UW School of Medicine Curriculum Renewal
Communication and Interprofessional Education Committee
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Introduction

The Communication and Interprofessional Education Committee was created for the purpose of making recommendations to Ellen Cosgrove, the vice dean for academic affairs and the Curriculum Renewal Committee related to curricular approaches to developing communication skills with patients, families and other members of the healthcare team and the community and curricular approaches to fostering teamwork with the entire healthcare team. The committee was to consider the composition and timing of interprofessional experiences.

Specific responsibilities of committee:

- Critically assess UW School of Medicine's curricular programs that currently work well in communication and interprofessional education and those programs that either need improvement or should be terminated, including justification for any such recommendations.

- Recommend new programs and/or approaches that will advance and improve communication and interprofessional education, including justification for any such recommendations, while acknowledging the needs and demands of the additional areas identified as priorities within the School of Medicine curriculum renewal. This is to include assessment of the financial needs of programs and/or approaches and justification

- Work collaboratively with the other curriculum renewal committees and the Steering Committee to ensure that education related to communication and interprofessional teamwork is an integral, integrated and vital part of the UW School of Medicine curriculum.

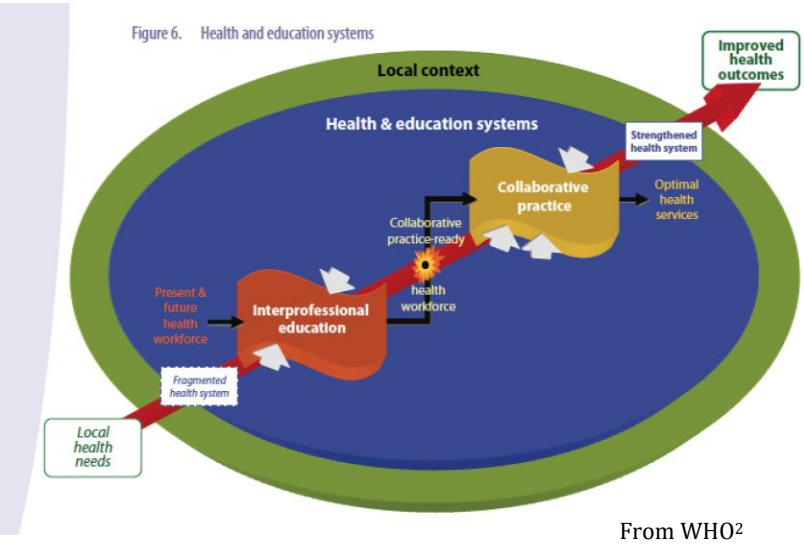
The committee met five times between January and April 2013. The committee included a diverse group of faculty and students representing several schools and programs at the University of Washington.

Interprofessional Education (IPE)

The committee reviewed several publications related to interprofessional education. The committee did not complete an extensive literature review, but limited our literature review to key publications.

Interprofessional education involves students of two or more professions learning together, especially about each other's roles, by interacting with each other on a common educational agenda." It is important to recognize that "team learning and interprofessional education cannot be confined only to the classroom." The principles of IPE can be introduced in the classroom, but need to carry-over to education in the clinical setting. [1]

Health professional education needs to prepare students to enter the workplace with the necessary knowledge, skills and behaviors to be successful. The healthcare workplace is moving to an interprofessional collaborative practice model with multiple health care professionals working together with patients, families, caregivers and communities to provide high quality care. This figure from the World Health Organization illustrates this model.[2]



From WHO[2]

Education of Health Professionals for the 21st Century

In 2010 the findings of the Education of Health Professionals for the 21st Century: A Global Independent Commission was published.[1] This manuscript discusses the urgent need for educational reform for all health professions. While the report discusses all aspects of health education, there is a focus on IPE and education to promote team-based interdisciplinary healthcare.

