

Interprofessional Practice and Education (IPE) at UT Southwestern

Strategic Plan 2018-2023

Updated 01/30/2020



EXECUTIVE SUMMARY

Interprofessional Practice and Education (IPE) at UT Southwestern functions as a centralized bridge for the schools (medical, health professions, graduate) to integrate and coordinate interprofessional education and collaborative practice. The office for IPE coordinates activities such as Convergence, as well as enhancing specific IPE missions within each professional academic program (medical, physician assistant, physical therapy, etc.). The Director for IPE will bring together key stakeholders from across the campus (clinical, hospital, health system) in interprofessional practice and education to implement education, practice and innovation in a centralized manner in alignment with the institutional mission and goals.



Interprofessional students (medical, nursing, pharmacy, physical therapy, nutrition, physician assistant, prosthetics-orthotics, rehabilitation counseling, radiation therapy) participate in an innovative interprofessional teamwork activity, a “Riddle Room”, on Diabetes during Convergence Day 2018.

Vision:

UT Southwestern will be a leading innovator for interprofessional collaborative practice.

Mission:

Improve health care by advancing interprofessional collaborative practice through innovation and education.

Strategic Directions:

The four main strategic directions for Interprofessional Practice and Education (IPE) at UT Southwestern include:

1. Promote the advancement of interprofessional education and collaborative practice
2. Provide interprofessional faculty and staff development including preceptor training and continuing education to preceptors who supervise UT Southwestern students
3. Bridge the integration of collaborative practice models and education
4. Foster innovation in the area of interprofessional collaborative practice and education

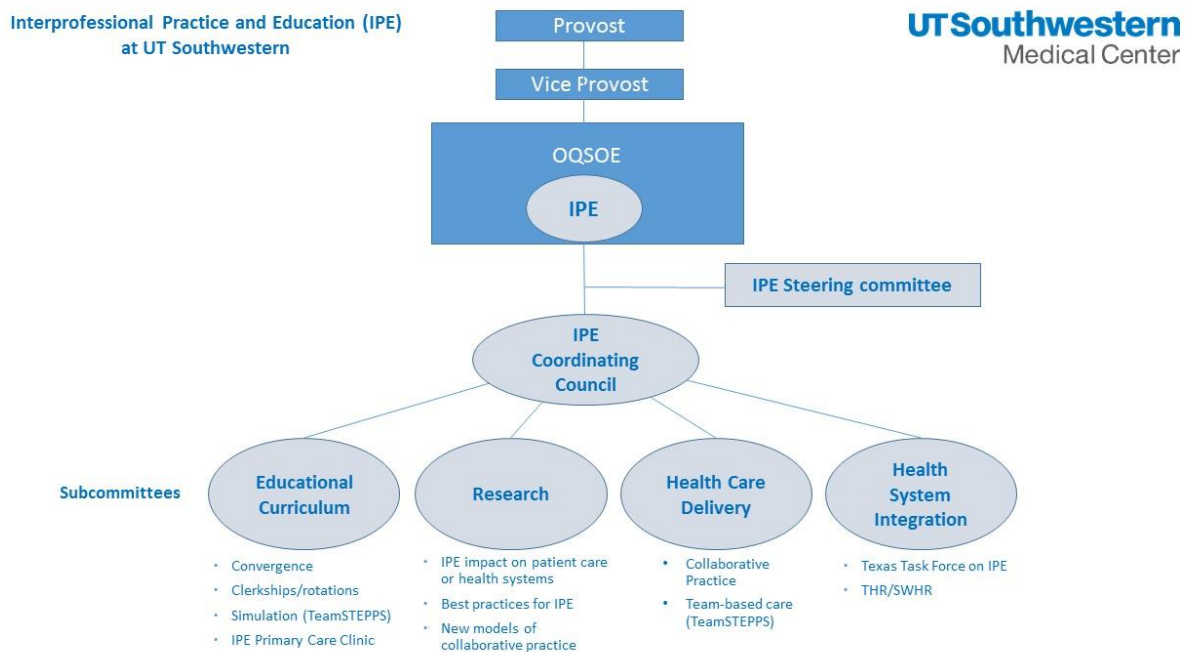
BACKGROUND

Efforts in interprofessional education have grown at UT Southwestern Medical Center over the past nine years. This growth requires centralized and coordinated interprofessional education activities within UT Southwestern, and in collaboration with other academic institutions.

