscape is changing, with domestic lab consolidation and new global competitors altering what has traditionally been a very local relationship between independent dental labs and dental offices. Competitive advances in CAD/CAM technology and shipping are also impacting the methods and speed with which dental labs provide service. So how can we prepare tomorrow's dentists to work in this new environment? What knowledge and skills will help them establish better business relationships with dental laboratory technicians upon entering practice?

Tune in to next week's FREE interactive webinar and learn how dental schools can prepare students to collaborate with dental labs as part of an intraprofessional team.

Learning objectives:

- Describe how the dental lab landscape is changing.
- Assess how this evolving dental lab landscape impacts tomorrow's dentists and dental lab technicians.
- Identify ways dental schools can prepare dental students to collaborate with dental lab technicians as part of an intraprofessional team.



Health Professions Accreditors Collaborative – National Center IPE Guidance: 24 Accreditors Released: February 1, 2019

Guidance on Developing Quality Interprofessional Education for the Health Professions

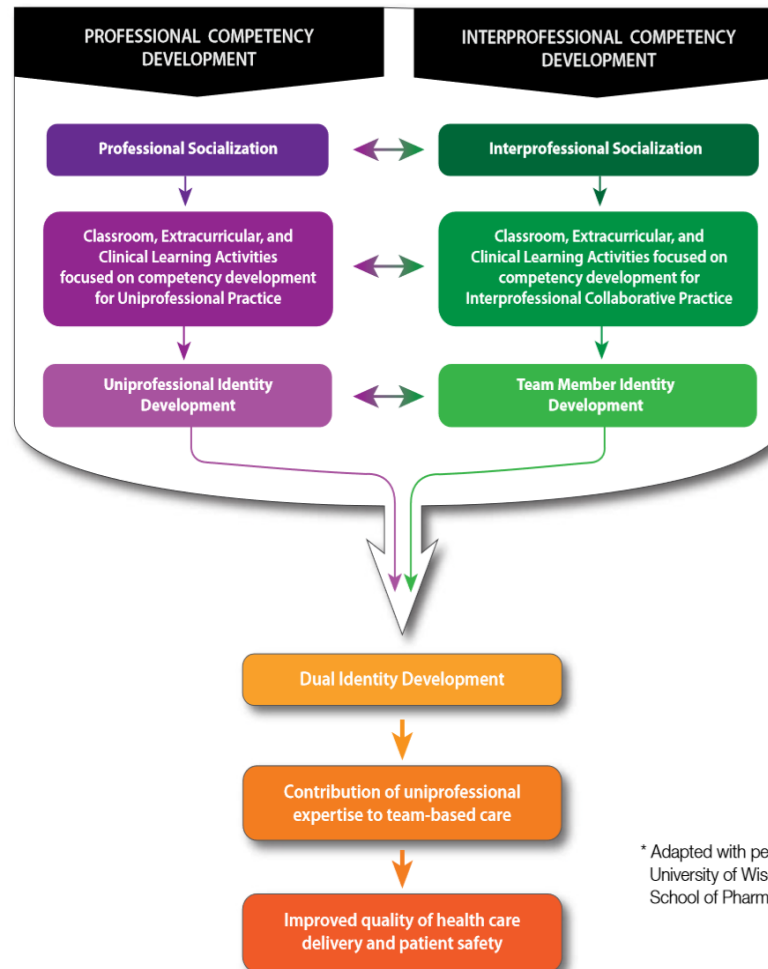


Release date: February 1, 2019

- [Accrediting Bureau of Health Education Schools \(ABHES\)](#)
- [Accreditation Commission for Education in Nursing \(ACEN\)](#)
- [Accreditation Commission for Midwifery Education \(ACME\)](#)
- [Accreditation Council for Education in Nutrition and Dietetics \(ACEND\)](#)
- [Accreditation Council on Optometric Education \(ACOE\)](#)
- [Accreditation Council for Occupational Therapy Education \(ACOTE\)](#)
- [Accreditation Council for Pharmacy Education \(ACPE\)](#)
- [Accreditation Review Commission on Education for the Physician Assistant \(ARC-PA\)](#)
- [Commission on Accreditation of the American Psychological Association \(APA-COA\)](#)
- [Commission on Accreditation of Allied Health Education Programs \(CAAHEP\)](#)
- [Commission on Accreditation of Athletic Training Education \(CAATE\)](#)
- [Commission on Accreditation for Health Informatics and Information Management Education \(CAHIIM\)](#)
- [Commission on Accreditation in Physical Therapy Education \(CAPTE\)](#)
- [Commission on Accreditation for Respiratory Care \(CoARC\)](#)
- [Commission on Collegiate Nursing Education \(CCNE\)](#)
- [Commission on Dental Accreditation \(CODA\)](#)
- [Commission on Osteopathic College Accreditation \(COCA\)](#)
- [Council for Accreditation of Counseling and Related Educational Programs \(CACREP\)](#)
- [Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association \(CAA-ASHA\)](#)
- [Council on Accreditation of Nurse Anesthesia Educational Programs \(COA-NA\)](#)
- [Council on Chiropractic Education \(CCE\)](#)
- [Council on Podiatric Medical Education \(CPME\)](#)
- [Council on Social Work Education \(CSWE\)](#)
- [Liaison Committee on Medical Education \(LCME\)](#)



Figure 2. Longitudinal integration of professional and interprofessional competencies



* Adapted with permission from the University of Wisconsin-Madison School of Pharmacy.

New Disruptions: Changing Center of Health Care Universe



“Just as Copernicus once challenged the commonly accepted notion of the Earth as the center of all that is, the center of healthcare’s universe is changing.”

"The current provider-centric healthcare model is very 'Ptolmeic.' We've designed everything around the provider. @jvmurch #OWHealth"



Health Care's North Star

Lewis Sandy, MD, Executive Vice President, Clinical Advancement, UnitedHealth Group, August 2017

- ✓ **Team-based Care**
- ✓ **Value-based Payments**
- ✓ **“Consumer-Driven”**

UnitedHealth's Optum revenues surpass \$100B for 1st time

Written by Morgan Haefner | January 15, 2019 | [Print](#) | [Email](#)



Growth in UnitedHealth Group's health services business Optum helped the health insurance company beat Wall Street estimates for the fourth quarter ended Dec. 31, according to [Reuters](#).



Five things to know:

1. Revenues for Optum, which is UnitedHealth's fastest-growing unit and includes an in-house pharmacy benefits manager, topped \$100 billion for the first time in the year ended Dec. 31. Optum grew revenues by 11.1 percent year over year to \$101.3 billion, the company [said](#) Jan. 15.
2. While Optum may face heightened competition this year after Aetna and Cigna scored deals with large benefit managers, Piper Jaffray analyst Sarah James told [Reuters](#): "We view [the Optum results] as a positive sign given the increasingly competitive nature of the pharmacy benefits management market. We believe 2019 could be a big year at OptumHealth ... and see potential for specialty [drugs] to double earnings by 2021."



2019 Copernican Health Care



Creating Interprofessional Clinical Learning Environments

- Work with the Accreditation Council on Graduate Medical Education to create the National Collaborative on Improving Clinical Learning Environments (NCICLE)
- Report, “Achieving the Optimal Interprofessional Clinical Learning Environment” – released January 28, 2019
- NCICLE will co-host the National Center Nexus Summit 2019, August 18-20 in Minneapolis



Why IP-CLEs?