Health professional education should reflect the ongoing transformation of healthcare with the development of collaborative care provided by interdisciplinary teams. There is "a renaissance to a new professionalism -- patient-centered and team-based -- has been much discussed, but it has lacked the leadership, incentives, and power to deliver on its promise. Some attempts to redefine the future roles and responsibilities of health professionals have floundered amid the rigid so-called tribalism that afflicts them." The report also supports the expansion of the team to include non-healthcare professionals including "ancillary health workers, administrators and managers, policy makers, and leaders of the local community". The report calls this transprofessional teamwork. [1]

Our healthcare system is evolving into a team based collaborative care model and our education system needs to train providers with the necessary skills to participate in this care model. In too many situations today we train health professionals in silos and expect them to work in teams. It is then left to the healthcare system to provide team-based training to all staff, including physicians. The University of Washington needs to "promote interprofessional and transprofessional education that breaks down professional silos while enhancing collaborative and non-hierarchical relationships in effective teams". [1] "Team-based

learning is an instructional approach aimed at preparing students for effective, collaborative work within a cohesive group.

The report has the following specific proposed reform regarding IPE:

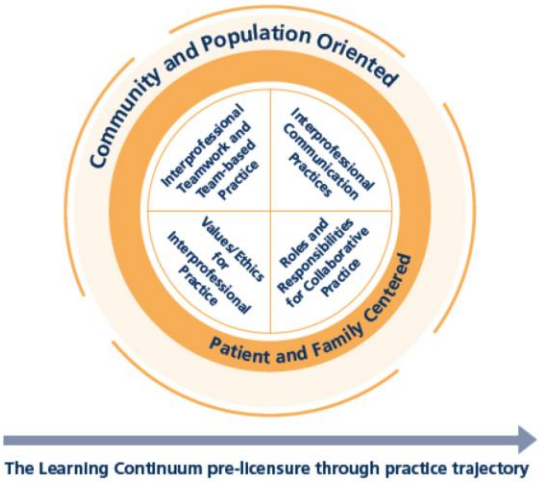
Promotion of interprofessional and transprofessional education that breaks down professional silos while enhancing collaborative and non-hierarchical relationships in effective teams. Alongside specific technical skills, interprofessional education should focus on cross-cutting generic competencies, such as analytical abilities (for effective use of both evidence and ethical deliberation in decision making), leadership and management capabilities (for efficient handling of scarce resources in conditions of uncertainty), and communication skills (for mobilization of all stakeholders, including patients and populations). [1]

Interprofessional Education Collaborative

The Interprofessional Education Collaborative, sponsored by many professional organizations published their recommendations in 2011.[3] This report illustrates the connection between interprofessional collaborative practice or interprofessional team-based care and the need for health professional students to interact, learn and train with those outside their profession. The panel developed four competency domains for Interprofessional Collaborative Practice. (See Figure) University of Washington students must have skills in these competencies to be successful in their future clinical practices. The domains and the associated general competency statements are:

From IPEC Report[3]

FIGURE 6: Interprofessional Collaborative Practice Domains



- Values/Ethics
  - Work with individuals of other professions to maintain a climate of mutual respect and shared values.
- Roles/Responsibilities
  - Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.
- Interprofessional Communication
  - Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that

supports a team approach to the maintenance of health and the treatment of disease.

- Teams and Teamwork
    - Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

Each domain has a detailed list of specific competencies for a total of 38 competency statements.

The report states that "the goal of this interprofessional learning is to prepare all health professions students for deliberatively working together with the common goal of building a safer and better patient-centered and community/population oriented U.S. health care system."[3]

Global Perspective of IPE

A 2010 WHO publication reported the results of the WHO Study Group on Interprofessional Education and Collaborative Practice.[2] The report focuses on the connection between IPE and the need for a collaborative practice workforce. (See figure) "A collaborative practice-ready workforce is a specific way of describing health workers who have received effective training in interprofessional education." The report goes on to state "the health and education systems must work together to coordinate health workforce strategies. If health workforce planning and policymaking are integrated, interprofessional education and collaborative practice can be fully supported." [2]

