



Interprofessional Education to Promote Quality Health Care: The ACNM & ACOG Project

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World Health
Organization

2010 - Interprofessional collaboration is a promising solution to achieving the appropriate supply, mix and distribution of health care professionals in all countries

Urged health care professionals to learn together to work together collaboratively to improve health for their patients

Overview

- Basic terms and definitions
 - WHO Model
 - Current evidence
 - ACNM & ACOG Project example
 - Future opportunities
 - Resources
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- **QUESTION:** What meaningful experiences have you had learning or working with someone from another health care profession?



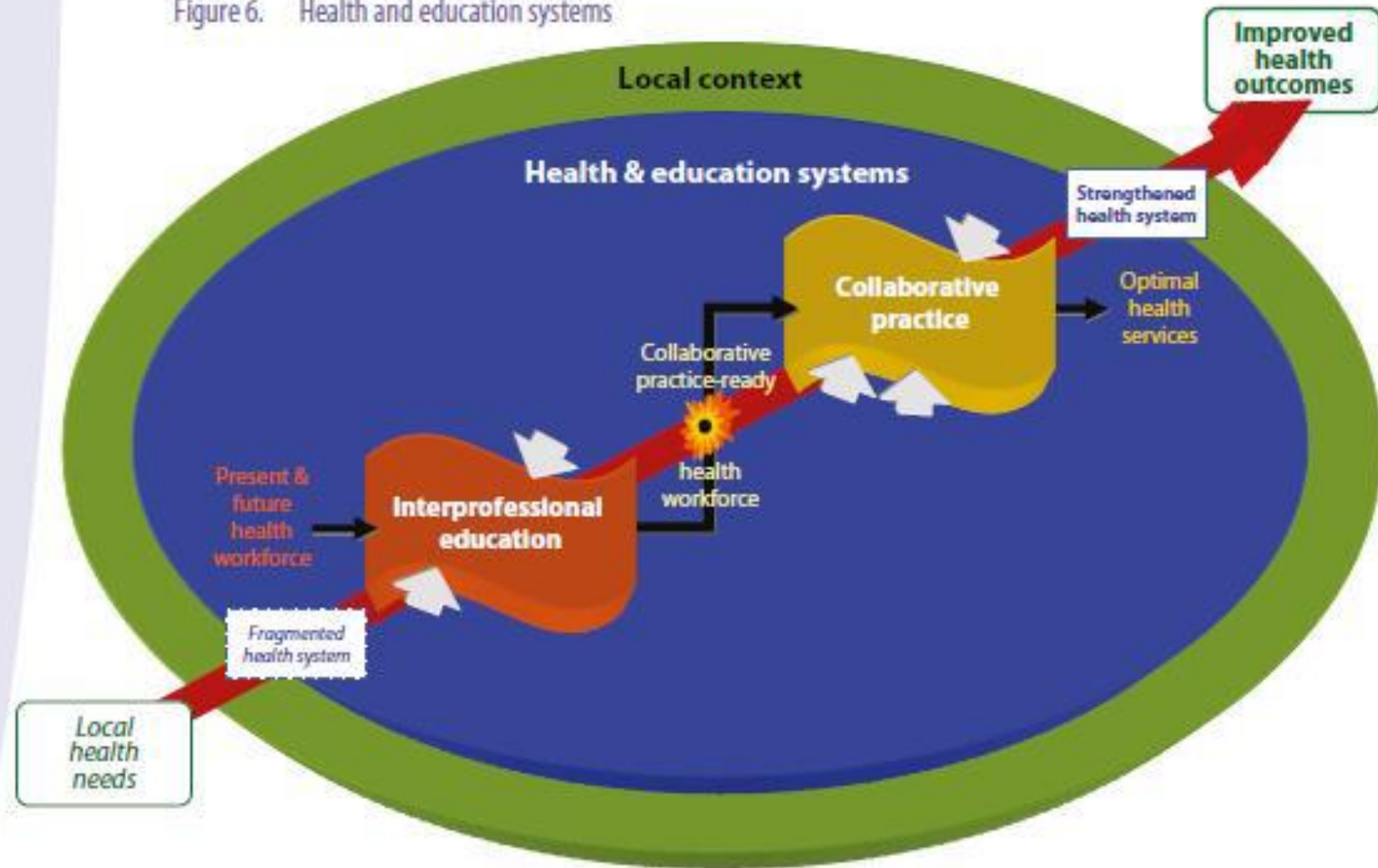


Terms and Definitions

- Interprofessional Education – When students from 2 or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes (WHO).
- Interprofessional Practice – When multiple health workers from different backgrounds work together with patients, families, caregivers and communities to deliver the highest quality of care (WHO).
- Interprofessional Competencies – values and ethics, roles and responsibilities, interprofessional communication, teams and teamwork (IPEC)
- **QUESTION:** Given these definitions, what would be possible in your workplace to bring health care professionals from different professions together?

WHO Model

Figure 6. Health and education systems



Recommended Actions (WHO)

- ▶ Policy makers examine framework globally – not a one size fits all – provide ideas
- ▶ To prepare “collaborative practice ready health workforce,” IPE is needed
- ▶ Collaboration strengthens health systems, improves health outcomes
- ▶ Integrate health and education policies to promote IPE





Current Evidence

- Online survey of pediatric physicians and nurses practicing in Germany –clinicians in pediatric hospital valued and report IPC, however lack of structured IPE found. IPE recommended to foster collaboration. IPE needs to be more well established. (Straub et al, 2020).
- Systematic review & meta-analysis. Significant effect of IPE health care programs. Positive impact of IPE programs in multiple disciplines, more research needed to show impact on student clinical competence. 2018 - Kaohsiung Journal of Medical Sciences (University of Sharjah in UAE).
- Systematic review knowledge acquisition of other disciplines' roles and collaborative skill development; change in collaborative behavior. Mixed results, more research needed, especially patient outcomes (Spaulding et al, 2021).