Interprofessional Practice and Education (IPE) functions as a centralized bridge for the schools (medical, health professions, graduate) at UT Southwestern to integrate and coordinate interprofessional education and collaborative practice. IPE coordinates activities such as Convergence, the program established to provide foundations in interprofessional education (Appendix 3), as well as enhances specific IPE missions within each professional academic program (medical, physician assistant, physical therapy, etc.) (Appendix 4). IPE also brings together key stakeholders across the campus (clinical, hospital, health system) in interprofessional practice and education to implement education, practice and innovation in centralized manner in alignment with the institutional mission and goals (Appendices 5-9).

The Quality, Safety and Outcomes Education Office (QSOEO) now houses a central, dedicated office for Interprofessional Practice and Education (IPE) that will efficiently support IPE developments at an institutional level to meet future requirements (Figure 1). In 2018, Kim Hoggatt Krumwiede, PhD, was appointed Director of Interprofessional Practice and Education for UT Southwestern Medical Center.

Figure 1. Organizational Chart for IPE



STRATEGIC PLANNING PROCESS

In 2017, Dr. Hoggatt Krumwiede, Interim Director for IPE, and organized an interprofessional steering committee with members from the academic, clinical, and system arenas at UT Southwestern and launched a strategic planning process (Appendix 2). The committee met monthly over the course of

a year in to order analyze the state of interprofessional practice and education at UT Southwestern (Table 1) and establish the direction and goals for the IPE for the next five years.

Table 1. SWOT Analysis for Interprofessional Practice and Education

Strengths	Weaknesses
<ul style="list-style-type: none"> • Administrative Support • Good foundational IPE • Inter & intra school collaboration • Large clinical practice • Having an office resource dedication to IPE • Convergence → IDEAL Course • Desire to educate • An interest/focus in/on improvement • Quality and flexible personnel • UTSW known as innovator • Aligned with organization Mission/Vision • Target Excellence • Current momentum • Target quality: care & education • Excellent patient care • Within a bigger system with resources • Hospital system where providers interact on some level • Pre-existing IPE system activities • UTSW offers education, clinics, hospitals, THR • Patient centric • Reputation • Culture • Professional practice continuing education for IPE 	<ul style="list-style-type: none"> • Organizational complexity • Communication • Translating basic education to practice • Concurrent changes → competing priority • Need more student interaction between schools • Culture • Not as many are aware IPE office exists • New venture • Clinical practice level IPE • Relative lack of support for educational programs • Graduate Medical Education IPE • Data and Research • Inertia • Common knowledge of IPE • Students educated in an environment where preceptors are not • Education at UTSW is siloed • Training largely done in separate silos • History of siloed practice patterns
Opportunities	Threats
<ul style="list-style-type: none"> • Provide structure/resources within the institution • Align educational objectives within varied accrediting bodies to avoid duplication of effort • Produce educational program for trainees and faculty • Research opportunities • Many possibilities for formal/curricular & informal/extracurricular interaction/education • Consider new models that build on strengths • Collaborative work with hospital partners • Benchmark other IPE programs • Research collaborative practice models • Set standards for IPE • Centralize support for interprofessional activities & research • Address silos • Become a leader in IPE • More IPE integration on clinical rotations • Develop innovative IPE/P techniques • Better patient outcomes (care, satisfaction) • Improve operational efficiencies • Coordinate practice models & education 	<ul style="list-style-type: none"> • Silos • Funding • Loss of momentum • RVUs (clinical sites) • Will need additional personnel for implementation • Varied logistical requirements across professions • Buy-in • “Mico” scrutiny • Limited protected time for faculty • Not having a critical mass of champions • Lack of support/buy-in from stakeholders • Inexperience • Administrative changes (Provost) • Risk of failure • Changing focus midway through • Time • Curricular differences • Institutional resistance • Funding/Financial Support • Failure to get grassroots buy-in • Lack of structure • Preset expectation • Lack of external benchmark → what are other IPEs doing • Resistance to change/innovation

STRATEGIC DIRECTIONS, GOALS, AND ACTION ITEMS

The interprofessional steering committee identified four main strategic directions for Interprofessional Practice and Education (IPE) at UT Southwestern:

1. Promote the advancement of interprofessional education and collaborative practice
2. Provide interprofessional faculty and staff development including preceptor training and continuing education to preceptors who supervise UT Southwestern students
3. Bridge the integration of collaborative practice models and education
4. Foster innovation in the area of interprofessional collaborative practice and education

Strategic Direction 1.