As health care in the United States becomes more complex, it requires health care providers from all professions to be adept at collaborating to learn, assess, problem solve, and deliver coordinated care in new and innovative ways. Although the need for collaboration and teamwork in clinical environments has always existed, the impacts of technology, specialization, access to health information, and new delivery structures require the various health professions to think differently and purposefully about how to simultaneously optimize learning and patient care.

NCICLE - “Achieving the Optimal Interprofessional Clinical Learning Environment”, Page 4, January 28, 2019



Key Characteristics of an Optimal Interprofessional Clinical Learning Environment

Patient Centeredness	Health care is viewed as cocreated, with the patient, as well as his or her family and community, as an integral part of the health care team.
Continuum of Learning	Learning is fostered throughout one's career, with interprofessional values integrated and reinforced in the clinical workflow as well as in preprofessional/ undergraduate and graduate education.
Reliable Communications	Care plans are rich, collaborative, continuous, and truly focused on the patient by carving out physical and mental space for teams to effectively and actively communicate.
Team-Based Care	The culture rewards risk taking and innovation and fosters leadership skills at all levels, all while embracing team interdependence, shared decision making, and collective competence.
Shared Accountability	Structures and processes are in place to ensure accountability in interprofessionalism, such as measurable outcomes and clear competencies that inform desired behaviors.
Evidence-Based Practice Centered on Interprofessional Care	Care is based on key characteristics of high-functioning collaborative care exemplars, research, and evidence-based IP-CLE models.



What Does Teaching Look Like in This Model?

All Teach and All Learn

Journal of Interprofessional Care

<http://informahealthcare.com/jic>
ISSN: 1356-1820 (print), 1469-9567 (electronic)
J Interprof Care, 2013; 27(6): 469-475
© 2013 Informa UK Ltd. DOI: 10.3109/13561820.2013.805735

Informal interprofessional learning: an untapped opportunity for learning and change within the workplace

Gillian Nisbet¹, Michelle Lincoln¹ and Stewart Dunn²

¹Faculty of Health Sciences, The University of Sydney, Lidcombe, Sydney, Australia and ²Sydney Medical School, Pam McLean of Sydney, Royal North Shore Hospital, St Leonards, Sydney, Australia

Abstract

In this paper, we explore the educational and workplace learning literature to identify the potential and significance for informal interprofessional learning within the workplace. We also examine theoretical perspectives informing informal workplace interprofessional learning. Despite numerous studies focusing on formal interprofessional education programs, we suggest that informal interprofessional learning opportunities are currently unrealized. We highlight reasons for a focus on learning within the workplace and the potential benefits within an interprofessional context.

Introduction

Health professionals are familiar with the concept of lifelong learning and the need to continuously update skills and knowledge. In this article, we argue that life-long learning occurs in both formal and informal learning opportunities afforded by the

Conceptualising learning within the workplace

In this paper, we define learning as the process of developing knowledge, skills or new insights, bringing about a change in understanding, perspective, or the way something is done or acted upon. Workplace learning is often described in terms of its

Keywords

Collective learning, interprofessional learning, work-based learning

History

Received 21 August 2012
Revised 2 April 2013
Accepted 10 May 2013
Published online 21 June 2013

Engaging > Learning System > Preceptors in the Nexus Toolkit

NEXUS LEARNING SYSTEM

Preceptors in the Nexus Toolkit



Submitted by National Center... on Sep 1, 2015 - 10:46pm CDT

Ready to enhance your practice site into an interprofessional clinical learning environment?

WHAT YOU'LL GET FROM THIS TOOLKIT

The toolkit provides professional development opportunities for preceptors who provide education in practice settings to interprofessional learners. This includes a wide array of tools that support and enrich interprofessional practice and education to enhance patient care and the learner experience. You can use any or all of the tools in a variety of settings- everything is customizable! The tools are available in a variety of formats:

- web-based modules for preceptor development
- active-learning materials and facilitator guides for face-to-face workshops for preceptor development
- interprofessional education materials to be used with learners to enhance their practice experiences
- interprofessional collaborative practice materials and other resources being used across the country

WHO THIS TOOLKIT IS FOR

This toolkit will help preceptors in any healthcare profession who wish to precept interprofessional learners and/or champion interprofessional practice and education at their clinical site.

24,699 433 0 7

SHARE

RELATED RESOURCES

- Kansas Preceptor Toolkit Webinar
- Kansas University Medical Center: Faculty Preceptors for IPE
- The IPE Movement: Thinking and Acting Differently at the Nexus
- University of Alabama at Birmingham: The Role of Interprofessional Faculty Development in Improving Collaborative Practice Behavior Competencies
- Amina in the Nexus



Social Determinants of Health

Sanne Magnan, MD, PhD



NATIONAL ACADEMY OF MEDICINE

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Social Determinants of Health 101 for Health Care: Five Plus Five

By Sanne Magnan

October 09, 2017 | Discussion Paper



[Print Version](#)



[See more details](#)

- Picked up by 18 news outlets
- Blogged by 2
- Tweeted by 100
- On 1 Facebook pages
- Mentioned in 1 Google+ posts
- 42 readers on Mendeley

DOI

<https://doi.org/10.31478/201710c>

Suggested Citation

Magnan, S. 2017. Social Determinants of Health 101 for Health Care: Five Plus Five. *NAM*



Five Things We Know About (Social) Determinants of Health in Health Care

1. **As a determinant of health, medical care is insufficient for ensuring better health outcomes.**
2. **SDoH Are Influenced by Policies and Programs, and Associated with Better Health Outcomes.**
3. **SDoH Are Influenced by Policies and Programs, and Associated with Better Health Outcomes.**
4. **Frameworks for Integrating SDoH Are Emerging.**
5. **Experiments Are Occurring at the Local and Federal Level.**



Designing IPE Around Social Determinants of Health



ACCELERATING INITIATIVE

Accelerating Interprofessional
Community-Based Education and Practice

University of Hawaii – Manoa

University of Missouri – Kansas City

New York University

University of Utah



NATIONAL CENTER for
INTERPROFESSIONAL
PRACTICE and EDUCATION

BUILDING A NEXUS FOR
BETTER CARE, ADDED VALUE
AND HEALTHIER COMMUNITIES

UNIVERSITY OF MINNESOTA

Introductory and Compendium List of Tools

DRAFT

Do not Distribute

03.1.19

	Setting the Stage for a Transformative Nexus Team: An Introductory Toolkit Tools	Introductory Toolkit	Compendium Tools
1	Scanning the Environment: Explore the Macro, Meso, and Micro Environment	✓	✓
2	Tool to help teams focus on the patient	✓	✓
3	IOM IPLC Model	✓	✓
4	NC StairStep Model	✓	✓
5	Assessing Your Nexus and its Six Characteristics	✓	✓
6	Creating and Communicating a Compelling Vision (includes Elevator Speech)	✓	✓
7	Co-Write your Nexus Story Include with Think Big—Start Small	✓	✓
8	SOARR	✓	✓
9	Kennedy Model of Sustainability ©	✓	✓
10	Aligning Existing Resources in the Nexus		✓
11	ACE-15		✓
12	Stakeholder Analysis		✓
13	Stakeholder Communication Tool		✓
14	Kirkpatrick's Expanded Outcomes Model		✓
15	Quadruple Aim of Alignment		✓
16	Critical Incidents Reporting Tool		✓
17	Leadership Development Tool		✓
18	Values Clarification (Revise)		✓
19	Critical Success Factors Assessment		✓
20	Expanded NC IPLCM		✓
21	Planning your Site visit		✓
22	Changing Mental Models		✓
23	Starting at the Micro: Courageous Conversation		✓
24	Starting at the Meso (Courageous Conversations)		✓
25	Nature of IPE Alignment at the Meso		✓
26	Co-Creating your Nexus Future		✓
27	Shared Rs		✓

Themes Emerging from Exemplary Sites in a Large-Scale Implementation of the Nexus in Community Clinical Sites – Report to be Released in April 2019

- Demonstrating health and patient outcomes in the redesign
- Pre-existing support for IPE that is mandated and included in curriculum
- Logistical problems – strategies to navigate
- A-ha moments – medical residents: understanding how attending to high needs patients is best done through teamwork



Emerging Themes

- Starting with patients and specific community need first
 - Honor the wisdom of patients, families and communities
- Risk-taking leaders
- Improved teamwork and staff satisfaction
- Initial team-building takes commitment and time for relationship-building and reflection
- **Outstanding** compelling vision with concise elevator speech



Accountable Health Communities Model Focused on Social Determinants of Health

“We recognize that keeping people healthy is about more than happens inside a doctor’s office...we are testing whether screening patients for health-related social needs and connecting them to local resources like housing and transportation to the doctor will ultimately improve their health and reduce costs to taxpayers...”

