



INTER-PROFESSIONAL WORK GROUP

DAY 1 OVERVIEW

May 9, 2017



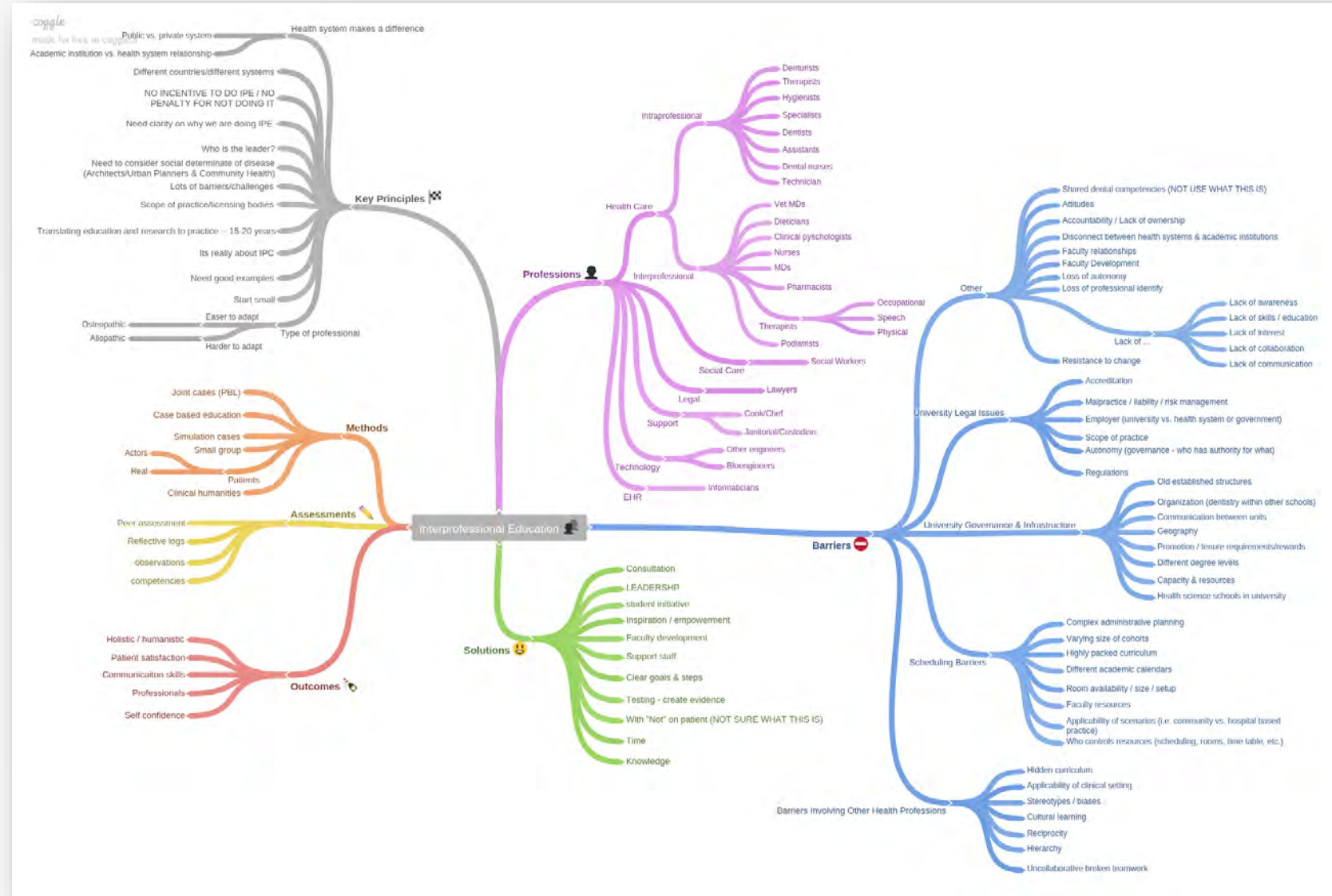
AGENDA

- Overview
- IPE from patient perspective
- IPE from provider perspective
- Mind-Map of Current Status of IPE