Promote the advancement of interprofessional education and collaborative practice

Goals

- 1.1 Establish organizational supporting bodies
- 1.2 Provide structure/resources within the institution
- 1.3 Align educational objectives within varied accrediting bodies to avoid effort duplication
- 1.4 Explore possibilities for formal/curricular & informal/extracurricular interaction/education
- 1.5 Benchmark other IPE programs

Table 2 identifies the timeline, and action items for each goal for Strategic Direction 1.

Table 2.

Strategic Direction	Goal	Action Items
<p>1. Promote the advancement of interprofessional education and collaborative practice</p>	Year 1	
	1.1 Establish organizational supporting bodies	<ul style="list-style-type: none"> • Establish Advisory Board that meets quarterly • Establish subcommittees (Education, Practice, Integration, Research)that meet monthly • Schedule monthly meeting for IPE Coordinating Council
	1.2 Provide structure/resources within the institution	<ul style="list-style-type: none"> • Establish funding source through OQSOE • Establish infrastructure within OQSOE
	1.3 Align educational objectives within varied accrediting bodies to avoid effort duplication	<ul style="list-style-type: none"> • Contact educational programs for educational objectives relating to IPE • Reconciled any duplication between academic programs
	1.4 Explore possibilities for formal/curricular & informal/extracurricular interaction/education	<ul style="list-style-type: none"> • Contact and work with existing IPE intersections in education and student organizations for existing and potential interprofessional activities
	1.5 Benchmark other IPE programs	<ul style="list-style-type: none"> • Review IPE strategic plans from other institutions
	1-3 years	
	1.6 Centralize support for interprofessional activities and research	<ul style="list-style-type: none"> • Brand office and send out communications and resources to stakeholders • Build out website for centralized IPE
	>3 years – long term	
	1.7 Become a leader in IPE	<ul style="list-style-type: none"> • Provide centralized and coordinated support for presentations, publications, and research

Strategic Direction 2.

Provide Interprofessional faculty and staff development including preceptor training and continuing education

Goals

2.1 Continue to produce and support existing faculty development for trainees and faculty

2.2 Produce and support new faculty development for trainees, faculty

2.3 Align educational objectives within varied accrediting bodies to avoid effort duplication

Table 3 identifies the timeline, and action items for each goal for Strategic Direction 2.

Table 3.

Direction	Goal	Action Items
<p>2. Provide Interprofessional faculty and staff development including preceptor training and continuing education</p>	Year one	
	2.1 Continue to produce and support existing faculty development for trainees and faculty	<ul style="list-style-type: none"> • Produce Convergence facilitator development • Support IDEAL Interprofessional Symposium for Collaborative Practice • Support SCAETC faculty development symposium on HIV/AIDS IPE clerkship
	1-3 years	
	2.2 Produce and support new faculty development for trainees, faculty, and staff	<ul style="list-style-type: none"> • Produce module on IPE facilitation for clinical preceptors • Produce online module for hospital staff on IPE • Support QEP (TeamFIRST) faculty development
	2.3 Align educational objectives within varied accrediting bodies to avoid effort duplication	<ul style="list-style-type: none"> • Utilize TracDat system to identify IPE activities and align with academic programs for accreditation requirements
>3 years- long term		
	2.2 Produce and support new faculty development for trainees, faculty, and staff	<ul style="list-style-type: none"> • Produce simulation training for preceptors on facilitating interprofessional groups of trainees in clinical settings • Support QEP faculty development (TeamFIRST) plans and incremental changes

Strategic Direction 3.

Bridge the integration of collaborative practice models and education

Goals

3.1 Establish collaborative work with hospital and clinic partners

3.2 Consider new models that build on strengths

3.3 Set Standards for IPE at UTSW

3.4 Identify and stratify areas of collaborative practice on campus according to set standards

3.5 Integrate practice models and education

3.6 Increase IPE integration on clinical rotations

3.7 Increase collaborative practice on campus

Table 4 identifies the timeline, and action items for each goal for Strategic Direction 3.

Table 4.