Former Secretary Burwell,

<http://www.hhs.gov/about/news/2016/01/05/first-ever-cms-innovation-center-pilot-project-test-improving-patients-health.html>

Accountable Health Communities Model Announced

By Centers for Medicare & Medicaid Services, January 19, 2016

Share this:



The Department of Health and Human Services today announced a new funding opportunity of up to \$157 million to test whether screening beneficiaries for health-related social needs and associated referrals to and navigation of community-based services will improve quality and affordability in Medicare and Medicaid.

The five-year program, called the Accountable Health Communities Model, is the first Centers for Medicare & Medicaid Services (CMS) Innovation Center model to focus on the health-related social needs of Medicare and Medicaid beneficiaries, including building alignment between clinical and community-based services at the local level.

The Accountable Health Communities Model will support up to 44 bridge organizations, through cooperative agreements, which will



Question

Where does Dentistry
fit into these discussions?



Current Thinking About “Collaboration-Ready” Graduates



1964: Going back to the original intent of IPE

Canad. Med. Ass. J.
May 23, 1964, vol. 91

SPECIAL ARTICLE: EDUCATION OF PHYSICIANS IN CANADA 1215

SPECIAL ARTICLE

The Education of Physicians in Canada

JOHN F. McCREARY, M.D., F.R.C.P.(C),* Vancouver, B.C.

THE provision of health services to Canadians is a subject which has been of considerable interest to legislators in recent years. Although much has been written concerning the extent of such services, how they are to be instituted and what their effect will be on the overall Canadian economy, little attention has been directed towards ensuring a sufficient supply of competent physicians

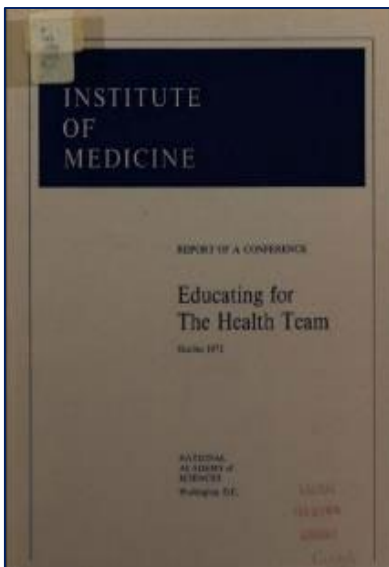
to expect this source of supply to continue. Many of these immigrant physicians were unhappy under some form of health insurance that existed in their own country. As the years go by, the number of such malcontents will become less, in part because physicians have adapted to the new system and in part because types of prepaid health insurance in other countries have improved as the difficulties

It has long been accepted that no physician, however able and however highly motivated, possesses all of the skills required to provide complete health services for a population group. Such services can only be provided by a team: the physician, dentist, pharmacist, nurse, physiotherapist, occupational therapist, social worker, clinical psychologist and others. Although lip service has been paid to the team approach to health care, little has been done to form the above-mentioned group into a team. They have been educated in isolated parts of the campuses of universities, using different teachers, teaching different vocabularies and building up artificial barriers between the various disciplines. All of these diverse members of the health team should be brought together during their undergraduate training years, taught by the same teachers, in the same classrooms and on the same patients. Under these circumstances, with students studying together, working together, reading together, eating together, it should be possible for the various disciplines to be welded into a true health team such that each can contribute, with full respect for what the other has to offer, his share of the health services. So, according to this concept, the small university Health Sciences Centre for health team.

1972: Institute of Medicine

The purpose of a group or team approach is to optimize the special contribution in skills and knowledge of the team members so that the needs of the persons served can be met more efficiently effectively, competently, and more considerately than would be possible by independent and individual action. Without question, the patient himself is a member of the team and, in a democratic society, can be expected increasingly to exert his prerogatives to participate in decisions that affect his well-being.

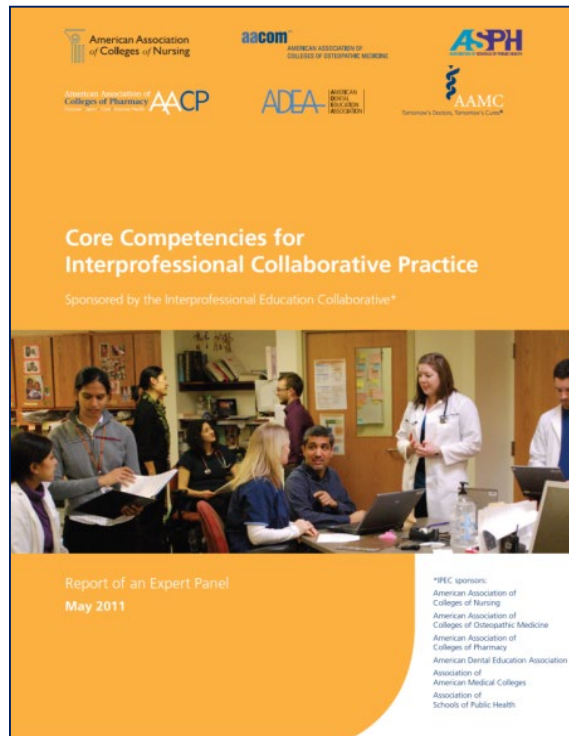
A major deterrent to our efforts to fashion health care that is efficient, effective, comprehensive, and personalized is our lack of a design for the synergistic interrelationship of all who can contribute to the patient's well-being. We face, in the next decade, a national challenge to redeploy the functions of health professions in new ways, extending the roles of some, perhaps eliminating others, but more closely meshing the functions of each than ever before.