Current Evidence

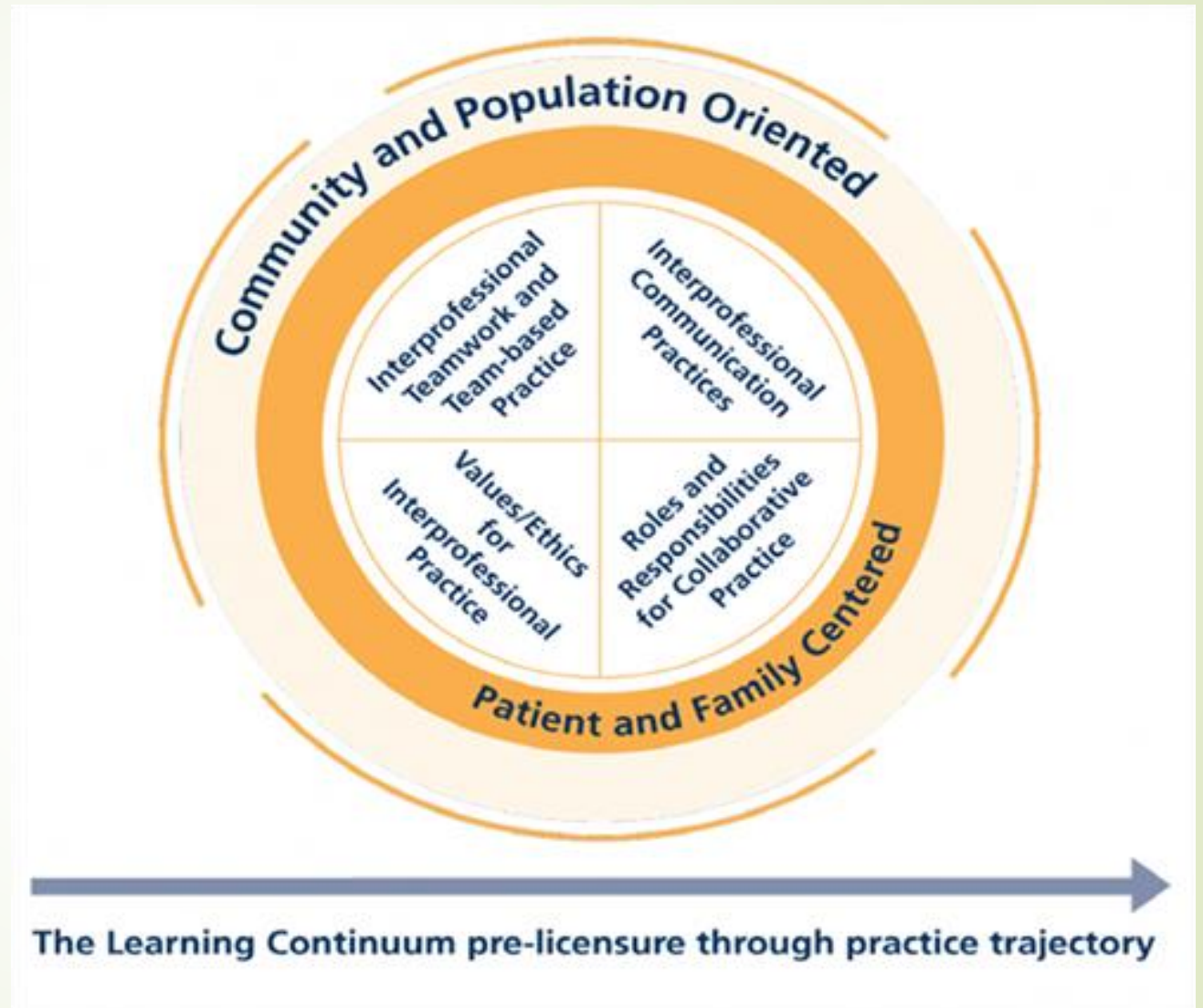
- General international review presenting tips for design and implementation of IPE. Includes comparison of uniprofessional vs interprofessional group activities, tips for facilitating IPE activities, and guidance for evaluation of IPE. *BMC Medical Education* – 2020.
- Geriatric IPE experience for medical and nursing students using problem-based learning (PBL) cases. Data collected before and after intervention. Positive results in both nursing and medical students, nursing students somewhat more improved. In open ended questions, students enjoyed working together. *BMJ Open* 2020;10:e018041. doi:10.1136/bmjopen-2017-018041
- Systematic review & meta-analysis, 7 countries, effectiveness of IPE model on learning outcomes. Positive impact on knowledge; readiness and attitude for IP learning & competence non-significant. (Saraghi, 2023).

An IPE **Example** in Midwifery and Obstetrics & Gynecology from 4 Demonstration Sites

- Nationally funded US project - develop IPE modules and learning activities for midwifery students and obstetrics and gynecology residents
- Four demonstration sites across US – each with a midwifery and an obstetrics and gynecology program
- Each program developed modules, learning activities
- Implementation process - each program selected modules and activities best suited to their programs
- Evaluation planned as part of project

IPEC Competencies

- Interprofessional Education Collaborative (IPEC) Competencies
 - Values and ethics for interprofessional practice
 - Roles and responsibilities
 - Interprofessional communication
 - Teams and teamwork



Project Framework

➤ Guiding Principles -Team-Based Care

- The patient and families are central to and actively engaged as members of the health care team
- The team has a shared vision
- Role clarity is essential to optimal team building and team functioning
- All team members are accountable for their own practice and to the team
- Effective communication is key to quality teams
- Team leadership is situational and dynamic
- ACOG, 2016





Defining Team-Based Care

Collaboration: A process involving *mutually beneficial* active participation between *autonomous individuals* whose relationships are governed by negotiated *shared norms and visions*

Team-based care: The provision of health services to individuals, families, and/or their communities by *at least 2 health care providers* who work *collaboratively* with patients and the families to accomplish *shared goals* within and across settings to achieve *coordinated, high-quality care*

Together, they foster meaningful engagement of patients and families in decision making about patients' care, using an equitable approach that respects and values the skills and expertise of all members of the health care team.