Direction	Goal	Action Items
3. Bridge the integration of collaborative practice models and education	Year 1	
	3.1 Establish collaborative work with hospital and clinic partners	<ul style="list-style-type: none"> Identify key individuals from hospital and clinics to form collaborative workgroup Workgroup meets monthly
	3.2 Consider new models that build on strengths	<ul style="list-style-type: none"> Identify key strengths of UTSW Identify models of collaborative practice
	1-3 years	
	3.3 Set Standards for IPE at UTSW	<ul style="list-style-type: none"> Identify and define standards for IPE education and practice/application at UTSW
	3.4 Identify and stratify areas of collaborative practice on campus according to set standards	<ul style="list-style-type: none"> Review existing hospital units and clinical settings for good examples of collaborative practice that match set standards. List of hospital units and clinical settings that function as models of collaborative practice at UTSW.
	>3 years – long term	
	3.5 Integrate practice models and education	<ul style="list-style-type: none"> Coordinate interprofessional educational competencies and objectives to match collaborative practice expectations Map competencies and proficiencies used in collaborative practice settings, in order to inform trainee preparedness in educational didactic and clinical environments
	3.6 Increase IPE integration on clinical rotations	<ul style="list-style-type: none"> Identify clinical clerkships/rotations that would benefit from IPE integration
3.7 Increase collaborative practice on campus	<ul style="list-style-type: none"> Offer consultation, resources, and support to units and clinics that could benefit from implementing a collaborative Develop simulations for training interprofessional team on collaborative practice competencies 	

Strategic Direction 4.

Bridge the integration of collaborative practice models and education

Goals

- 4.1 Support faculty and students with innovative ideas for IPE
- 4.2 Research collaborative practice models on and off campus
- 4.3 Develop research opportunities
- 4.4 Develop innovative IPE/P techniques
- 4.5 Improve patient outcomes (care, satisfaction, value)
- 4.6 Improve operational efficiencies and cost and reduce provider burnout

Table 5 identifies the timeline, and action items for each goal for Strategic Direction 4.

Table 5.

Direction	Goal	Action Items
4. Foster Innovation in the area of interprofessional collaborative practice and education	Year 1	
	4.1 Support faculty and students with innovative ideas for IPE	<ul style="list-style-type: none"> • Work with students to create new Convergence activities
	4.2 Research collaborative practice models on and off campus	<ul style="list-style-type: none"> • Review the literature and observe existing models on campus for innovation in collaborative practice
	1-3 years	
	4.3 Develop research opportunities	<ul style="list-style-type: none"> • Identify current state of operational efficiencies, cost, and provider burnout • Submit research proposals
	>3 years – long term	
	4.4 Develop innovative IPE/P techniques	<ul style="list-style-type: none"> • Identify innovative techniques and methods to teach or train the techniques to individuals or teams • Develop training modules and simulations teaching new IPE/P techniques • Develop innovative collaborative care models to enhance provider wellness
	4.5 Improve patient outcomes (care, satisfaction, value)	<ul style="list-style-type: none"> • Identify key data sets for patient outcomes linked to collaborative practice, request permission to have access to data, and conduct data analysis • Design and implement research with a focus on possible links to collaborative practice and patient outcomes
4.6 Improve operational efficiencies and cost and reduce provider burnout	<ul style="list-style-type: none"> • Identify key data sets for operational efficiencies, cost, and provider burnout linked to collaborative practice, request permission to have access to data, and conduct data analysis • Design and implement QA&I research projects including collaborative practice 	



Scoliometry education and measurements by physical therapy students on Convergence Day focused on Marfan syndrome.

STRATEGIC DIRECTIONS ACCOUNTABILITY MEASURES AND METRICS

Table 6 matches short and long term priorities for the strategic directions with measurable outcomes.

Table 6.

