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Interprofessional Education and the Clinical Learning Environment: Key Features to Consider

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INTRODUCTION

- **INTERPROFESSIONAL EDUCATION (IPE)** in the clinical workplace is where learners become healthcare team members focused on optimizing patient care/outcomes.
- **SIGNIFICANT BARRIERS** to effective interprofessional learning in the clinical environment include:
  - **FACILITY AND LOGISTICAL ISSUES**
    - How many different learners can fit in a specific setting
    - Scheduling of learners and providers
  - **DIFFERING EDUCATIONAL REQUIREMENTS BY PROFESSION**
    - Active supervision / presence by provider in trainee’s profession (medical student by physician; PT by PT)
    - Overlapping expectations between MD, NP, PA learners
  - Adds stressors to teachers, staff and patients
- **SYSTEMATIC IPE INTEGRATION** in the clinical workplace can support effective team-based care, collegiality and resiliency
- **CHALLENGE**: Limited literature on the key elements to consider when implementing IPE in the clinical workplace

PROJECT AIM

To create an Interprofessional Clinical Learning Environment Checklist (IP-CLEC) highlighting critical elements needed to operationalize IPE integration into the clinical workplace

METHODS

- **THE IP-CLEC** was designed by combining two data sets:
  - Ambulatory-based clinical site quality indicators
  - Recently identified key features associated with operationalizing IPE in the clinical workplace
- **AN INTERPROFESSIONAL TEAM** composed of physician and NP educational leaders, educators, student education and project managers were engaged to review the checklist, revise, and pilot with shared assumptions:
  - IPE is driven by patient needs
  - Each professions’ trainee’s patient contact may be asynchronous but the team’s approach is synchronized

RESULTS: IP-CLEC CHECKLIST

**Interprofessional Clinical Learning Environment Checklist**

<table>
<thead>
<tr>
<th>#</th>
<th>People: Leadership and Teachers (Across the Professions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Leaders and teachers actively champion and support IPE in the clinical workplace</td>
</tr>
<tr>
<td>2</td>
<td>Leaders see trainees as adding value to patient care by aligning patient and educational priorities</td>
</tr>
<tr>
<td>3</td>
<td>Delineate various IPE trainees’ scope of practice and align with accreditation &amp; supervision requirements</td>
</tr>
<tr>
<td>4</td>
<td>Providers in the clinical workplace embrace IPE and the principles of patient-centered collaborative care</td>
</tr>
<tr>
<td>5</td>
<td>Adapt existing evidence-based educational strategies approaches to support IPE (e.g., case conferences, clinic huddles)</td>
</tr>
<tr>
<td>6</td>
<td>Teacher development resources/training available for on-site and web-based IPE oriented with option for continuing education credit</td>
</tr>
</tbody>
</table>

**Clinical Site Readiness**

<table>
<thead>
<tr>
<th>#</th>
<th>Clinical workplace provides patient centered care using a collaborative practice, team-based approach with multiple professions active at the site</th>
</tr>
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<tbody>
<tr>
<td>7</td>
<td>Sufficient clinical workspace to accommodate multiple health professions students (e.g., desktop/mobile workstations to access/review EHR, size/# of clinical and/or patient care rooms, debriefing areas)</td>
</tr>
<tr>
<td>8</td>
<td>Clinical teachers available in each IPE profession</td>
</tr>
<tr>
<td>9</td>
<td>Experienced clinical teacher(s) in at least one profession</td>
</tr>
<tr>
<td>10</td>
<td>Provide ongoing feedback to IPE trainees and end of experience final assessments</td>
</tr>
<tr>
<td>11</td>
<td>Patients willing to see interprofessional trainees</td>
</tr>
</tbody>
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**Processes: Rapid Cycle PDSA & Workflows**

<table>
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<tr>
<th>#</th>
<th>Workplace providers and trainees consider workplace-based IPE as opportunity for rapid cycle PDSA</th>
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<tbody>
<tr>
<td>13</td>
<td>IPE can “start small”, be tested and “spread” results consistent with IHI Improvement Model</td>
</tr>
<tr>
<td>14</td>
<td>Workflows for IPE clinical placements and onboarding to health care system and site</td>
</tr>
</tbody>
</table>

**Summary**

**Three IP-CLEC Domains Importance of:**

1. **People**: Strong and visible IPE support from clinical and education leaders, clinical teachers across the professions and providers
   - See IPE as “value added” to the clinical mission
   - Recognize the time/changes in clinical operations
   - Committed to providing real world experiences
   - Provide effective meaningful learner assessments

2. **Clinical Site Readiness**: Clinical site + teacher + provider /staff + patient IPE readiness
   - Must be patient-centered, team-oriented workplaces to model appropriate IPE behaviors
   - Must have sufficient clinical workspace for trainees

3. **Processes**: See workplace-based IPE as opportunity for
   - Rapid cycle PDSA and use of workflows
   - IPE clinical placements and trainee on-boarding

**Current & Future Steps**

Piloting IP-CLEC in primary care clinic

1. **People**: Identified and met with target site clinical & education stakeholders
   - Individual meetings to explore and assess leader views of IPE as “value added”
   - Convene individuals to make commitment public

2. **Clinical Site Readiness**: Clinical site + teachers + provider/staff + patient are IPE ready

3. **Processes**: Connecting workplace-based IPE to
   - GME required QI
   - Performance Improvement - CME
   - Preparing IPE clinical placements and trainee on-boarding

**Future Steps include:**

1. Review and refine IP-CLEC
2. Use checklist to spread IPE more clinical settings
3. Evaluate the “value” of workplace based IPE

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