WHO and IPEC Competencies: “Collaboration-Ready”

Health Professions Networks
Nursing & Midwifery
Human Resources for Health

Framework for Action on
Interprofessional Education
& Collaborative Practice



**Core Competencies for
Interprofessional Collaborative Practice:**

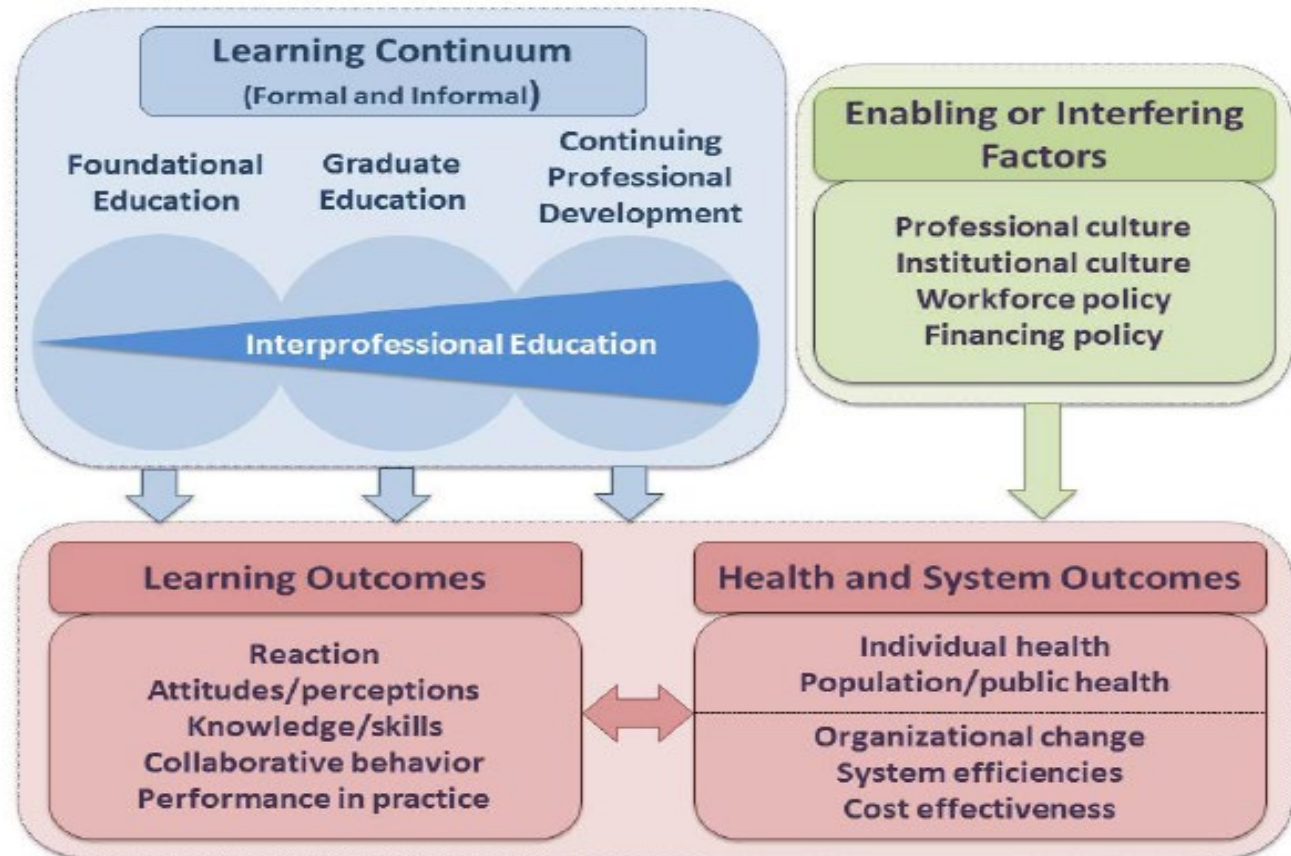
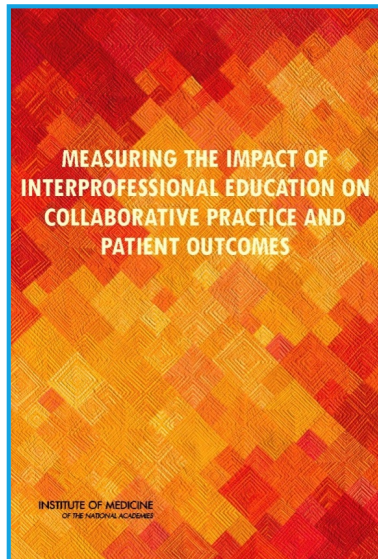
2016 Update



Institute of Medicine

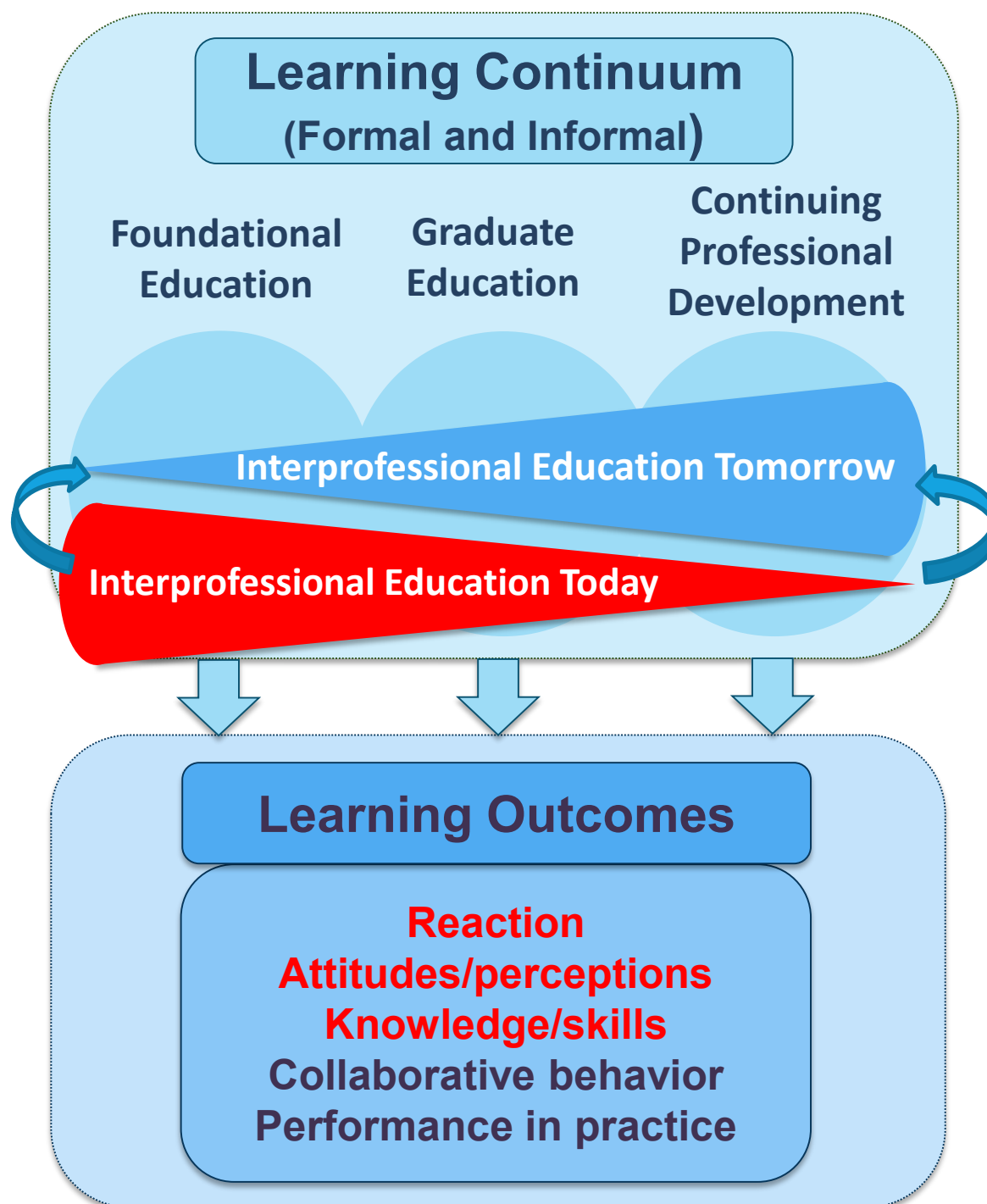
Interprofessional Learning Continuum Model - 2015

FIGURE: The interprofessional learning continuum (IPLC) model



NOTE: For this model, "graduate education" encompasses any advanced formal or supervised health professions training taking place between completion of foundational education and entry into unsupervised practice.