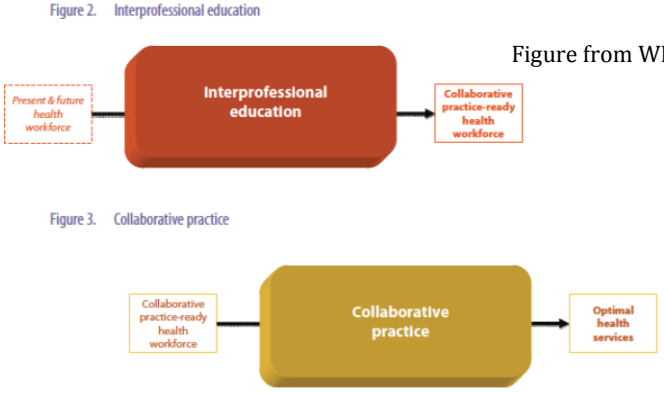


Figure from WHO[2]

Ongoing IPE activities at the University of Washington

There are many excellent initiatives at the University of Washington to provide an interprofessional education experience to students across schools and programs. These initiatives and programs are currently not coordinated or well funded.

UW Board of Health Sciences Deans Interprofessional Education Initiative

In August of 2012 the Final Report of the Health Sciences Interprofessional Education and Facilities Committee was released.[4] This committee included

representatives from six Health Science schools (Medicine, Dentistry, Nursing, Pharmacy, Public Health, Social Work).

The Strategic Vision stated in the report is as follows.

To create at the University of Washington an integrated, collaborative learning system across the health and related professions that connects disciplines, promotes teamwork, fosters mutual understanding, strengthens research, and advances health for individuals and populations.

The report has five strategic goals

- Educational programs in which teamwork, shared learning, and collaborative practice are "how we do business as usual."
- Graduates who have the capabilities and vision for transformative leadership in response to complex local, regional, national and global health challenges.
- Health services that are responsive to pressing needs for affordable, accessible, safe, and relevant high quality care; particularly in poor, rural, and underserved communities.
- Health systems focused holistically on the person and the local, regional, and global contexts around them.
- Research emerging from and supporting continuous improvement of educational programs, health services, and positive health outcomes for the individual and populations.

The report establishes recommendations to include all students in IPE activities and supporting pilot projects to evaluate and refine curriculum innovations. The formation of a six-school Health Sciences Curriculum Advisory Committee is recommended. An important component is faculty development, research/evaluation of IPE and a facility designed to promote IPE. The report recognizes that the current model of funding IPE with grants is unsustainable and other funding mechanisms will be necessary. [4]

Other Ongoing University of Washington IPE Activities

(This section pending completion)

Health Sciences

An IPE Steering Committee was appointed by the Deans comprised of faculty and staff from Health Sciences Administration and the Schools of Dentistry, Medicine, Nursing, Pharmacy, Public Health and Social Work. (Click here for a complete roster of the members.) The Steering Committee is currently in the planning phase to launch IPE pilot programs, and is made up of 4 subcommittees: 1) **Curriculum Model and Metrics, 2) Governance Model, 3) Facilities, and Communications.**

The UW Health Sciences Board of Deans have appointed Dr. Brenda Zierler to the inaugural Interprofessional Education (IPE) Scholar post, effective February 1, 2013. This is a two year appointment designed to provide leadership and scholarship in IPE while the UW IPE Steering Committee and Health Sciences Deans further develop the future governance structures and leadership for IPE.

