

THE
DNA
OF THE
IHP



**IMPACT
PRACTICE®**

**INTERPROFESSIONAL
EDUCATION IS PREPARING
A NEW GENERATION OF
HEALTH PROFESSIONALS
TO CHANGE THE WAY
CARE IS PROVIDED.**

by Alyssa Haywoode

Felice Regan sat in a wheelchair in her living room speaking with five young guests. It could have been a book club meeting. Or Regan, an artist who creates silkscreen prints, could have been talking about her artwork, which covers the walls of her Somerville apartment.

Instead, it was interprofessional education (IPE) in action.

The guests were students from four of the MGH Institute's programs: nursing, physical therapy, occupational therapy, and speech-language pathology. And on that day, Regan—a client in the Institute's Aphasia Center—was acting as a health mentor who agrees to talk about health challenges to help educate students.

"She came to school and we got a very detailed history," Julie Wolfman, a first-year Doctor of Occupational Therapy student, explains about meeting Regan through the health mentor program. "The second part: We went to her house."

Meeting Regan at her home was a chance for Wolfman and her fellow students to practice their assessment and communication skills. They assessed her apartment to see what changes might be needed to help Regan, who had a stroke several years ago. The students got to hear each other's questions and concerns. And they learned from seeing the changes that Regan had already made to her apartment—such as adjusting table heights and anchoring furniture to the wall—to adapt her home to her needs.

It's an example of how health professionals, working in a team, can provide more efficient and effective care that's rooted in the realities of patients' lives.

Interprofessional Roots

Interprofessional education has always been part of the MGH Institute's DNA. When the school opened its doors to students in 1980 three years after its founding, it embraced an interprofessional model, featuring faculty members who taught interprofessional courses in research, statistics, ethics, death and dying, and other areas in addition to discipline-specific classes. But despite these initial efforts, says Leslie Portney, the dean of the School of Health and Rehabilitation Sciences, "We still tended to build and operate our programs in silos."



IMPACT teams go the homes of health mentors, like Felice Regan, to better understand how an integrated plan can improve a patient's life.

While this silo approach had been the standard educational model for decades, the health care world was beginning to notice it no longer worked particularly well. By 2001, an Institute of Medicine (IOM) report, "Crossing the Quality Chasm: A New Health System for the 21st Century," sounded an alarm: "Quality problems are everywhere, affecting many patients. Between the health care we have and the care we could have lies not just a gap, but a chasm."

Several other reports in subsequent years continued to reflect these concerns. A 2010 report, "Educating Nurses and Physicians Toward a New Horizon: Advancing Inter-Professional Education in Academic Health Centers" by the Josiah Macy Jr. Foundation and the Carnegie Foundation for the Advancement of Teaching, addressed the importance of team-based care: "Health care delivered in teams by nurses, physicians, and other health professionals not only improves quality, but also leads to better patient outcomes, greater patient satisfaction, improved efficiency, and increased job satisfaction on the part of health professionals."

Health educators heeded the call. The Interprofessional Education Collaborative (IPEC)—six national education associations of health profession schools—released a report in 2011 identifying four core competencies for interprofessional collaborative practice: values and ethics, roles and responsibilities, interprofessional communication, and teams and teamwork. That same

year, the MGH Institute launched CIPSI, the Center for Interprofessional Studies and Innovation. Its goal was to make interprofessional education stronger and more meaningful to students in order to yield the long-term payoff of better patient care.

“It was easier said than done because it meant that every program had to change something, but there was a strong commitment from the whole community that this was an important thing to do,” Portney says. “We were really talking about philosophically changing the context of how our students learn so they understood the need to collaborate with others in order to do their job well.”

principles of interprofessional practice within all programs. This overarching approach is called IMPACT Practice, a program that includes multiple learning activities and experiences for students and emphasizes the importance of collaboration in patient care. Students participate in interprofessional teams as part of several courses, with a focus on application of interprofessional care in a variety of venues.

The idea was to create learning teams of five or six students from multiple disciplines that would stay together during their first year and immediately expose them to team-based care methods. “It allows them to build a familiarity and respect for one another’s disci-



“IMPACT Practice allows [students] to build a familiarity and respect for one another’s disciplines and expertise from the beginning of their education—and that makes a big difference.”