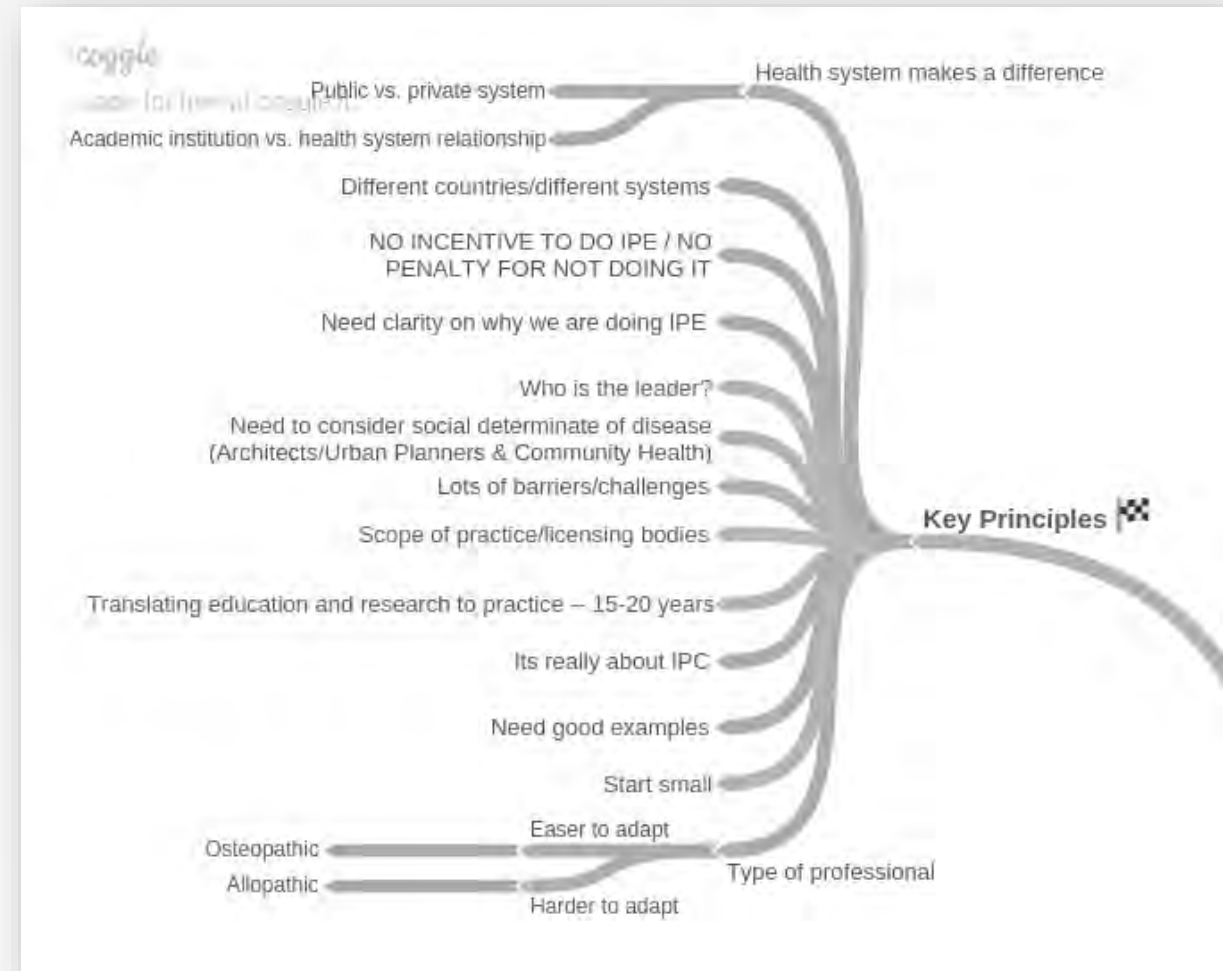
MAP

- Key Principles
- Professionals
- Methods
- Assessments
- Outcomes
- Barriers
- Solutions



