NIPEC Membership Meeting

APTA CSM 2017 – San Antonio, TX

February 16, 2017

Meeting was called to order at 11:00am CST

NIPEC Board of Directors and Nominating Committee (NC) Members in Attendance:
Cheryl Resnik (Chair), Bob Nithman (Secretary), Steve Jernigan (Director), Holly Wise (Director), Mary Sinnott (Director), Dee Schilling (Director); Amber Fitzsimmons (NC - Chair), Chad Lairamore (NC), Beth Davis (NC)
Minutes Recorder: Bob Nithman

Key points discussed in today's meeting:

1. Introduction of BoD and 3 nominating committee members (Amber – Chair; Beth; Chad) – the NC is new for NIPEC based upon ACAPT's consortium guidelines.
    - Members should contact a nominating committee member if interested in elected office.

2. Approximately 50 NIPEC members were in attendance – A cursory survey of attendees revealed all academics, no clinicians were in attendance.

3. Cheryl has been in touch with many people at APTA and ACAPT in follow-up to NIPEC recognizing that the CPI does not capture CAPTE IPE standards.
    - Per APTA, no plan is in place to change the CPI due to cost to re-validate the tool.

4. Cheryl outlined outcomes from the consortium's annual meeting at the ELC from October, 2016 in Phoenix, AZ
    - The NIPEC meeting was very well attended and has been for two consecutive years. Attendance at CSM varies due to competing programming, meetings, etc.
        - Positive feedback from the "working meeting" format implemented at ELC.
    - Outcomes from ELC discussions
        - Recommendations to bridge work of NIPEC with the Clinical Instruction (CI) consortium due to an apparent communication gap
        - Desire to form taskforces due to amount of IPE-related tasks identified by NIPEC BoD and feedback from consortium membership.

- NIPEC is recruiting taskforce members with a desire to contribute &/or if possess expertise to integrate IPE in academic institution, health system, etc.

5. Ralph Utzman provided an update based upon his role with the CI credentialing workgroup - basic and advanced course
   - The advanced course recently underwent a 5 year review/update – these updates do include information on IPE, collaborative practice
   - The basic course, however, is in the early stages of its 5 year review…a review committee was recently formed and will begin review of and discussion about IPE standards, etc.
   - All membership concurred that education to CI's on the importance of integrating IPE and modeling collaborative practice if a priority for DPT education.

6. Cheryl stressed the importance of "un-siloing" sections, academics/clinics, APTA...NIPEC is here to facilitate and is a collaborate partner for meaningful IPE change.

7. Members brought up the plethora of IPE measurement tools and resources stating it can be confusing…requested streamlined recommendations
   - Some expressed that they feel faculty are scrambling at the last minute to find a measurement tool
   - There are many resources such as NEXUS IPE (https://nexusipe.org/); NIPEC is always trying to assist as a resource through the consortium's website (link), ELC presentations, evolving taskforces, the membership database, etc.

8. Discussion about potential Practice Act Revisions and involvement dialogue with the FSBPT about CI supervision of DPT students by non-PTs
   - Goals include: enhance student experiences, meet CAPTE IPE goals, model collaborative practice
   - Discussion about language that could be adopted
   - Jody Frost explained that accreditation "language" may also need to change (i.e. "supervising person")

- Jody is a Community Moderator for the National Center for Interprofessional Practice and Education and is involved in monthly conference calls. Please contact her for feedback about the newly redesigned website ask questions, and communicate your needs at jodygandy@comcast.net.

- Under what guidelines is IP supervision acceptable? Jody indicated that, currently, programs would be out of compliance even if Practice Acts change to permit IP supervision.
  - CAPTE program accreditation criteria revisions would be needed for non-PTs to supervise DPT students during identified clinical education experiences

9. In follow-up to ELC discussions, 4 NIPEC taskforces were identified:
   - Practice Act Revisions
   - Faculty Development
   - Program Development & Assessment
   - Strategic Partnerships with Clinical Cites

10. Meeting attendees broke out into smaller discussion groups for each of the 4 categories.
    - *Summaries of each break-out session are inserted into the minutes – please see below:*

Work Group: CAPTE/Practice Act - Policies regarding cross-disciplinary supervision

--submitted by Laurel Daniels Abbruzzese

Challenge: One of the objectives of NIPEC is to develop mechanisms for enabling entry-level physical therapists to meet the core competencies for interprofessional collaborative practice. Opportunities for entry-level physical therapy students to gain interprofessional experiences could be expanded if supervision could be provided by non-PT licensed professionals on the interprofessional team.

Discussion:

We want to ensure that PT programs implementing IPE clinical experiences are engaged in activities covered by both CAPTE requirements and state practice acts.

