

## Interprofessional Education and Team Based Care Summary

Definition: A high functioning team environment is one in which 2 or more health professions are **intentionally collaborating** to improve patient care

### Recommendations

- *Admissions opportunities* – can we identify characteristics that impact early identity formation, team ready students?
- *IPED* – we must continue to teach the principles
  - Negative comments about content and skill set should be taken with a grain of salt because students ‘don’t know what they don’t know’
  - Structural feedback should be addressed
- *Early shadowing* to learn and observe what other professions do (roles and responsibilities)
- *Aligned administrative support (across professions)* to overcome barriers to achieve interprofessional engagement beyond IPED at an early stage
- *More group activities* (think Open Campus 3.0) especially service learning
- *Synchronize academic calendars* better across health professions programs
- *Examine core clerkships/clinical models/tracks where IPE has not been occurring* and determine why
- *Capitalize on existing local successes* as opposed to recreating the wheel or copying other programs – what works here is what works, and probably for important reasons
- *Set a robust curricular bar* – how many meaningful IP experiences should be required and of what range?
  - Deliberately examine successes, failures, missed opportunities
  - Add a capstone clinical requirements in 4<sup>th</sup> year like the required Sub-I since there is probably not room for more required rotations
    - Incorporate into the QI requirement
- *More simulation* as it is proven to work and students like it (if the resources are available)
- *Broaden scope* to include other realms in health systems science such as population health, patient satisfaction, more QI work
  - Connect to research world and team science
- *Other considerations related to reform*
  - Cannot rely on Dawn/Warren clinic to provide universal exposure/teaching as too few students are exposed.
  - Students during pre-clinical years may always struggle to perceive value of IPE, but at least some students recognize early in training the value in IPE which for a subset may reflect pre-admission experiences
  - Consider structured clinical exposure with return to small groups for facilitated IPE focused discussion/reflection during preclinical years
  - Consider including more explicit discussion/training on roles/responsibilities/training of other disciplines—likely best if offered from a representative of that discipline
  - Students consistently recognize well-functioning teams in their clinical exposure. Some clinical domains are more often cited as representative of high functioning teams. This may be sampling or reporting bias, but could also reflect less structured discussion/reflection about inter-professional teams in these rotations/settings relative to those more commonly cited