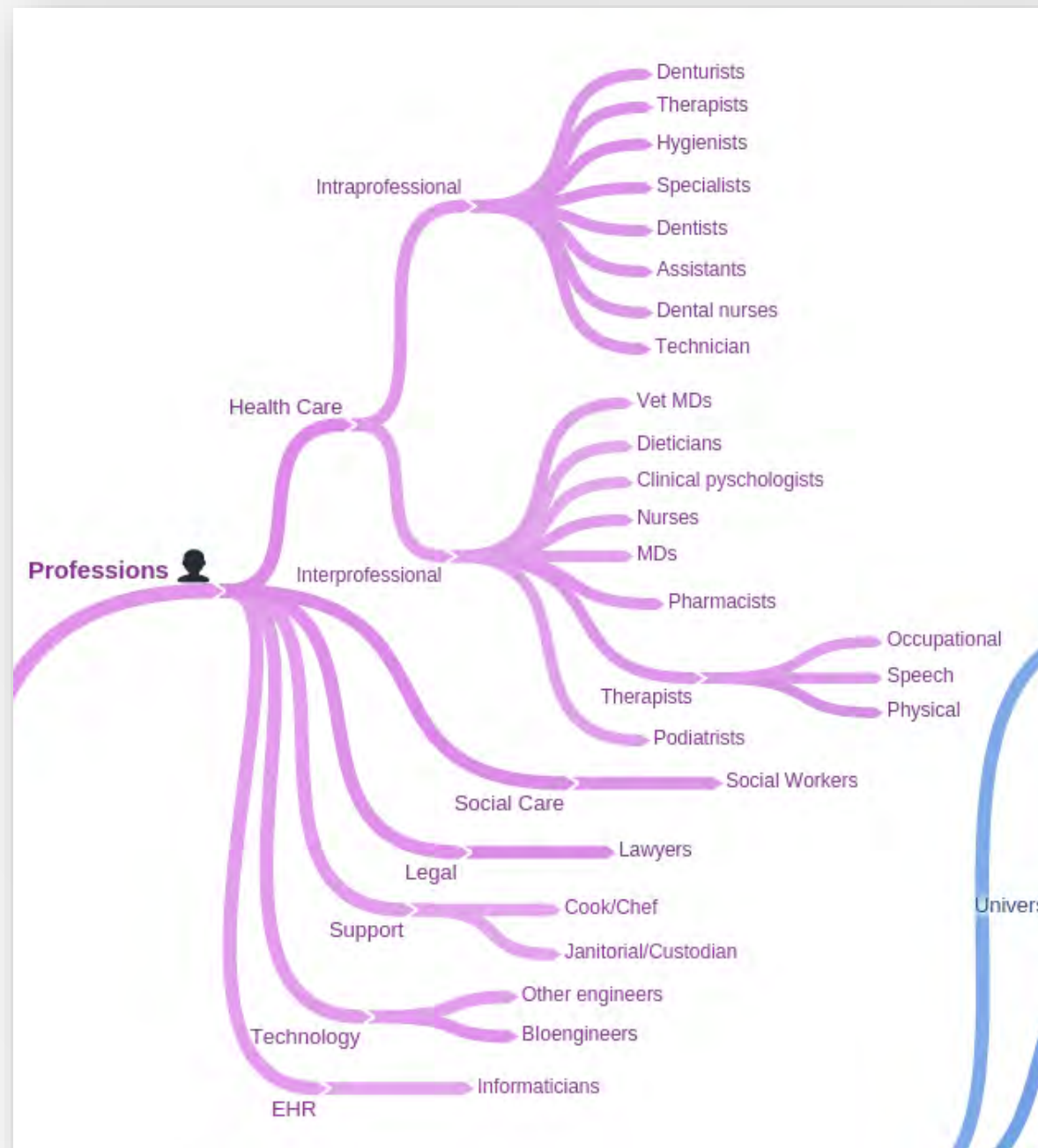
KEY MESSAGES

- No incentive / no penalty
- Country/health system makes a difference
- Why are we doing IPE?
 - In-thing
- Should we be considering social determinates of disease?
 - Current focus on health care delivery
- Lots of barriers/challenges
- Translation to practice
 - 15-20 years
- <25% from countries with incentives for IPC



PROFESSIONS

- Health Care
 - Intra-professionals
 - Inter-professionals
- Social Care
- Legal
- Support
- Technology
- EHR