ORIGINAL ARTICLE



Toward a system where workforce planning and interprofessional practice and education are designed around patients and populations not professions

Erin Fraher^a and Barbara Brandt^b

^aDepartment of Family Medicine and Deputy Director for Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA; ^bNational Center for Interprofessional Practice and Education, Academic Health Center, University of Minnesota, Minneapolis, MN, USA

ABSTRACT

Traditional workforce planning methodologies and interprofessional education (IPE) approaches will not address the significant challenges facing health care systems seeking to integrate services, eliminate waste and meet rising demand within fixed or shrinking budgets. This article describes how New Zealand's workforce planning approach could be used as a model by other countries to move toward needs-based, interprofessional workforce planning. Such an approach requires a paradigm shift to reframe health workforce planning away from a focus on shortages toward assessing how to more effectively deploy and retrain the existing workforce; away from silo-based workforce projection models toward methodologies that recognize professions' overlapping scopes of practice; and away from a focus on traditional health professions toward including both health and social care workers. We propose that IPE must develop new models of learning that are delivered in the context of practice. This will require a shift from today's predominant focus on preparing students in the pipeline to be collaboration-ready to designing clinical practice environments that support continuous learning that benefits not just learners, but patients, populations, and providers as well. We highlight the need for improved data and methods to evaluate IPE and call for better collaboration between health workforce planners and IPE stakeholders.

ARTICLE HISTORY

Received 15 December 2017
Revised 30 November 2018
Accepted 20 December 2018

KEYWORDS

Interprofessional education;
interprofessional
collaborative practice;
workforce planning;
international; New Zealand;
new models of care



Achieving Outcomes Through Integrating the Clinical, Research and Education Missions



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EdD, RN



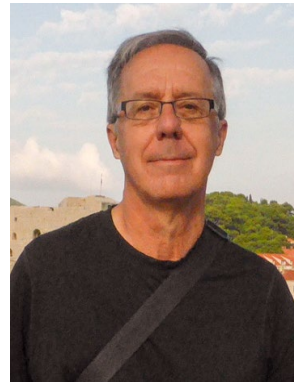
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Biostats



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MPA



Mark Yeazel, MD, MPH,
Chair, Scientific Review
Team

Why an IPE Core Data Set



Standard measures that are applicable and comparable across environments.

IPE data set needed to advance our collective understanding of what works and what doesn't work in interprofessional education and collaborative practice.



Why Focus on IPE Core Data?

standardized

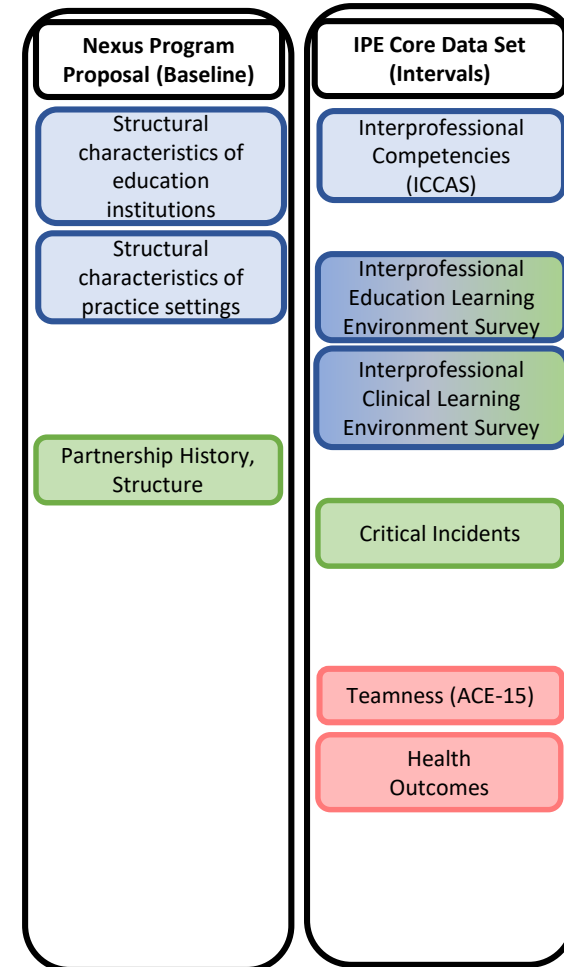
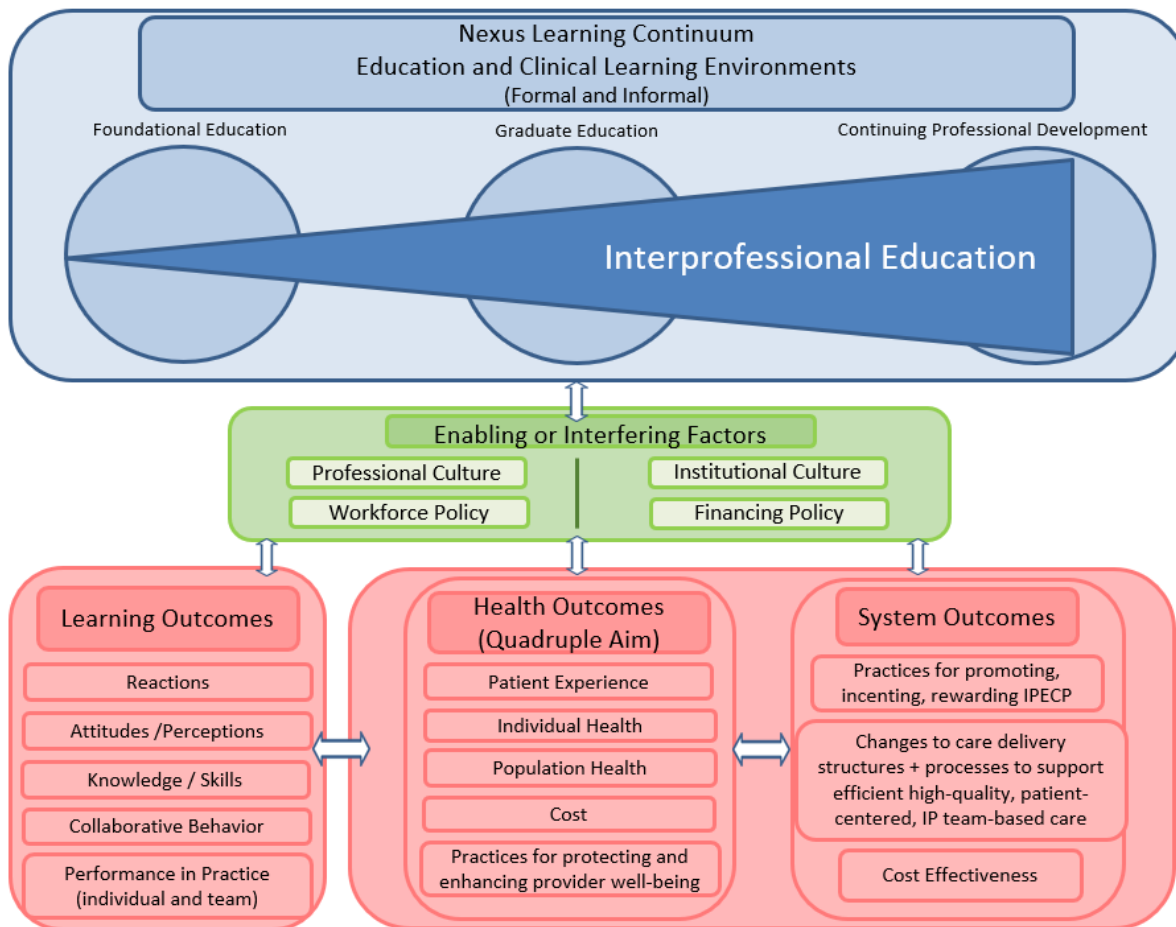
sharable