Why Team-Based Care in Women's Health?

▶ **Typical Use of Medicare Coverage**

▶ Visits annually:

- ▶ Two primary care providers

- ▶ Five specialists

- ▶ Other health care providers in diagnostics, pharmacy, other services

- ▶ More visits if multiple chronic conditions

- ▶ Discontinuity impedes care, decreases safety, increases cost. Bodenheimer, T. (2008). *NEJM*, 358, 1064-67; IOM. (2001). *Crossing the Quality Chasm*.

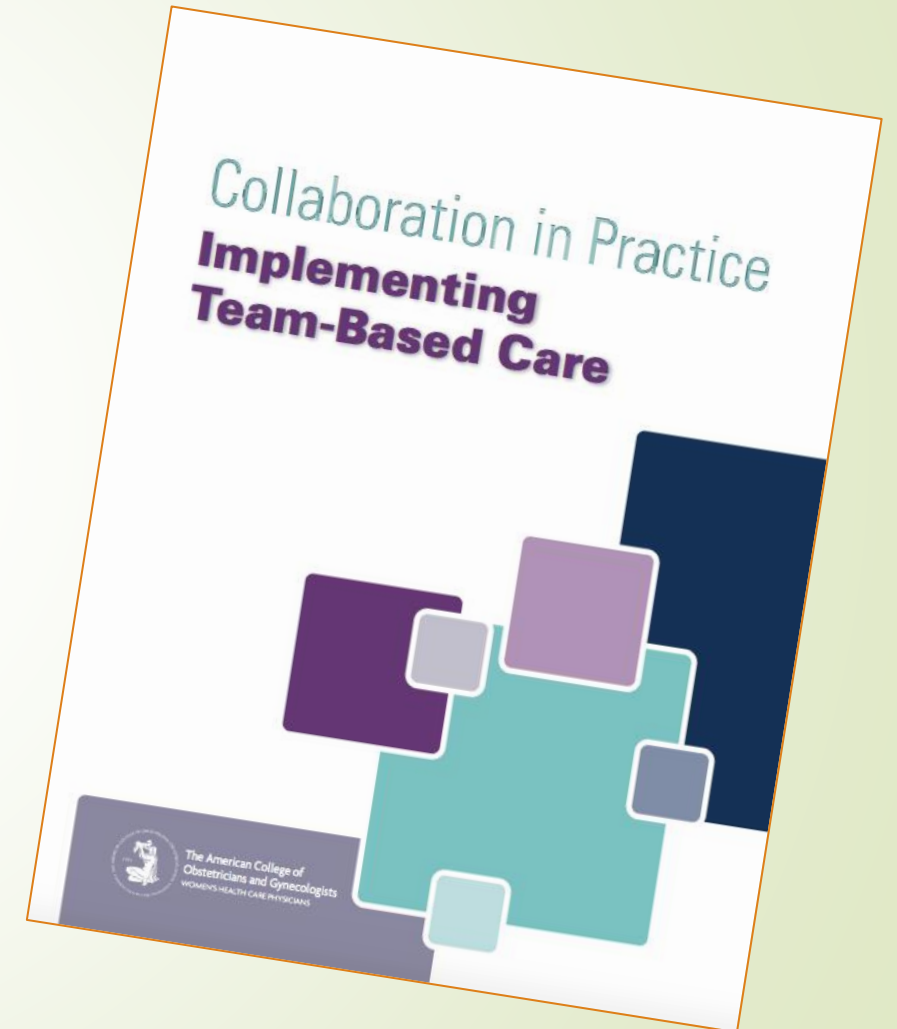
Why Team-Based Care in Women's Health?