— MARY KNAB, IMPACT PRACTICE PROGRAM DIRECTOR

A Team-Based Approach

Associate Professor Mary Knab headed an IPE task force that brought faculty from all the programs together. “The vision of that original task force was ‘Let’s return to something that will allow all of our students to learn together, and we will evaluate and improve it as we go,’” says Dr. Knab, a faculty member in the Center for Interprofessional Studies and Innovation who previously spent over 15 years in the Department of Physical Therapy.

The group conceptualized a learning series based on the IPEC competencies for collaborative practice. It worked to solve scheduling and resource challenges, which led to the creation in 2013 of three one-credit classes. These classes became the foundation for conceptualizing a new context for learning across the Institute, to infuse the

plines and expertise from the beginning of their education,” says Knab, who is the program’s director, “and that makes a big difference.”

“I had met occupational therapists before, but I wasn’t really sure exactly what they did,” said Master of Science in Nursing student Bryan Godduhn, whose team also included students in physical therapy and speech-language pathology. “I had a basic idea, but when she actually explained things, and then we learned about it in different activities, I was actually blown away by it.”

Dr. Laura Plummer, an assistant professor in the Department of Physical Therapy, noticed changes throughout campus. “Before we had IMPACT, even though students were in the hallways with each other, they didn’t really get opportunities to interact and understand what each



Teams of students have gained patient experience since 2011 in two Interprofessional Dedicated Education Units at Massachusetts General Hospital.

other was learning,” she says. “This has made it possible for them to interact and learn about and with other team members.”

Part of the process is meeting with health mentors like artist Felice Regan. Students also go through lab simulations handling challenging cases that are presented by actors, called standardized patients. Real-life patients and their families come to the classrooms and labs to provide another perspective, while team-based care is reinforced during clinical experiences.

“We do some discussion of scenarios that the students have faced, mostly in their clinical practice, but sometimes people bring up things that happen in their real life with family members,” explains Lynne Brady Wagner, an adjunct faculty in the Department of Communication Sciences and Disorders and the director of the Stroke Rehabilitation Center at Spaulding Rehabilitation Hospital. She regularly talks with her students about open communication and approaching things with genuine collegiality and curiosity about how decisions are made by health care colleagues. “It’s really about what’s in the best interest of the patient.”

FOR STUDENTS, MYRIAD OPPORTUNITIES FOR TEAMWORK

Interprofessional education begins even before students arrive for their first day of class.

All incoming students read a book focused on the patient/health care provider relationship. Two years ago, the book was *Still Alice*, Lisa Genova’s novel about a professor diagnosed with Alzheimer’s disease. This academic year the book was Genova’s *Inside the O’Briens*, a novel about how Huntington’s disease affects a fictional family living in Charlestown. “In most cases, our students meet their patients and clients only when they are seeking care,” notes Peter Cahn, associate provost for academic affairs, who is part of the team that spearheads the common reading program. “The reading assignment gives all incoming students the opportunity to gain perspective on how an illness transforms a family and a community so they learn to appreciate the person, not just the patient.”

The IMPACT Practice teams, 60 groups of five to six students, initially meet the first week of the fall semester’s classes at the annual Community Impact Day. After a team-bonding experience they spread out across Boston doing service work. For OTD student Julia Wolfman, that meant going to an assisted living facility where they made blankets with residents. “It was a cool way for us to bond on a different level,” Wolfman says of her fellow students, adding that the living center residents were chatty and really appreciative participants who provided students with vital perspectives of their lives and health.



The annual Infant Development Day was initially created for physical therapy students. It now includes students in nursing, occupational therapy, physician assistant studies, and speech-language pathology.

Audrey Clark, a first-year nurse practitioner student, says her favorite part of the IMPACT classes were the two simulations her team participated in during their second semester. “We were given scenarios in which our patients did not want to do what we were advising them to do and these experiences made me deeply examine what patient-centered care means,” she relates. “Does it mean that I always go along with what the patient wants? I don’t think so. But does it mean that I always stick to what I think is scientifically best for the patient regardless of patient desires? No. Patient-centered care is collaboration between patients—who are experts about themselves—and the provider who is an expert on the science of health care. At its core, patient-centered care is about deep respect for the patient as a complex and living being.”

Dr. Rosann Ippolito, the PA student education coordinator at Brigham and Women’s Hospital and an IMPACT course instructor, has seen first-hand how students have changed. “Initially they are so engrossed in their own program, learning the nuts and bolts of their craft,” she says, “but I have seen over the course of the two semesters

that there was a gelling not only professionally but also personally. The evolution has gone from learning what the others’ roles are to actually using what they learned from mutual collaboration in actual patient care scenarios.”