Questions:

- How do other professions address cross-disciplinary supervision?
- Can we look at other professions for guidance on strategies? (OT: Level 1; Pharmacy: telehealth)
- Do our practice acts explicitly limit cross-disciplinary supervision?
- Are there settings/scenarios in which we believe cross-disciplinary supervision would not be in conflict with current practice acts?
- Is there room within existing statutes to expand options and add clarity rather than making legislative changes?
- What are the competencies that we would expect to be addressed through IP supervision?

Sample scenarios:

- CDC promoting fall risk assessment and screening by ALL healthcare team members [STEADI website -fall prevention]; If being taught in IP groups why not IP supervision?
- What about students participating at a Health Fair? It is gray!
  Many universities have IP students participating in health promotion activities being supervised by IP faculty—a gray area because it is not in a PT course nor is it with a real patient—use a standardized patient. PT faculty may be "on-site" rotating, but not supervising all PT students at all time.

Consensus: (among discussion group attendees)

- If skills being supervised are within the scope of practice of the licensed IP faculty/clinician, it would be appropriate to oversee cross-discipline health professional students for those skills.
  - For example, taking vitals, taking a history, communication, teamwork, interdisciplinary screening tools, health promotion & education.
- Changes to practice acts is extremely difficult and a lengthy process, and our efforts would have more impact if we first focus on Physical Therapy accrediting bodies

CAPTE

- Our understanding is that according to CAPTE, experiences labeled as "Clinical Experiences" need to be supervised and evaluated by licensed physical therapists only.
- We consulted with Jody Frost re: CAPTE accreditation standards (who has never been a member of CAPTE) and although they state CI must be a licensed PT with 1 year experience it is not explicit regarding supervision of IP activities
- Jody noted that if the IP experiences were not a part of the academic program's required clinical education hours then the supervision requirements could be flexible.
- Ultimately we want the CAPTE requirements to be consistent with a model that would allow physical therapy students in IP experiences to be supervised/evaluated by a licensed healthcare provider from any discipline as long as the skills being supervised are within their

scope of practice. This would expand our current interpretation to include experiences that may fall within a required clinical experience as well as service learning, health promotion, and IPE course related experiences.

Action Plan

- We intend to write a letter to CAPTE (Laurel will facilitate with input from all) regarding new standards and that there is a need for flexibility with IP supervision in clinical education environments…perhaps facilitate a white paper from CAPTE on this topic.

Work Group: IPE faculty development

--submitted by Beth Davis

Ideas to promote faculty involvement:

- CEU training for faculty development
- Opportunities for scholarship
- TeamSTEPPS training
- Simulation training programs

Recommendation:

- Create an interprofessional team to offer a faculty development course for APTA certification in IPE. Consider having a team of trainers who can travel to various universities or create regional hubs to host certification courses.

Work Group: Program Development and Assessment

--submitted by Steve Jernigan

- Representatives from many different institutions with varied levels of development needs related to IPE and IPP. Some institutions are just getting started with IPE (and need to implement quickly) and others have been doing it for quite some time (and have greater resources). Accreditation standards are motivating some programs to initiate IPE. **Attendees felt that it would be helpful to have some examples from institutions that have done an exemplar job of developing IPE activities grounded in good principles of curricular development (for example, being tied to learning objectives and appropriate assessment).** Some institutions' websites could offer some of this, possibly including University of California at San Francisco (http://interprofessional.ucsf.edu/framework-competencies, http://interprofessional.ucsf.edu/interprofessional-collaboration-developmental-framework), Seton Hall (https://www.shu.edu/interprofessional-education-health-sciences/), University of Kansas Medical Center (http://www.kumc.edu/center-for-interprofessional-education-and-simulation/what-is-happening/foundations-of-interprofessional-collaboration-overview.html), MedED portal – IPE, etc. **The sharing of the strategic plans of different institutions who have**

established IPE programs could also be very helpful. *It was confirmed that what NIPEC is intending to do with regards to descriptions of involved institutions' IPE programs descriptions with appropriate contact persons would be useful for all programs.* There was encouragement to reach out and connect with other institutions who are doing similar things as resources for those currently developing IPE programs or activities. One program uses SIMULATIONiQ™ IPE with their learners (http://www.simulationiq.com/simulationiq/virtual-patient-training/simulationiq-ipe/).

