Interprofessional Education: Challenges and Solutions

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Objectives

- Understand the obstacles and barriers to effective interprofessional education
- Recognize possible solutions in the design and implementation of interprofessional education
- Create new ideas and recipes for interprofessional education
It sounds great theoretically, but can it be done successfully?

We don’t have a lot of successful models for merging complex systems without one system dominating or taking over the other.
Barriers to Interprofessional Education

- Psychosocial
- Cultural
- Logistical
- Structural
Psychosocial Issues

• Students are engaged in a powerful developmental process of professionalization
• Seeking out and emulating faculty role models
• Defining roles and practices
• “Belonging” to a group and establishing identity
Psychosocial Issues

- Younger students are still struggling with the developmental process of identity formation
- Health profession students, especially medical students, tend to be controlling
- Students are perfectionistic, with high standards and limited tolerance for failure in themselves and others, leading to significant challenges when serving as members of teams
- “MDs don’t like to delegate”
Psychosocial Issues

- Group dynamics of teams are challenging
- Working groups are fragile
- One dysfunctional member can destroy a team
- Communication and role definition require continuous maintenance
- Teams can regress and move to dysfunction with pairing, splitting, externalizing, and over processing
Cultural Issues

- A curriculum that promotes individual accomplishment vs. teamwork
- Peer evaluation remains a challenge
- Hierarchy and authority/social dominance in the clinical arena
- Self-sufficiency – an American value
- Professional values that assign responsibility to the individual
Cultural Issues

- The media perpetuates heroic solo efforts and non-team players – “House” and “Grey’s Anatomy”
- “White coat” ceremony sets medical students apart as “special”
- Culture and gender
- Faculty are poorly trained in IPE – role models are rare
- “Lone doctor model is deeply ingrained” – part of the hidden curriculum
Logistical Issues

- Different academic schedules and calendars – calendar complexity
- Classroom space
- Not always co-located – neither faculty nor students
- School information systems and technology rarely integrated
Logistical Issues

- On line curriculum – harder to adapt to IPE and teamwork oriented teaching
- Available time in a crowded curriculum
- Stretching teaching resources – a precious commodity
Structural Issues

- Health care financing
- Students of widely varying backgrounds and levels of experience
- Promotion process for faculty is department and school based
- Separate leadership
- Different funding streams
- Silo mentality
The need may be great, but can we move from “I to We” and is IPE sustainable?

Are the successes to date due to novelty and a tremendous expenditure of energy and resources?
Which of the barriers to IPE is most challenging?

What do you want to do about it?
If education is the problem, it must be part of the solution

There are 25 presentations on IPE in the WGEA program this year!
Psychosocial and Cultural Solutions

- Broadening role model and professional identity formation
- Early exposure to IPE before roles are too narrowly defined
- “Belonging” to more than one group and to diverse groups – student communities at University of Colorado
- Explicitly distinguishing between domains and identifying leadership
Psychosocial and Cultural Solutions

- Specifying common competencies
- Sharing ceremonies
- Team-based learning (TBL)
- Problem-based learning (PBL)
- IPE Evaluation and OSCEs
Psychosocial and Cultural Solutions

- Interdisciplinary team simulations – with role playing in different roles
- Escaping hierarchical structures and sharing or rotating leadership on teams when possible
- Sharing responsibility around patient safety and in concepts of professionalism
Logistical and Structural Solutions

- Health care reform
- Advance planning and communication
- Willingness to take risks and openness to experimentation
- Faculty development in IPE and IPE faculty development
Logistical and Structural Solutions

- Multidimensional partnerships
- Sharing resources – educational and informational technology, admissions and research infrastructure
- Joint leadership whenever possible
- Starting at the top
Curriculum Opportunities

Mental Health
Cultural Competence (4)
Ethics
Religion and Spirituality
Patient Advocacy (1)
Patient Safety and QI
Public Health (1)
Curriculum Opportunities

Geriatrics (3)
Child Health (1)
Rehabilitation
Oral Health (1)
CAM (1)
Doctoring/Principles of Clinical Medicine (2)
The time is right for IPE!

The primary care shortage and health care reform are crises that present opportunities.
Questions and comments?