METHODS

- Today's discussion



ASSESSMENTS

- Today's discussion



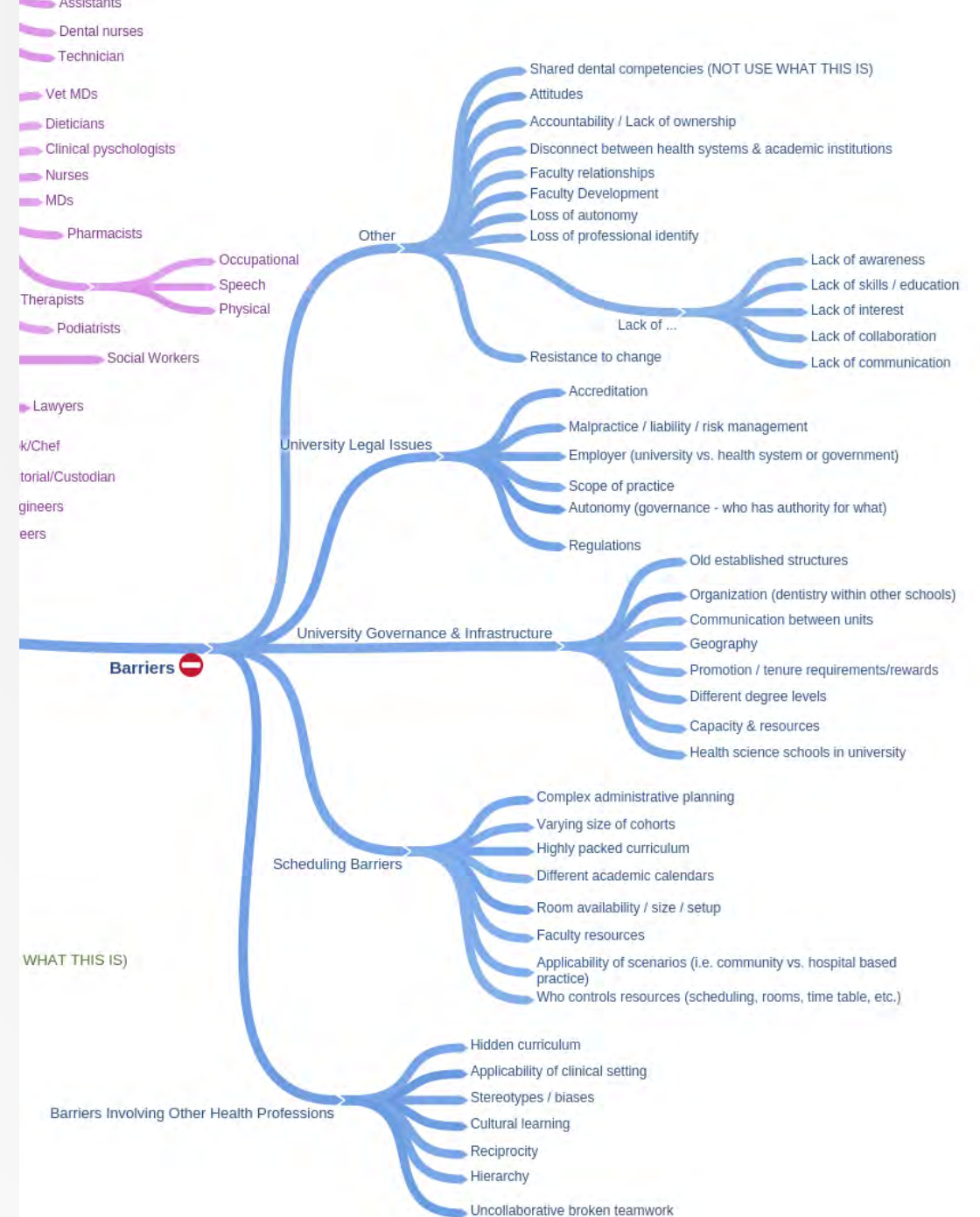
OUTCOMES

- Today's discussion



BARRIERS

- University Governance & Infrastructure
- University Legal Issues
- Barriers Involving Other Health Professions
- Scheduling Barriers
- Other



SOLUTIONS

- Today's discussion
- Key themes
 - Leadership
 - Ownership
 - Clear goals
 - Faculty development
 - Communication and consultation





ADEA | THE VOICE OF
DENTAL EDUCATION



INTER-PROFESSIONAL WORK GROUP

DAY 2 OVERVIEW

May 9, 2017



AGENDA

- Defining the future
 - Exploration of best practices/cases
 - Faculty participation
 - Development
 - Incentives
- Strategies for success
 - How to effectively implement an IPE program
 - How to effectively evaluate an IPE program