- Dialogue about doing and assessing IPE without a strong foundation of teaching and learning theory to inform the IPE. Yes, the IPEC competencies are an important foundation, but it was noted that it is important to ask questions related to what we really want to achieve with our learners and to assess that specifically, using validated tools. Even more importantly, what is it that we want to achieve with our patients? How can we tie that to our IP educational endeavors? This hearkens back to what Jody Frost shared with regards to reframing the conversation. IPE is still "curriculum", so we need to engage as such with intentional teaching and learning approaches. **Attendees felt that it would be helpful to have some resources related to effective teaching and learning theory, to help inform and guide our development of IPE.** There are a couple good resources/readings from 2013 (specific resources to be determined) on this topic, and there should be another publication coming out soon related to teaching and learning theories applied to IPE. *Perhaps this task force could review the literature related to this topic and IPE.* (Interestingly, on a side note, the importance of faculty development in the area of the science of effective teaching and learning came up as an "action item" at the "Learning for Practice: Putting the PTE-21 Recommendations Into Action" session that took place on Thursday at 3 pm.)
- The last topic that energized conversation was assessment. Attendees were directed to the National Center's resources (nexusipe.org, https://nexusipe.org/advancing/assessment-evaluation) for assessment tools and the webinar related to the Assessment and Evaluation Relaunch Webinar (https://nexusipe.org/informing/resource-center/assessment-and-evaluation-relaunch-webinar-1-30-17). **It seems as though further dialogue or an avenue for coordinated dialogue related to assessment is desired.**
  - It was commented that we can learn from other professions that are doing assessment well, those that are grounded in effective learning theory.
  - There was interest in better understanding how to assess patient-related outcomes in the clinic, but not just that, to also consider "out of the box" approaches to assessment. For example, the number and/or type of referrals made as a result of IP team-based care, etc. There are ways to assess IP collaborative practice or the "impact" of IP collaborative practice that are not necessarily validated assessment tools.
  - There was also interest in collaborating and/or learning from others how to do broad, programmatic assessment of IPE at an institution, not just assessment of individual IPE activities. Some institutions are conducting, for example, exit surveys with questions

related to IPE. There is currently some conversation around this nationally, including that it is hard to do well.

- There was some dialogue about trying to aggregate more data across institutions related to assessment (using the same tools, etc.) and collaborating with the National Center Data Repository to be a site for "research", where they can aggregate data across multiple locations. https://nexusipe.org/advancing/research-evaluation .
- There is also interest in dialoguing further about assessment related to our learners *after* graduation, once they are employed. In addition, to assess the impact on employers. Again, there are conversations taking place at many different institutions as they try to figure out how to do this well. One institution is doing this across 5 years.

- It was again suggested for folks to consider the Practical Guides related to assessment available through the National Center/University of Minnesota. There are 3 currently available and there is a 4th that will be published that contains many different case studies that could be useful for IPE. https://www.bookstores.umn.edu/viewCategory.cgi?categoryID=9866#.WKZBg28rLIV

Work Group: Strategic partnerships with community sites

--submitted by Mary Sinnott

Examples:

- Youngstown OH: cooperation with the medical school 30 miles away. Some clinical sites have clinical competencies that include IPE concepts. The pro bono center is part of a community medical clinic. The school is talking about a collaborative IPE course that students would have to take before going out on internships.
- Partnerships with existing health care networks/providers. U of Indianapolis (Gurinder Hohl). Need to develop a framework re: how to develop partnership and with whom. Why is it important to the clinic to be a clinical education site? Set the bar with the partnership that has a focus of patient-centered care. Help practices build career pathways for staff to increase satisfaction by fostering the clinicians role as a clinical educator.
- Partner with residency programs in health care systems to present to IPE students.

Discussion Points:

- What would make a health provider want to be a clinical partner with an academic program? They want to hire new grads who understand IPE at the point of practice. Exposure and the mentoring the students in how to actualize the concepts of IPE. Clinical partners have an expectation that the academic partner will educate students about the importance of IPE at the point of care.

- Don't limit clinical partners to only internship sites. Community agencies/social capital (e.g., business, school, etc. Jody is an excellent resource for this concept). There has to be a clear understanding about their roles in "clinical education".
- TeamSTEPPS – more health systems are making an investment in staff training with TeamSTEPPS. It would be very beneficial for students to, a least, be aware of the basic tenets/tools of TeamSTEPPS.
- Design opportunities for them to "learn" and not necessarily practice the practice of their discipline. They could be supervised by other licensed providers.
- IPE and ICE coordinated.
- From the Clin Ed Summit report: Building on current models develop and test innovative community PT services that can be incorporated into PT education to meet societal needs.
- Bring in patients to do case studies with the clinicians. Or have a patient video and a panel of clinicians.
- ACAPT Clinical Education Summit report
    - Recommendations 4,7,8,9,10,&11 and all of the innovative recommendations relate to IPE.

Meeting was adjourned at 1:00pm CST