comparable data

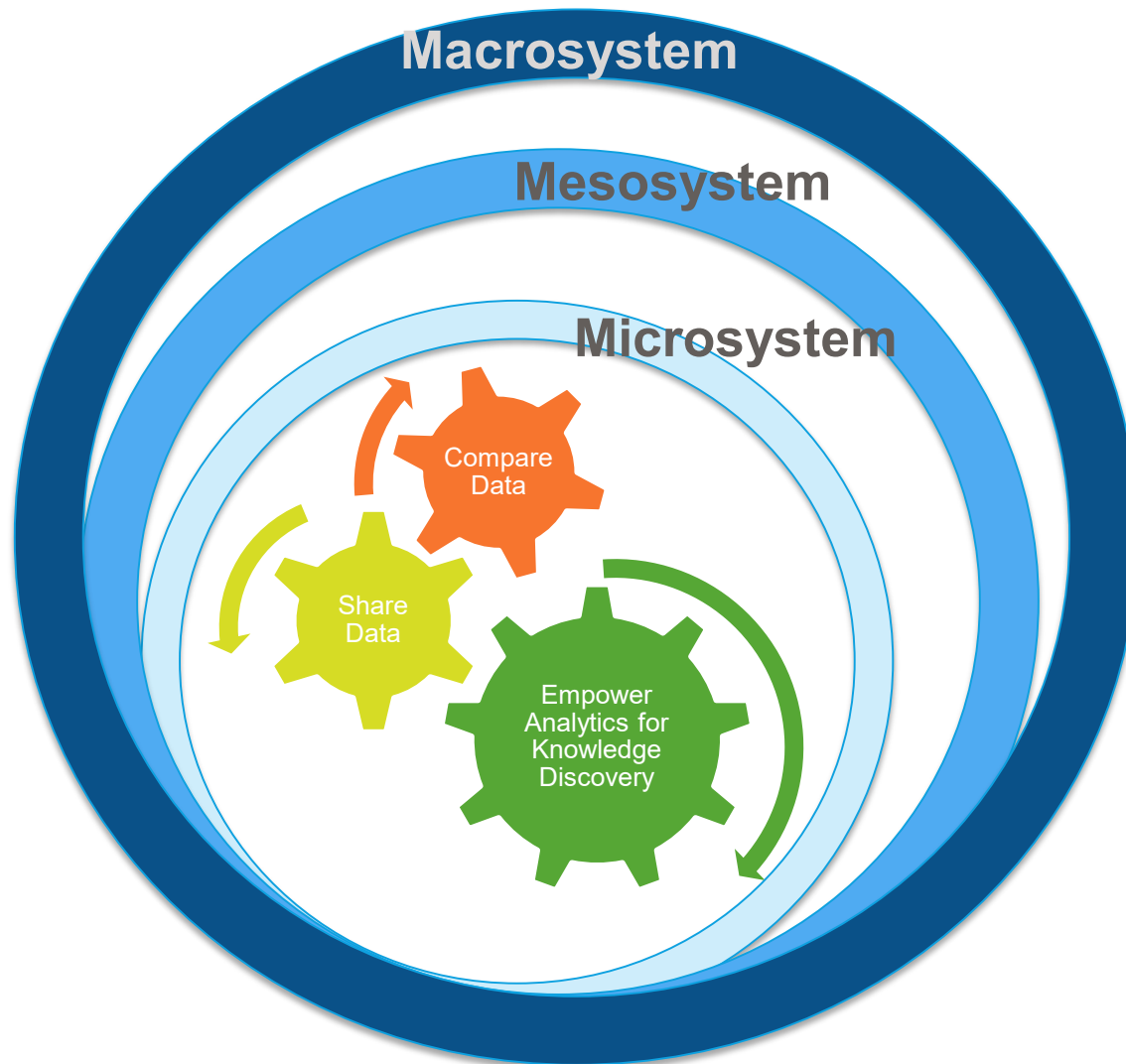
uses existing collected data when possible

empowers state-of-the-art analytics for knowledge discovery





Why Focus on IPE Science?



Macrosystem
National

Mesosystem
Local practice and
education setting

Microsystem
A single system



Functionality of the National Center IPE Information Exchange



National Center Data Repository

Secure, HIPAA and FERPA compliant infrastructure and data sharing environment focused on interprofessional practice and education, housed at the University of Minnesota



IPE Core Data Set

Standard measures applicable and comparable across environments exploring key elements of education, practice and the Nexus



Informatics Driven Dashboard

Easy access to data through dashboards and standardized reports; additional analysis available through advanced analytics, big data and comparable data sets



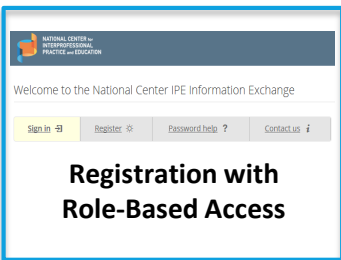
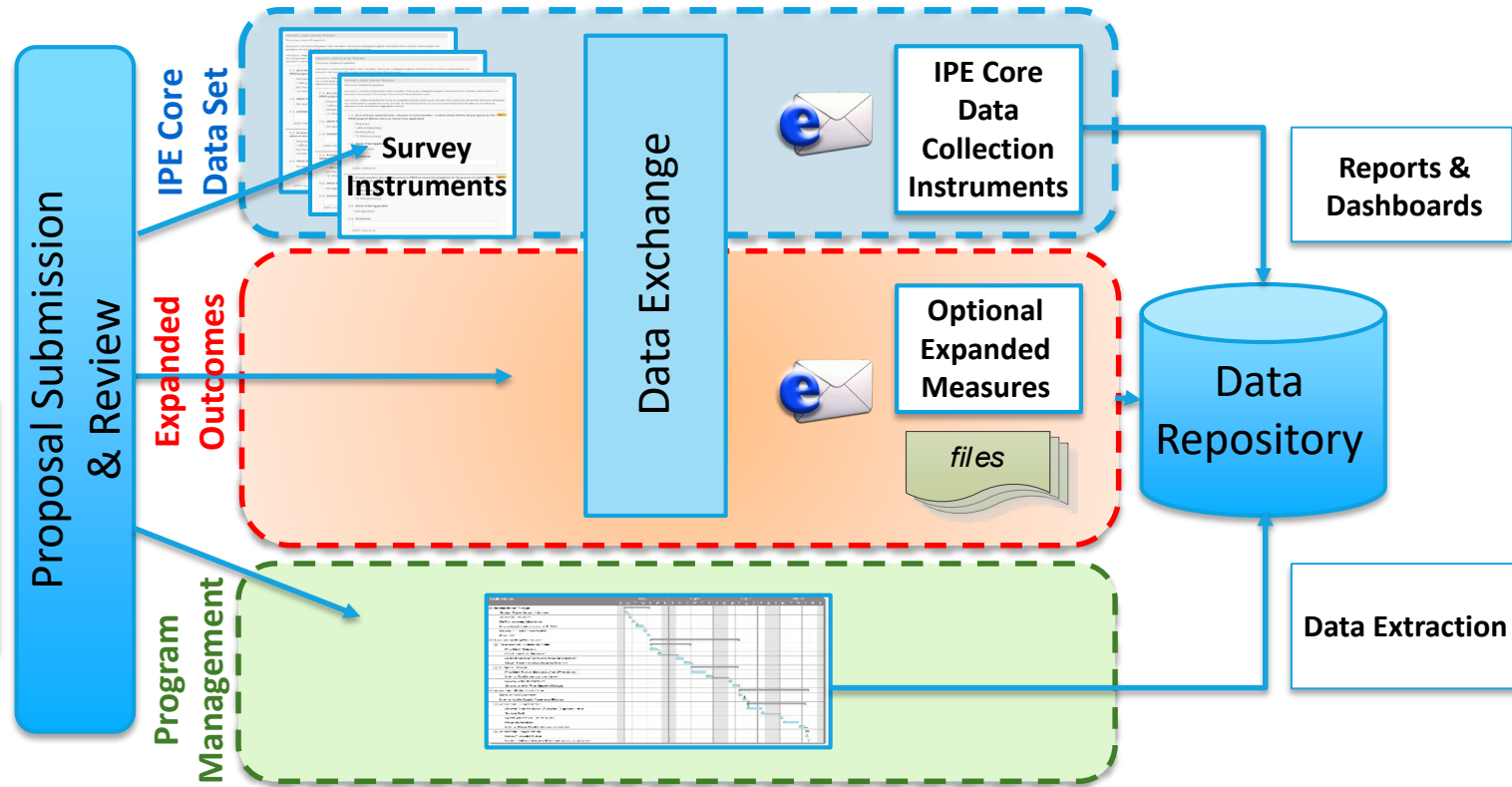
Program Management