IPE Events, Courses, Projects and Clinical Placements

2012-2013:

Team Based Clinical Problem Solving (TBCPS) (~500 students – unfolding case) Karen can provide description if you need one

Ongoing integration of IPE competencies into 9 graduate courses over 3 year period. In year one (October 2012 to present–we have integrated IPE competencies into a geropharmacy course, a DNP communications course and are working on a medication safety course in pharmacy. Last quarter, DNP and PharmD students had 3 shared classes and they participated in TeamSTEPPS training (led by Brian Ross), in a primary care simulation (hand-off case) and large debrief/evaluation. This model is being piloted and involves changing assignments to include a team approach to a case within an existing course and includes communication training, simulated case, and debrief and evaluation. This quarter the PA and PharmD students will take TeamSTEPPS training and then the PharmD and DNP students will work together on a real unfolding clinical case (one that went awry – not from here though) presented to us by a family member who got a bill passed in WA State after they were denied timely access to medical assurance data. The family (two UW faculty members from upper campus) wants to talk to students about shared decision making and patient-centered care. They are being interviewed and videotaped by a health writer and we will use snippets of the case, culminated by a panel involving the family.

3rd Annual All Health Professions Error Disclosure Student Training. On March 5, 2013, the 3rd annual All Health Professions Error Disclosure Day for the UW Health Sciences commenced, bringing together over 500 students from the Schools of Medicine, Nursing, Pharmacy, Public Health and the MEDEX program. During this event, students were introduced to working with their interprofessional colleagues around error disclosure and early apology training. Through lecture and "hands-on" experience, students learned to approach error disclosure as a "team sport."

Monthly Interprofessional CRM Team Training @ Institute for Simulation and Interprofessional Studies (ISIS) UWMC. Dan Low, BMedSci, BMBS, MRCPCH, FRCA facilitates monthly interprofessional team training at ISIS UWMC. Medical students in their anesthesia rotation are teamed with PharmD and senior undergraduate nursing students to run through a one-day crew resource management (CRM) course.

Team-Based Interprofessional Training Simulations (Team-BITS). For the fourth year in a row, the University of Washington will be hosting interprofessional health sciences students for 4-days of immersive simulation-based team training sessions in the areas of Adult, Pediatric and OB/GYN acute care. Approximately 280 students and 50 faculty from the UW Schools of Medicine, Nursing, and Pharmacy are expected to participate. The 4-day course will be split into 12

four-hour training sessions held between ISIS-HMC and ISIS-UWMC. Faculty and other representatives from the UW Schools of Medicine, Nursing, Pharmacy and MEDEX (Physician 's Assistant) have worked together to develop a truly interprofessional training curriculum for these students. The 2013 project is administratively coordinated and funded through ISIS, with the assistance of representatives from the Schools of Medicine (Karen McDonough, Brian Ross), Nursing (Brenda Zierler, Lauren Cline), and Pharmacy (Peggy Odegard, Nanci Murphy). Funding support for the 2013 sessions comes from the Pelter Endowment.

Health Sciences Service Learning. The 2013-2014 Health Sciences Common Book is *In the Realm of Hungry Ghosts,* by Gabor Mate (Rick Arnold or Lauren can provide more details about their interprofessional clinics "Teeth and Toes" etc.)

Interprofessional Student Groups

Institute for Healthcare Improvement (**IHI) Open School–UW Chapter**

The IHI Open School–UW Chapter, launched in 2008, is an active interprofessional community of UW health sciences students and faculty and led by a leadership team of elected UW students. The UW Chapter provides students opportunities to collaborate and learn more about quality improvement in healthcare, focusing on teamwork, leadership, patient safety, and patient-centered care. They are working to create a more intimate health sciences community among students at the University of Washington, as well as with the surrounding Seattle healthcare community. **Two Pilot Projects Underway:** The UW Chapter has two IPE pilot projects underway: an interprofessional shadowing project (led by Karen McDonough) and an independent study course focused on quality improvement immersion experiences at UWMC, HMC and Virginia Mason Medical Center (led by Brenda Zierler).

Community Health Advancement Program (CHAP)

The CHAP began at the University of Washington in 1980 as an organization created to nurture the ideas and goals of health care students interested in working with medically underserved populations. It is currently supported by the UW School of Medicine, Department of Family Medicine.