Strategic Direction	Priorities	Measurable Outcomes
1. Promote the advancement of interprofessional education and collaborative practice	1-3 Years	
	Align educational objectives within varied accrediting bodies to avoid effort duplication	<ul style="list-style-type: none"> • Map in TracDat of aligned educational objectives across programs
	Explore possibilities for formal/curricular & informal/extracurricular interaction/education	<ul style="list-style-type: none"> • 1-3 Coordinated activities between Convergence and the new SACS Quality Enhancement Plan (QEP) • 1-3 Interprofessional Clerkships/Rotations • 1 Interprofessional Volunteer Opportunity in Student Run Clinics • 1 Interprofessional Global Health experience • 1-3 Student Interprofessional leadership (ILC) activities • 1 Resident interprofessional activity
	>3 years – long term	
	Become a leader in IPE	<ul style="list-style-type: none"> • 15+ IPE Presentations from UTSW faculty/students at local, national, and international levels • 15+ IPE publications by UTSW faculty/students • 25+ Citations on IPE publications by UTSW faculty/students • Minimum of 1-2 funded grants per year for IPE education and research
2. Provide Interprofessional faculty and staff development including preceptor training and continuing education	1-3 years	
	Continue to produce and support existing faculty development for trainees and faculty	<ul style="list-style-type: none"> • 85+ participants in Convergence facilitator development session • Positive post Convergence evaluations (average 4 or above on 5pt Likert scale) on small group facilitation
	Produce and support new faculty development for trainees, faculty, and staff	<ul style="list-style-type: none"> • 20+ participants successfully complete (score 85% or higher) SCAETC module IPE facilitation for clinical preceptors • 20+ participants successfully complete (score 85% or higher) online module on IPE available to hospital staff
	>3 years- long term	
	Produce and support new faculty development for trainees, faculty, and staff	<ul style="list-style-type: none"> • 10-20 clinical preceptors successfully participate in simulation training (score 85% or higher) for facilitation groups of trainees in clinical setting • Positive student evaluations (average 4 or above on 5pt Likert scale) of clerkship preceptors, who have participated in simulation training) regarding IPE facilitation

Table 6 continued.

Strategic Direction	Priorities	• Measurable Outcomes
3. Bridge the integration of collaborative practice models and education	1-3 years	
	Set Standards for IPE at UTSW	<ul style="list-style-type: none"> • Each IPE activity and corresponding assessment will define how it meets IPE standards as defined by UTSW.
	Identify and stratify areas of collaborative practice on campus according to set standards	<ul style="list-style-type: none"> • Identify at least 3 hospital units and clinical settings that are function as models of collaborative practice at UTSW.
	>3 years – long term	
Increase collaborative practice on campus	<ul style="list-style-type: none"> • 10+ units and clinics listed as using a model of collaborative practice model as defined by UTSW standards. 	
4. Foster Innovation in the area of interprofessional collaborative practice and education	1-3 years	
	Support faculty and students with innovative ideas for IPE	<ul style="list-style-type: none"> • Successful Convergence Riddle Room activity implementation (positive knowledge gains) and evaluations from students (average 4 or above on 5pt Likert scale) and facilitators (average 4 or above on 5pt Likert scale)
	Develop research opportunities	<ul style="list-style-type: none"> • Submission of 1 grant proposal for research on an IPE activity
	>3 years – long term	
	Improve patient outcomes (care, satisfaction, value)	<ul style="list-style-type: none"> • One funded grant per year for research with a focus on possible links to collaborative practice and patient outcomes • 1-2 research publications reaching high impact with a focus on possible links to collaborative practice and patient outcomes
Improve operational efficiencies and cost and reduce provider burnout	<ul style="list-style-type: none"> • One funded grant per year for a QA&I research project including collaborative practice • 1-3 QA and I publications reaching high impact with a focus on collaborative practice 	



An interprofessional team of students buzzes in at the Knowledge Bowl on Convergence Day focused on Marfan syndrome. (2013)

CONCLUSION

With a new centralized role, Interprofessional Practice and Education (IPE) is in a unique position to integrate and coordinate interprofessional education and collaborative practice at UT Southwestern Medical Center. IPE will work with key stakeholders across the campus (clinical, hospital, health system) in interprofessional practice and education to implement education, practice and innovation in a centralized manner in alignment with the institutional mission and goals.

The four strategic directions created through the strategic planning process and described in this report will provide a clear framework for the activities and priorities of IPE for the next five years. As outlined in these strategic directions, IPE is committed to: 1) Promote the advancement of interprofessional education and collaborative practice, 2) Provide interprofessional faculty and staff development including preceptor training and continuing education to preceptors who supervise UT Southwestern students, 3) Bridge the integration of collaborative practice models and education, and 4) Foster innovation in the area of interprofessional collaborative practice and education.

This strategic plan for 2018-2023 will provide a strategic framework for Interprofessional Practice and Education for UT Southwestern to achieve its mission to prepare health professionals of the highest quality to meet the needs of the health care system in Texas through interdisciplinary education and promotion of comprehensive health care.



Keynote speaker, Dr. Dan Kastner, meets with a Convergence group to discuss the case study of PAPA syndrome on Convergence Day for Innate Immunity. (2014)



A trainee presents her research to an interprofessional group of students.