In three short years, IMPACT Practice has grown to reflect the breadth of interprofessional activities, both in and out of the classroom, in which students engage as part of their entire educational experience. School of Nursing Associate Professor Dr. Patricia Reidy is using a three-year grant of almost \$1 million, from the U.S. Department of Health and Human Services, Health Resources and Services Administration through its highly competitive Advanced Nursing Education program, to create a series of interprofessional education opportunities. Combined, these initiatives have spurred the Institute to expand its core competency framework throughout all the programs to incorporate six domains that go beyond the IPEC competencies—Professionalism, Patient-Centered Care, Communication, Critical Thinking, Systems-Based Practice, and Leadership—that school leaders believe a successful health care provider must possess.

The IMPACT program also provides context for learning occurring in clinical practice, such as the two Interprofessional Dedicated Education Units at Massachusetts General Hospital. In the fall and spring semesters, multiple student teams work with nurses, speech-language pathologists, physical therapists, or occupational therapists to focus on the IPEC competencies. “It’s interprofessional education at the heart of where health care happens,” says Patricia Fitzgerald, the nursing director of the adult medical unit on Bigelow 11, one of the two units. “It gives students a big-picture view of the patient and all the people who are involved in caring for the patient.”

For Ryan McGovern, a nurse practitioner student, a key part of his interprofessional education was working in the Crimson Care Collaborative. In partnership with Harvard Medical School and several neighborhood clinics, the CCC pairs IHP students from nursing and physician assistant studies with Harvard’s medical students, overseen by faculty clinicians from both schools, linking the health care and medicine worlds—another gap cited by reports from the Institute on Medicine.

Being educated by and with other health care professionals expanded McGovern’s practice and taught him to ask questions and integrate different approaches into his care. “As you examine patients together, you learn each other’s styles,” he says, adding that he discovered the myriad mental health and community resources available to patients. “Their health care needs are met, their social needs are met, their economic needs are met. And it’s a really nice comprehensive service that they get.”

Other opportunities to reinforce and strengthen interprofessionalism include the Ann W. Caldwell President’s Lecture: Interprofessional Rounds for second-year students, Infant Development Day (more commonly known as “Baby Day”), and the Schwartz Center Educational Rounds held twice each semester. For the past four years, the International Innovation Project has brought together students from the Institute, Seton Hall University in New Jersey, Metropolitan University College in Denmark, and Metropolia University of Applied Sciences in Finland, with each college taking turns hosting a five-week-long team collaborative experience. In fall 2015, a pilot project called the Spaulding-Institute of Health Professions Comprehensive Aphasia Program (S-IHP’s CAP) debuted, with students and faculty in the speech-language pathology and occupational therapy programs participating in an intense aphasia therapy program at Spaulding and on the Institute’s campus with patients who have had strokes.

On the near horizon, there are plans to create an on-campus interprofessional clinical center that would merge the school’s existing speech, aphasia, physical therapy, and occupational therapy centers while adding physician assistant and nursing services. This will create a full range of client services where students, under the supervision of faculty, can work with and learn from each other to provide coordinated interprofessional care that meets the needs of their patients.

A Look to the Future

“This is not about totally smudging together the professions and saying they’re all the same,” Dr. George Thibault said in a workshop at the 2012 Global Forum on Innovation in Health Professional Education. “We still need to rigorously defend and improve the education specific to each profession while we accomplish interprofessional education.”

Thibault, chair of the Institute’s board of trustees, is a Harvard Medical School professor emeritus and president of the Josiah Macy Jr. Foundation, which is dedicated to improving the education of health professionals. Writing in the Institute’s 2010 Annual Report, he and President Janis Bellack previewed what the school would strive to accomplish in the coming years.

“Our renewed commitment to interprofessional education and practice will allow the Institute to respond more quickly to the strategic changes taking place in care redesign and delivery across the Partners HealthCare system and beyond,” they wrote. “Long-standing barriers within both the education and health care worlds will not be easy to overcome. These include deeply rooted cultural differences between the professions, differences in educational pathways and degree levels, and logistical issues.

“Nevertheless,” they continued, “we are committed to designing novel and creative ways to ensure interprofessional education is an integral part of each of our academic programs.”

The MGH Institute is well on its way to achieving that goal. ■



Students in the nurse practitioner and physician assistant studies programs collaborate with Harvard Medical School students as part of the Crimson Care Collaborative.



Standardized patients, who are actors who present a particular condition, give teams another opportunity to work together to devise a plan of care.