CAB IV KEY NOTES FROM LEAP FIT TEAM

The LEAP FIT Team attended several plenaries, a variety of workshops and oral abstract presentations, and posters describing innovative curricula or collaborations during the 3 days of the conference. Sessions included all or parts of the following: IP Communication and Collaboration, Evidence of Learning from Student Writing, Student-Run Free Clinics, Training Healthcare Teams, Team-based learning in OP, Designing IP learning Activities, Conceptual Frameworks for IPE, Mixed methods Evals, Decision-Making, Using Qual and Quant Tools, and iOSCEs.

General take-home messages from LEAP FIT team members:

1. **IPE Challenges and Needs:**
   - Time is ripe for producing solid practice-outcomes based evidence for IPE. Such evidence needs to be framework-based, hypothesis-driven and not just descriptive pre-post studies. Need to go beyond surveys and knowledge to produce skills-based, practice-oriented and qualitative evidence. This is the key message from most plenaries and from many workshops. Future direction of IPE is to go beyond the logistics of implementing curricula to the science of evaluating their impact on skills not just attitudes. Examples of frameworks were given, such as Kirkpatrick. Also lists of competencies including from outside the area of IPE and from business were given as examples for constructing theory-driven framework for evaluating IPE.
   - Need a national and international repository of IPE information that others can draw upon, to share evidence, produce new research and to explore future possibilities. U. Minn Center (Nexus project) is a good start. Barbara Brandt solicits more participants to contribute to the repository. The goal is to not reinvent the wheel where possible by sharing lessons learned.
   - Multiple universities have interprofessional committees and courses but the largest obstacle is support from higher administration.
   - The University of Kentucky described the challenges to IPE as:
     - The care and feeding of key personnel; Stakeholder agreement; Adequate ongoing resources; Metrics; Sustainability
     - IPE relationships take time and constant attention, both formal and informal
     - IPE Executive Sessions can be a useful forum for inviting leaders nationally to speak with deans of colleges
     - Students are the best ambassadors between academia and practice
     - We need to invest in IPC so that IPE can extend to the clinic and ultimately impact patient care
     - Differences and similarities between competencies from different organizations; assessing competencies.
2. **Innovative curricula and curricula logistics includes:**

- Using the *second life* software to produce scenarios with which to teach IP teams, e.g., a home assessment scenario with avatars (patient and caregiver) played by faculty who then debrief students after the team reviews the 'video' and comes up with recommendations.

- **Shared bioethics cases** for IP training, e.g. around end of life issues, critical care patients, rehabilitative care.

- Six module novice learner curriculum (U. Minnesota) starting with roles and assumptions, progressing to team responsibilities and to scope of practice and problem-solving using zombie medicine case at end. The modules were 2 hours each, involved 7 health professions (total of over 1000 students) and their faculty, in small groups of 12 facilitated by one trained faculty each. Pearl: for early learners, socialization with other professions is key. Do not introduce case analysis till module 2 or 3 when team roles are clearer; use reflection throughout curriculum (written and oral).

- Important to include bottom-up curricula from student-led initiatives like student-run clinics. Variable opinions about whether to give credit to students who attend and lead such clinics. These settings are a rich source of information about the effectiveness of IPE in changing students’ career choices and future practice roles.

- The University of Indiana enlisted an epidemiologist at the onset of developing an IPE program with the intention of collecting data to demonstrate the increased number of students going into primary care in underserved communities. They enlisted 5 disciplines and 5 institutions to create a joint 4-week rotation in IPE healthcare. Because they demonstrated outcomes, they received $1 million - $3 million from the state.

- iOSCE is best used to evaluate IP teams since testing individuals is too time consuming, prohibitive.

- Developing purposeful checklists is a significant challenge in developing an iOSCE

- Designing classroom spaces to stimulate collaborative learning, utilizing space architecture for student and instructor placement and multi-media technology.

- Technology used to promote IPE growth includes Illuminate and Blackboard Collaborate software. Adobe is not recommended due to the limited number of students who can participate at one time.

- Encountered just 1 university with a student run clinic where all the students see the patient at the same time instead of in tandem.

- In the healthcare challenge, interprofessional student teams are given a medical scenario and compete to demonstrate the best collaboration and healthcare plan.

- More than anything else, we returned with many resources or more thorough instruction on how to use the resources.
3. **Assessment methods:**
   - Linguistic analysis of text (qualitative) from different professions to identify common words used to represent concepts in IPE. Need a linguist to develop programs for analysis and to interpret data to apply to future curricula.
   - Observation of team function by faculty suggests that teams can learn to meet objectives by themselves, i.e. without a faculty mentor or facilitator, and that all students need is a faculty to reflect and summarize explicitly what they learned from their team process at the end.
   - iOSCEs and team OSCEs in which teams and not individuals are evaluated by a combination of SPs and in-room faculty. We need validated checklists from these iOSCEs (hopefully from Susan Wagner). Suggestion is to use checklists derived from not only healthcare but also from the business world or to adapt them from other professions more advanced in team assessments.
   - **IP Professionalism Collaborative** is a 13-organization (includes AAMC, AACOM, ASPH, ADEA, ABIM, AACP, APTA, ASHA, AAVMC, NBME etc) national body (see IPPC website) formed to develop interprofessionalism objectives and are in process of piloting first assessment tool.
   - **Summary of potential higher level assessment methods** given by Susan Wagner: chart audit, ICAR, multi-source feedback, ABIM tool, preceptor observation, IP-CIOMPASS, APTR, learner-teacher satisfaction etc.

4. Next IPE Meeting is scheduled for 2014: ‘All Together Better Health’ in Pittsburgh, USA in June 2014. Call for abstracts should be out in next month.

5. Made contacts with: leaders from the University of Toronto, University of Minnesota, University of Arizona.