THANK YOU

	Role
Joan Davis	Rapporteur
Cecile A. Feldman	Chair
Janusz Janczukowicz	Facilitator
Barry Quin	Rapporteur
Jeffery Stuart	Facilitator

and to the entire work group



NEW KEY THEMES

- It is about "Integrated Patient Care" rather than IPE
- Delegates from various countries – wide spectrum of programs
 - Some had "best" practices
 - Some had no programs
- Stop talking; start doing
- Big Data Opportunity
 - Use of data to show that IPP has resulted in
 - Better care outcomes (health)
 - Lower costs
- Focus on what is best for
 - The patient
 - The student
- Need to create the right attitudes and the right culture



BEST PRACTICES

- Curriculum strand
 - Integrated early into training
- Integrated assessments
- Newer schools – better integration of IPE
- Work in areas that make a difference
 - Geriatrics
 - Special needs
 - Craniofacial
 - Pathology/oncology
 - Pharmacy and dental screening
- Faculty development
- Electronic Health Record
- Real patients in real settings
 - Integrated practice (IPP)
 - Community immersion
- Remove financial barrier
- Need to get students together –
- Need to have them leave with the right mind set
 - Get them together
 - Need them to learn what are the right questions from each providers perspective (every member of the team must grasp what other teams members look at)
- Reciprocity
- Required by accrediting groups



FACULTY DEVELOPMENT

- Scholarly activities
- Start with those most engaged
- Need learning/teaching support
 - Focus on team training
 - Reflection on IPE teaching
- Faculty exchanges – see other places
- Student evaluations should impact on this
- Link with university mission



FACULTY INCENTIVES

- Carrot vs. stick
- Appointments and promotions
- Scholarly activities (research/data/publication)
- Funding
 - Grants
 - Funding if incorporated IPC into practices & clinics
- Financial incentive IPP and IPE
 - Attendance at IPE conferences
- Research & data collection
- Publication



EFFECTIVE IMPLEMENTATION

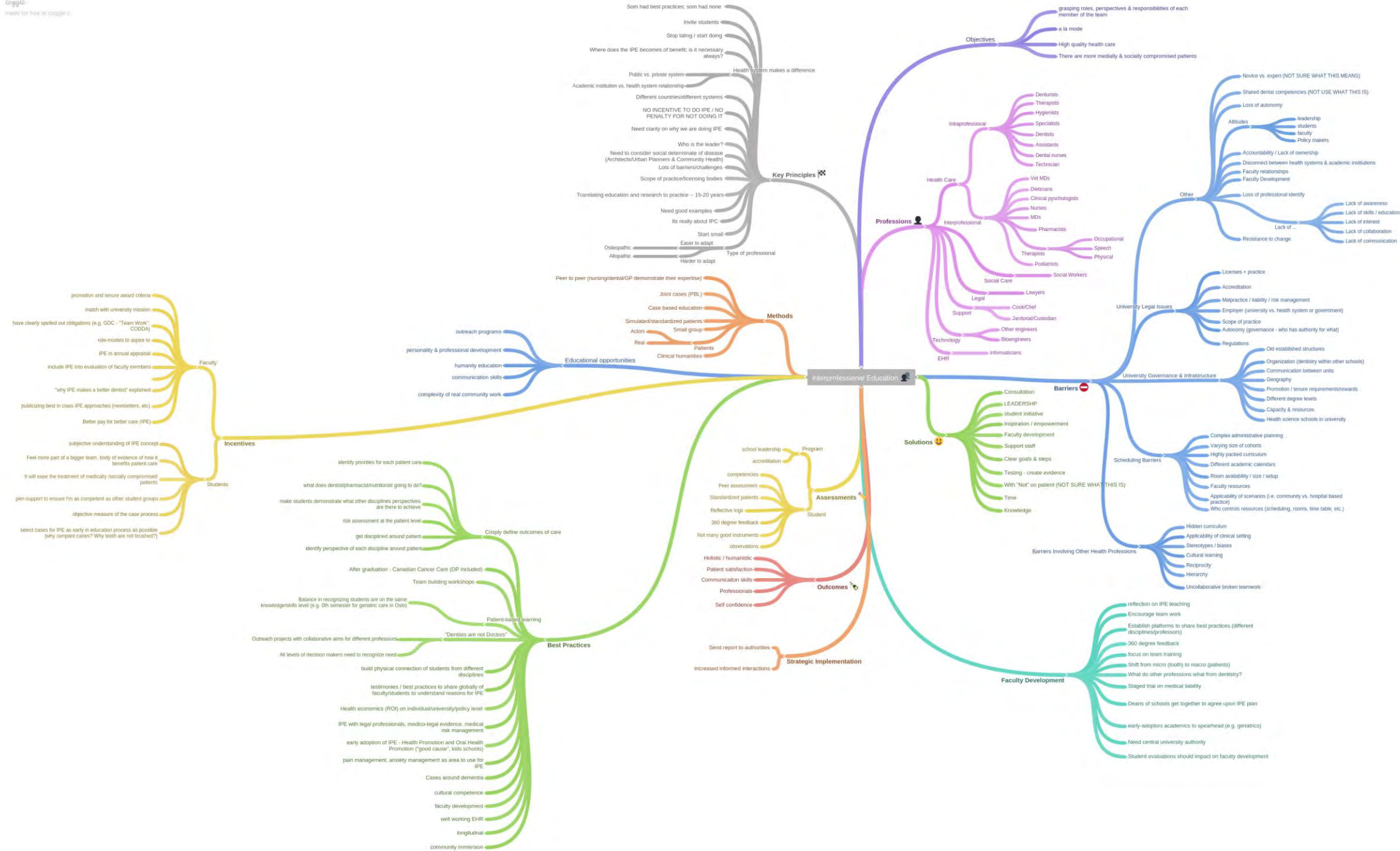
- Key themes
 - Leadership
 - Ownership
 - Clear goals
 - Faculty development
 - Communication and consultation
- Develop reports
- Increase informal interactions