APPENDIX 1. IPE Steering Committee Members

Interprofessional Practice and Education

Kim Hoggatt Krumwiede, PhD

Director, Interprofessional Practice and Education at UT Southwestern

Associate Dean for Academic Affairs, School of Health Professions
Professor, Department of Health Care Sciences

UT Southwestern Medical School

Thomas Dalton, MD

Assistant Professor, Division of Geriatrics, Department of Internal Medicine

Adrian Salazar, MD

Assistant Professor, Department of Internal Medicine

Philip Greilich, MD

Professor, Department of Anesthesiology and Pain Management

Robert Rege, MD

Associate Dean for Undergraduate Medical Education
Professor, Department of Surgery

Dorothy Sendelbach, MD

Professor, Department of Pediatrics

David Weigle, PhD

Assistant Dean, Graduate Medical Education
Assistant Professor, Family and Community Medicine
Designated Institutional Official

School of Health Professions

David Klocko, MPAS

Associate Professor, Department of Physician Assistant Studies

Tara Dickson, DPT

Assistant Professor, Department of Physical Therapy

Advanced Practice Providers

Rhonda Hough, DNP, APRN, CPNP-AC

Director of Advanced Practice Providers, Office of Health System Affairs

Quality, Safety, and Outcomes Education

Gary Reed, MD

Associate Dean, Quality Safety and Outcomes Education
Professor, Department of Internal Medicine

Pat Griffith, MBA

Director of Quality Improvement, Quality Safety and Outcomes Education

Susan Ferreira, PhD

Associate Professor, Industrial Manufacturing and Systems Engineering
University of Texas at Arlington

Simulation Center

Daniel Scott, MD

Director, UT Southwestern Simulation Center
Assistant Dean of Simulation and Student Integration, Graduate Medical Education
Professor, Department of Surgery

Office of Global Health

Fiemu Nwariaku, MD, FACS

Associate Dean and Director Global Health
Department of Surgery

Mary Chang, MD

Program Director for Global Health Education
Assistant Professor, Department of Emergency Medicine

APPENDIX 2. Glossary of Terms

Collaborative practice - Multiple health workers from different professional backgrounds work together with patients, families, health care providers and communities to deliver the highest quality of care. "It allows health workers to engage any individual whose skills can help achieve local health goals." (World Healthcare Organization, 2010)

Convergence – A UT Southwestern initiative to develop and advance foundational experiences with interprofessional learning that introduce future clinicians to competencies for team-based care.

Interprofessionalism - Work occurring between or involving two or more professions.²³

Interprofessional collaboration - Interprofessional work involving various health and social care professionals who come together regularly to solve problems, provide services, and enhance health outcomes.

Interprofessional education. "[W]hen two or more professions learn with, about, and from each other to enable effective collaboration and improve health outcomes." (World Healthcare Organization, 2010) Takes place in preprofessional and undergraduate health professions training programs.

Interprofessional Leadership Committee (ILC) – A UT Southwestern student organization with the mission to integrate health care professional students from all area programs in both social and professional settings, to coordinate events for all students to be involved, and to represent each individual program that disperses information from different groups to each program. ILC members aspire to form interprofessional networks and teams in the educational setting to better understand each interprofessional role to provide the best care to future patients. The ILC is sponsored by the office of Interprofessional Practice and Education (IPE).

Interprofessional learning. Learning that arises from interaction involving members or students of two or more professions. Takes place in clinical learning environments and other care settings as part of the continuum of learning. (National Center for Interprofessional Practice and Education)

Interprofessional teamwork - Work involving different health or social care professionals who share a team identity and work together closely in an integrated and interdependent manner to solve problems, deliver services, and enhance health outcomes. (National Center for Interprofessional Practice and Education)

Texas Interprofessional Education (IPE) Consortium - Initially a task force, this group was formed by leadership from academic health sciences centers in the state of Texas. The purpose of the consortium is to foster cross-institutional collaboration in order to expand learning opportunities and reinforce value for IPE as a critical aspect of health professions education. The University of Texas Southwestern Medical Center, University of Texas at Austin, Texas A&M University Health Science Center, Texas Tech University Health Sciences Center, and University of North Texas Health Science Center continue to serve as the executive leadership of the organization and provide the primary funding for meetings and trainings.

South Central AIDS Education and Training Center (SCAETC) – This regional center currently works with UT Southwestern IPE on an HIV Inter-professional Education Project (HIV IPE). The SCAETC is funded by HRSA. UT Southwestern has submitted a proposal to lead the SCAETC in the next round HRSA grant funding in 2020.