Authorized users have the ability to manage users access, review Nexus Program status, and send invitations to other users to join their Nexus Programs





National Center IPE Information Exchange



PHI Compliant Environment || Secure Data Transfer & Storage || Role-Based Access || Encrypted DB
Compliant with IRB || Health Info Privacy & Compliance Office || Center of Exc. for HIPAA Data





Program Proposal

Developed to support a Nexus Program design and its implementation.

- Study design
- Who – learners, health professionals, patients
- What – educational/clinical intervention
- When – timeline
- Where – setting
- Why – program outcomes
- Sustainability plans
- Dissemination of results



Resources on Nexusipe.org



National Center By the Numbers

Strategic Priorities

The National Center is committed to the Nexus by leading, learning, sharing, and advancing with purpose in four strategic areas:



We are contributing to the shaping of the field among key stakeholders across practice, education and policy by simultaneously sharing new knowledge and testing emerging theories in practical environments. What we are learning with our partners is leading to the development of new tools and resources to support learning in practice through innovative and novel approaches

- 📌 800 – number of organizations we have assisted
- 📌 >32,000 people reached through presentations and consultations

We are a learning organization committed to advancing the field of IPE through collective impact – bringing people together in a structured way to address complex challenges.

We view IPE as science and a field of study that blends traditional research and evaluation approaches to leverage the burgeoning science of big data.

- 💡 2019 – IPE Core Data Set to be released
- 💡 105 – number of IPE programs sharing what they are learning through Nexus Innovation Network
- 💡 23 – number of peer reviewed publications

LEADING with Purpose



ADVANCING with Purpose

LEARNING with Purpose

Through different platforms and as a Joint Accreditor for Interprofessional Continuing Education™, we engage a wide variety of audiences, including clinicians, researchers, administrators, patients, families, educators and students, as well as policymakers and health system leaders seeking to enhance the patient experience of health care, improve population health and reduce costs through in person and online learning.

- 🔗 155 – number of jointly accredited learning activities offered since 2015
- 🔗 85 – number of delivered and archived webinars on interprofessional topics
- 🔗 >5,500 learners educated since 2012

SHARING with Purpose

By providing a platform for discussion and networking at nexusipe.org, we help leverage the resources, expertise and influence of many groups, including health systems, local and national government, the foundation community, professional associations, educators and policymakers.

- 👤 282,376 total users on nexusipe.org
- 👤 1,720 – number of community generated resources
- 👤 >6,000 – number of members in the professional directory
- 👤 101 – number of IPE Centers featured on nexusipe.org

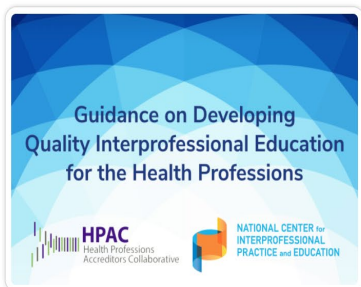


Nexusipe.org



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Informing Connecting Engaging Advancing Give



News @ NexusIPE.org

<h3>Collaborating Across Borders</h3> <p>October 20 - 22, 2019 • Grandstands of Collaboration • Indianapolis, IN USA</p> <p>Collaborating Across Borders VII: Call for Abstracts - due March 1, 2019</p>	<h3>Guidance on Developing Quality Interprofessional Education for the Health Professions</h3> <p>HPAC Health Professions Accreditors Collaborative</p> <p>Health Professions Accreditors Collaborative's (HPAC) - National Center IPE Guidance Webinar</p>	<h3>Achieving the Optimal Interprofessional Clinical Learning Environment Proceedings</h3> <p>NCICLE 2019 Summit Co-Host</p> <p>Achieving the Optimal Interprofessional Clinical Learning Environment: Proceedings from an NCICLE Symposium</p>
<h3>New Blog Post! 2019: A Banner Year for IPE ...</h3>	<h3>UCSF</h3> <p>Novel IPE Partnership Aims to Expand Access to Mental Health Care - The UCSF Dyad Project</p>	<h3>New Tools for Interprofessional Clinical Practice</h3> <p>Resource Center Update</p> <p>New Tools for Interprofessional Clinical Practice Are Freely Available in the Resource Center</p>



Informing › About the

Engaging

Advancing

Give

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Available

Nexus Innovation Network

How We Work with Data

Assessment and Evaluation

Knowledge Generation

Accelerating Initiative

New Tools for Available in the

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The brief describes
tool can be used to

[View the brief here.](#)



SOURCES

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Tools and Resources
Center

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of measurement instruments for
interprofessional practice and education

National Center Publications

[LOG IN/REGISTER](#)[Informing](#)[Connecting](#)[Engaging](#)[Advancing](#)[Give](#)[Advancing › Knowledge Generation](#)

KNOWLEDGE GENERATION

The National Center is charged to produce information and evidence – through scholarly contributions and partnerships – about the use and effectiveness of interprofessional models from data gathered through participants in the Nexus Innovation Network and the National Center Data Repository (NCDR).

Below is a selected list of recent original publications and research:

Fraher, E., Brandt, B.F. (2019). [Toward a System Where Workforce Planning and Interprofessional Practice and Education Are Designed Around Patients and Populations Not Professions](#). *Journal of Interprofessional Care*, published online 23 Jan., 2019. <https://doi.org/10.1080/13561820.2018.1564252>.

Brandt, B.F. (2018). [Rethinking Health Professions Education Through The Lens of Interprofessional Practice and Education](#). *New Directions for Adult and Continuing Education*, 157:65-76. doi: 10.1002/ace.20269.

Barton, A.J., Brandt, B.F. (2018). [Editorial: Interprofessional Education in the Age of Risk and Innovation](#). *Journal of Nursing Education*, 57(11), 635-637. doi.org/10.3928/01484834-20181022-01.