Global Health Group (GHG)

The GHG, formerly the International Health Group (IHG), is a student-run interest group at the University of Washington that promotes long-term careers in the service of disadvantaged populations worldwide. We aim to accomplish this through educational activities and through the development of reciprocal international research and clinical opportunities with our overseas global health partners.

Health Equity Circle

The Health Equity Circle is an interdisciplinary organization of University of Washington students and community members focused on creating Health Equity. Its mission is to bring students and community members together in an interdisciplinary setting, educate students and community members about Health Equity, and take action on Health Equity issues through developing relationships on campus and in the larger community.

PRACTICE

Seattle and Boise VA Medical Centers both have grants supporting the primary care centers of excellence. At the Seattle VA (Puget Sound_ they are training DNP nursing students and internal medicine residents in "teamlets" and there is purposeful IPE.

Telepain Clinic at Roosevelt: led by David Tauben, MD and Ardith Doorenbos, PhD, RN – there is a weekly interprofessional and interdisciplinary conference with providers from WWAMI and beyond who present complex pain cases and the team provides recommendations for pain management. Medical students, residents, pharmacy, nursing and social work students can observe the care conference.

Palliative Care Course – led by Stu Farber (interprofessional group of students from medicine, pharmacy, social work and nursing learn from an expert palliative care team about communicating with patients). This was offered in the fall.

Committee Recommendations regarding IPE

1) The committee strongly supports increased interprofessional education activities at the University of Washington.

2) The committee endorses the competencies in the IPEC report.[3]

3) The committee endorses the recommendations of the UW Board of Health Science Deans Initiative.[4]

4) It is recommended that IPE activities expand beyond the six health sciences schools included in the Board of Health Sciences Deans initiative to include speech and hearing sciences, psychology and health administrators (MHA, MPH). Health services, health economists, IT services, architects, and policy makers can also be included. The HS Library is already collaborating with Center for Medical Education and is hold IPE Symposium this fall.

5) A consistent funding source for IPE initiatives is critical to the success of the program.

6) IPE activities should be longitudinal, progressing from the classroom to clinical training and into a UW Medicine collaborative practice model.

7) UW Medicine should actively incorporate IPE/collaborative practice training into Patients are First and faculty/staff training

8) IPE competencies should be imbedded in all faculty and staff training/development. This should include the assessment of skills.

    a) Training needs to occur in interprofessional groups or settings.

b) Assessment of competencies should be interprofessional (i.e. 360 eval by all team members).

9) UW Medicine residents and fellows should be included in IPE training activities, development and assessment.

10) There is a need for cross-school curriculum mapping to allow the scheduling of IPE activities.

    a) Students from all participating programs need to be available at predetermined times for IPE activities.

    b) Recommend dedicated IPE time across all programs and schools. Programs should not schedule lectures or labs during the IPE activity.

11) It is important that a single entity be given the responsibility of the coordination of IPE activities across schools. It is recommended that the Center for Health Science Interprofessional Education, Research and Practice serve in this role.

    a) The center will need adequate and consistent funding.

    b) This center will be responsible for

        i) Training of key faculty and staff

        ii) Coordinating and communicating about IPE activities

        iii) Organization of cross program IPE activities

12) There is a need for a dedicated IPE space where all students can meet together. This recommendation is included in the Board of Health Sciences Deans Initiative

13) It is recommended to include and enhance current service learning activities locally and globally as part of IPE.

Communication Education

The committee reviewed several publications related to communication education. The committee did not complete an extensive literature review, but limited our literature review to key publications.

The Learner's Perspective

Malhotra[5] obtained the perspective of medical students and recently graduated physicians regarding the teaching of communication skills and how those skills are implemented in physician-patient interactions. The authors described the use of

simulated patients and how the use of simulated patients presents some limitations. Simulated patients may "demonstrate less emotional complexity than real patients" and "simulated patients are trained to reward a question regarding the patient's perspective." Simulated patients are an excellent teaching tool for students to establish basic communication skills, but these skills need to be carried over to the clinical environment. The article goes on to discuss the importance of learning communication skills in the clinical setting with videotaped or observed interactions with real patients. [5]

They identify several barriers to learning communication skills that were discussed by the committee.