- ▶ 45% US pregnancies unintended; 68% paid by public insurance programs
- ▶ Total U.S. Government expenditures ~\$2.1 billion annually (Guttmacher Institute (Feb. 2015). Public Health Costs from Unintended Pregnancy)
- ▶ Over 70% of GC/Chlamydia occur in women <25 yrs. old, which untreated can lead to infertility and other problems. (HRSA MCHB. (2014). *Women's Health USA 2013*)
- ▶ Although women live longer than men, they are not necessarily healthier; 70% of women older than 65 years activity limitations. (KFF(2013).JAMA)

Collaboration in Practice

Task force report completed and released in March 2016 (reaffirmed 2019)

- Executive summary was published in *Obstetrics and Gynecology*
- Full report published on ACOG's website - open access
- Additional resources and links to the full report and executive summary are available at [Collaboration in Practice Implementing Team-Based Care | ACOG](#)



Goals of IPE Project



- Develop and implement an IPE curriculum that promotes collaborative practice between obstetrician-gynecologists and midwives and includes core modules, skill-based activities, and interprofessional practice opportunities
- Align accreditation requirements and educational competencies related to IPE for midwifery and obstetrics and gynecology

Goals of IPE Project

- Identify and resolve barriers to implementing IPE within midwifery and obstetrics and gynecology programs
- Increase the number of midwifery graduates (long term) by exploring ways to add midwifery students to obstetrics and gynecology training locations



Evaluation Process



- ▶ Interprofessional Education Collaborative (IPEC) Competency Self-Assessment Survey
- ▶ Interprofessional Collaborative Competency Attainment Survey (ICCAS)
 - ▶ Additional follow-up question - ability to collaborate interprofessionally at follow-up compared to before an interprofessional course or program
- ▶ Objectives met – faculty developed for each specific activity, responded yes or no

Evaluation Process



- ▶ Three open ended questions
 - ▶ How did these interprofessional education experiences impact your interprofessional interactions other health professionals you work with?
 - ▶ What other topics or clinical situations would you like to learn in an interprofessional setting?
 - ▶ What can we do to improve the interprofessional education experience between midwifery students and obstetrics and gynecology residents?

Main Results



- Midwifery students – significantly improved IPE and collaboration competencies
- Obstetrics and gynecology residents – change in IPE and collaboration competencies not seen
- Overall educational objectives – nearly all objectives were determined as ‘met’
- Overall collaboration – majority of midwifery students and obstetrics and gynecology residents agreed their overall ability to collaborate was better than prior to program, none said it was worse



Open Ended Questions



- 1. Value of team-based experiences, how to communicate and consult with each other. Many commented about learning about each other's education & scope of practice. Developing relationships across the 2 professions
- “I was able to collaborate with the physicians in patient care that fell outside midwifery scope of practice. I was also able to consult for advice on patient care.” Midwifery student
- 2. Skill development - perinatal emergencies and other less common situations, case discussions, direct clinical care. Communication to build relationships, including consultation and patient transfers

Open Ended Questions

- 3. Recommended more IPE learning in general, more simulation and direct clinical care opportunities. Some suggested adding social activities to get to know each other.
- “continued ability to work side by side on labor and delivery floor with midwives and midwifery students.” Obstetrics and gynecology resident



US Midwifery Education, Regulation, and Association (US MERA)

- Group of 7 national midwifery orgs
- Goal to expand quality midwifery care
- Midwifery must be seamlessly integrated into US health care system
- Promotes licensure of qualified midwives in all 50 states
- Supports accreditation by USDE recognized agencies

[US MERA – Midwifery Education, Regulation, & Association](#)



Guidance on Developing Quality IPE

- Builds on WHO, IPEC competencies
- Information for
 - Administrators
 - Faculty
 - Accreditors
- Founding members include large agencies representing pharmacy, nursing, dentistry, osteopathic medicine, public health, medical education.





Future Opportunities

Each of us individually can make a difference in the experience of students we work with day to day

Influence educators and administrators to add or enhance IPE, measuring outcomes to enhance existing and future programs

Work with colleagues in other professions often to understand their scope of practice and perspective

QUESTION: What one thing will you commit to trying in the next week to support interprofessional education and practice?



Thank
You



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