Brandt, B.F., Kitto, S., & Cervero, R.M. (2018). [Untying the Interprofessional Gordian Knot: The National Collaborative on Improving the Clinical Learning Environment](#). *Academic Medicine: Journal of the Association of American Medical Colleges*, 93(10): 1437-1440. doi: 10.1097/ACM.0000000000002313.

Barr, H., Ross, F., Schmitt, M., Patel, K. D., Zwarenstein, M., Brandt, B. F., Fletcher, S. N., & Eyre, L. (2018). [Scott Reeves: 1967-2018](#), *Journal of Interprofessional Care*, 32(4), 403-403. doi: 10.1080/13561820.2018.1494962.

Carney, P., Brandt, B. F., Dekhtyar, M., Holmboe, E. (2018). [Advancing Health Professions Education Research by Creating a Network of Networks](#), *Academic Medicine*, 93(8), 1110-1112. doi: 10.1097/ACM.0000000000002189.

Brandt, B.F., & Schmitz, C. C. (2017). [The US National Center for Interprofessional Practice and Education Measurement and Assessment Collection](#). *Journal of Interprofessional Care*, 31(3): 277-281. doi: 10.1080/13561820.2017.1286884



ACCELERATING INTERPROFESSIONAL COMMUNITY-BASED EDUCATION AND PRACTICE

Accelerating Interprofessional Community-Based Education and Practice

The National Center for Interprofessional Practice and Education, in collaboration with the Robert Wood Johnson Foundation, The John A. Hartford Foundation, the Josiah Macy Jr. Foundation and the Gordon and Betty Moore Foundation, sought proposals designed to accelerate the development of creative, robust and sustainable interprofessional initiatives in which graduate nursing and one or more other professions actively learn and work together with individuals and their families in community-based clinical settings. More details are available in our [News](#) section.

Goal:

The goal of the initiative is for health and other professional schools, with a history of collaboration, to work together with a community partner and the individuals and families that it serves to develop innovative, creative and sustainable interprofessional clinical initiatives that accelerate their existing interprofessional education.

Awards:

Sixteen recipients were selected from a large number of very strong proposals. You can read the [Executive Summary](#) for each program.

[HOME](#)[CASE BRIEFS](#)[COHORT PRIVATE GROUP SITE](#)[PROGRAM ORIGIN AND BACKGROUND](#)[PROGRAM ELEMENTS](#)[ELIGIBILITY CRITERIA](#)[EXECUTIVE SUMMARIES](#)[GERIATRIC RESOURCE](#)[CONTACT US](#)

SHARE



Assessment & Evaluation

Our mission is to promote best practices in assessment and evaluation within the interprofessional education and collaborative practice communities.

This site is a gateway to measurement tools and other resources that can help you assess individuals, teams, or work environments and evaluate the impact of interprofessional education and collaborative practice on Triple Aim Outcomes.



Webinar Recordings

Assessment and Evaluation Spring 2018 Webinar Series

Introduction to the Revised Measurement Collection

Fundamentals of IPECP Measurement - Part 1

Fundamentals of IPECP Measurement - Part 2

What Should I Consider
When Selecting a
Measurement Tool?



Practical Guides: Moving
Theory into Effective Action



To RIPLS or Not to RIPLS:
That is Only Part of the
Question



Review of Teamwork
Assessment Tools



SEARCH FOR MEASUREMENT TOOLS



BROWSE ALL TOOLS

PRACTICAL GUIDES: MOVING THEORY INTO EFFECTIVE ACTION

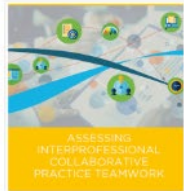


Volume 1: What is Teamwork in Interprofessional Collaborative Practice?

Introduces and explains teamwork concepts, based on the literature of effective teams across many disciplines, including health and social care.

Excerpt

Price: \$15.00



Volume 2: Assessing Interprofessional Collaborative Practice Teamwork

Describes important measurement concepts for assessing IPCP teamwork competencies and performance across the continuum, from undergraduate training through continuing professional development.

Excerpt

Price: \$15.00



Volume 3: Steps for Developing an Assessment Plan

Provides a step-by-step process for developing an assessment plan of IPCP teamwork competencies and performance; can be applied at the undergraduate, graduate, or professional development levels.

Excerpt

Price: \$15.00



Volume 4: Assessing Teamwork: Stories from the Field

Provides case studies of assessing IPCP teamwork in academic and practice settings.

Excerpt

Price: \$15.00



Volume 5: Incorporating IPCP Teamwork Assessment into Program Evaluation

Provides guidance for evaluating programs designed to strengthen teamwork capacity and performance.

Excerpt

Price: \$15.00



Bundle: Complete Set of the Practical Guides (Volumes 1-5)

Save \$20.00 when you purchase the Practical Guide Bundle.

Price: \$55.00



ASSESSMENT AND EVALUATION

This is your gateway to finding measurement tools that can be used to assess individual learners, groups, teams, practice environments, and organizations; and to evaluate the impact of interprofessional education programs and collaborative practice on Triple Aim Outcomes.

Refine by

Who is being assessed/evaluated?

- ☐ Individuals (23)
- ☐ Teams (23)
- ☐ Organizations (12)
- ☐ Informal groups, networks, colleagues (5)

Instrument type

- ☐ Self-report (e.g., survey, questionnaire, self-rating) (37)
- ☐ Observer-based (e.g., rubric, rating tool, 360 degree feedback) (16)
- ☐ Recording template (e.g., chart audit) (1)

Instrument content

- ☐ Reported perceptions, experiences of working relationships, teamwork (21)
- ☐ Behaviors / skills (20)
- ☐ Attitudes, values, beliefs regarding IPE, IPCP, professions (10)
- ☐ Organizational environment, culture (8)
- ☐ Patient / client health status (5)

Search for tools

SORT BY [RECENTLY ADDED](#) [MOST COMMENTS](#) [MOST POPULAR](#) [TITLE](#)

Showing 1 - 10 of 50

Interprofessional Professionalism Assessment (IPA)

The Interprofessional Professionalism Assessment (IPA) instrument was designed to measure interprofessional professionalism (IPP), which is defined as the “Consistent demonstration of core values evidenced by professionals working together, aspiring to, and wisely applying principles of altruism and caring, excellence, ethics, respect, communication, and accountability to achieve optimal health and wellness in individuals and communities.” The IPA was created over a 9-year period through...

Frost J.S., Hammer D.P., Nunez L.M., Adams J.L., Chesluk B., Grus C. Harrison N., McGuinn K., Mortensen L., Nishimoto J.H., Palatta A., Richmond M., Ross E.J., Tegzes, J., Ruffin A.L. & Bentley J.P.

Tools from the Medical Outcomes Trust (MOT)

Measuring the impact of IPECP on patient health and well-being is a primary goal of many IPECP efforts. The Medical Outcomes Trust (MOT) is a non-profit organization that has collected a number of highly respected instruments that may be of use for IPECP evaluation studies. All of the instruments in the MOT library have significant evidence of validity and have been widely adapted for many years. They are generally licensed for a fee, which may include data collection, analysis, and...

Medical Outcomes Trust

Nexus Summit 2019



Optimizing Interprofessional
Clinical Learning Environments:

BETTER CARE • BETTER VALUE • BETTER EDUCATION

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NATIONAL CENTER for
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The National Center for Interprofessional Practice and Education is supported by the Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation, the Gordon and Betty Moore Foundation, The John A. Hartford Foundation and the University of Minnesota. The National Center was founded with support from a Health Resources and Services Administration Cooperative Agreement Award No.UE5HP25067. © 2017 Regents of the University of Minnesota.

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