- Time constraints and urgency
    - The medical students on the committee commented on the challenging transition to the clinical environment where there is limited time for physician-patient communication. As stated in the Malhotra publication, "communication skills teaching needs to embrace how to work when time is critical".
- Organizational constraints
    - We have a history of specialization of roles that limit effective communication. In a collaborative care model, communication skills at the individual level are important but team/system level communication is critical for effective patient care.
- Personal factors
    - Health professionals need to recognize how their personal factors and the personal factors of the patient can impact the quality of communication.
- Language and social barriers
    - Many of our patients will have communication or social barriers to communication. Students need to learn how to be effective when using in-person or phone interpreters. Students also need to learn cultural competencies to effectively communicate with patients of diverse social or religious backgrounds.
- Responding to emotions
    - It is important for students to have role models of appropriate communication in stressful situations and students will "benefit from more training in utilizing multidisciplinary teams, including chaplains and palliative care teams".
- Ineffective role models
    - The committee discussed that our students often do not have effective role models for communication skills. "Many senior physicians learned medicine in a time when communication skills were not stressed in medical curricular" and resident physicians may be too busy to practice good communication skills. [5]

The Malhotra publication states that "Communication skills therefore appear to constitute part of a 'hidden curriculum' that students are expected to develop but that is not explicitly referred to."

Malhotra makes several recommendations

- Integrate communication skill into the curricula into every clinical course and do not teach it as an isolated unit.
- Have an interprofessional approach to teaching communication skills.
- Study and promote the effective use of technology. In many ways the electronic medical record and the computer is a barrier to good physician-patient communication. [5]

Communication Skills Training

Bombeke[6], from the University of Antwerp in Belgium examined the impact of communication skills training (CST) in medical students and the transition to clinical practice.

In the pre-clinical years communication skills training provides students a safe training ground to practice communication skills, supported with feedback of simulated patients. It helped students feel prepared for clinical practice. But, they conclude that students without practical clinical experience "had difficulty seeing relevance of communication skills training." [6]

The report states that the CST training may have fostered a "hidden curriculum: you are a bad doctor unless you deliver patient-centered care".

The transition to clinical practice is described as a "reality shock". "Many students concluded that the 'ideal' target set by CST was not feasible, not realistic or even 'exaggerated', which had a bad impact on their intentions for patient-centered communication."

In CST students feel they are bad doctors if they do not deliver patient centered care, but in practice they get "marked down if they lost time practicing patient-centered communication."

Essential Elements of Communication in Medical Encounters

The Bayer-Fetzer Conference on Physician-Patient Communication in Medical Education[7] outlined the essential elements of communication skills within and across encounters. This task is achieved by the following.

- Build a relationship: The fundamental communication task
    - Open the discussion with the patient
    - Gather information

- Understand the patient's perspective
- Share information
- Reach agreement on problems and plans
- Provide closure

Ongoing IPE activities at the University of Washington

(This section pending completion)

Committee Recommendations regarding Communication

1) Communication education should be imbedded in all courses and levels of training.
2) There is a need for faculty, resident and staff communication skills training.
   a) Training should include peer evaluation and self evaluation.
   b) There should be a system-wide focus on patient satisfaction with provider communication.
3) Communication training should be interdisciplinary.
   a) Interdisciplinary training such as Team Stepps should be incorporated early into the curriculum of all schools.
4) Recommend peer evaluation of communication skills for all providers, including faculty, residents, students and staff.
5) Competencies in communication education should be established for students, faculty and staff using the graduate medical education model.[8]
6) Recommend the development and implementation of tools to improve efficiency in communication skills.
7) The education of communication skills should be equally as important as the education of medical knowledge.

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