EFFECTIVE EVALUATION

- Not many good assessments
- Need to look from both the patient and student perspective
- Simulated patients (actors)
- 360 degree evaluations
- Should be both on the individual and school level





Key Principles

- Som had best practices, som had none
- invite students
- Stop taling / start doing
- Where does the IPE becomes of benefit, is it necessary always?
- Public vs. private system
- Academic institution vs. health system relationship
- Different countries/different systems
- NO INCENTIVE TO DO IPE / NO PENALTY FOR NOT DOING IT
- Need clarity on why we are doing IPE
- Who is the leader?
- Need to consider social determinate of disease (Architects/Urban Planners & Community Health)
- Lots of barriers/challenges
- Scope of practice/licensing bodies
- Translating education and research to practice - 15-20 years
- Need good examples
- its really about IPC
- Start small
- Easier to adapt
- Harder to adapt
- Type of professional
- Osteopathic
- Allopathic
- Health system makes a difference

Methods

- Peer to peer (nursing/dental/GP demonstrate their expertise)
- Joint cases (PBL)
- Case based education
- Simulated/standardized patients
- Actors
- Small group
- Real
- Patients
- Clinical humanities

Educational opportunities

- outreach programs
- personality & professional development
- humanity education
- communication skills
- complexity of real community work

Faculty

- promotion and tenure award criteria
- match with university mission
- have clearly spelled out obligations (e.g. GDC - "Team Work" COODA)
- role-models to aspire to
- IPE in annual appraisal
- include IPE into evaluation of faculty members
- "why IPE makes a better dentist" explained
- publicizing best in class IPE approaches (newsletters, etc)
- Better pay for better care (IPE)

Incentives

- subjective understanding of IPE concept
- Feel more part of a bigger team, body of evidence of how it benefits patient care
- It will ease the treatment of medically/socially compromised patients
- peer-support to ensure I'm as competent as other student groups
- objective measure of the case process
- select cases for IPE as early in education process as possible (why rampart cases? Why teach are not brushed?)

Students

- identify priorities for each patient care
- what does dentist/pharmacist/nutritionist going to do?
- make students demonstrate what other disciplines perspectives are there to achieve
- risk assessment at the patient level
- get disciplined around patient
- identify perspective of each discipline around patient
- Crisply define outcomes of care
- After graduation - Canadian Cancer Care (DP included)
- Team building workshops
- Balance in recognizing students are on same knowledgeskills level (e.g. 0th semester for geriatric care in Oax)
- Outreach projects with collaborative aims for different professions
- "Dentists are not Doctors"
- Patent-based training
- All levels of decision makers need to recognize need

Best Practices

- build physical connection of students from different disciplines
- testimonies / best practices to share globally of faculty/students to understand reasons for IPE
- Health economics (ROI) on individual/university/policy level
- IPE with legal professionals, medico-legal evidence, medical risk management
- early adoption of IPE - Health Promotion and Oral Health Promotion ("good cause", kids schools)
- pain management, anxiety management as area to use for IPE
- Cases around dementia
- cultural competence
- faculty development
- well working EHR
- longitudinal
- community immersion

Assessments

- Program
 - school leadership
 - accreditation
- Student
 - competencies
 - Peer assessment
 - Standardized patients
 - Reflective logs
 - 360 degree feedback
 - Not many good instruments
 - observations

Outcomes

- Holistic / humanistic
- Patient satisfaction
- Communication skills
- Professionals
- Self confidence

Strategic Implementation

- Send report to authorities
- Increased informed interactions

Professions

- Health Care
 - Dentists
 - Therapists
 - Hygienists
 - Specialists
 - Dentists
 - Assistants
 - Dental nurses
 - Technician
- Interprofessional
 - Vit MDs
 - Dieticians
 - Clinical psychologists
 - Nurses
 - MDS
 - Pharmacists
- Therapists
 - Podiatrists
 - Occupational
 - Speech
 - Physical
- Social Care
 - Social Workers
- Legal
 - Lawyers
- Support
 - Cook/Chef
 - Janitorial/Custodian
- Technology
 - Other engineers
 - Sloemgineers
- EHR
 - Informaticians

Solutions

- Consultation
- LEADERSHIP
- student initiative
- Inspiration / empowerment
- Faculty development
- Support staff
- Clear goals & steps
- Testing - create evidence
- With "No!" on patient (NOT SURE WHA THIS IS)
- Time
- Knowledge

Barriers

- University Legal Issues
 - Licenses + practice
 - Accreditation
 - Malpractice / liability / risk management
 - Employer (university vs. health system or government)
 - Scope of practice
 - Autonomy (governance - who has authority for what)
 - Regulations
- University Governance & Infrastructure
 - Old established structures
 - Organization (jerassy within other schools)
 - Communication between units
 - Geography
 - Promotion / tenure requirements/towards
 - Different degree levels
 - Capacity & resources
 - Health science schools in university
- Scheduling Barriers
 - Complex administrative planning
 - Varying size of cohorts
 - Highly packed curriculum
 - Different academic calendars
 - Room availability / size / setup
 - Faculty resources
 - Applicability of scenarios (i.e. community vs. hospital based practice)
 - Who controls resources (scheduling, rooms, time table, etc.)
- Barriers Involving Other Health Professions
 - Hidden curriculum
 - Applicability of clinical setting
 - Stereotypes / biases
 - Cultural learning
 - Reciprocity
 - Hierarchy
 - Uncollaborative broken teamwork

Faculty Development

- reflection on IPE teaching
- Encourage team work
- Establish platforms to share best practices (different disciplines/professions)
- 360 degree feedback
- Shift on team training
- Shift from micro (tooth) to macro (patients)
- What do other professions what from dentistry?
- Staged trial on medical liability
- Deans of schools get together to agree upon IPE plan
- early-adoptors academics to spearhead (e.g. geriatrics)
- Need central university authority
- Student evaluations should impact on faculty development

Objectives

- grasp roles, perspectives & responsibilities of each member of the team
- a la mode
- High quality health care
- There are more medially & socially compromised patients

Other

- Novice vs. expert (NOT SURE WHAT THIS MEANS)
- Shared dental competencies (NOT USE WHAT THIS IS)
- Loss of autonomy
- Attitudes
 - leadership
 - students
 - faculty
 - Policy makers
- Accountability / Lack of ownership
- Disconnect between health systems & academic institutions
- Faculty relationships
- Faculty Development
- Loss of professional identity
- Resistance to change
 - Lack of awareness
 - Lack of skills / education
 - Lack of interest
 - Lack of collaboration
 - Lack of communication

University Governance & Infrastructure

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