Board of Health Sciences Deans
Interprofessional Education Initiative
At the University of Washington

Vision for a Collaborative Future
Interprofessional Education at the University of Washington:
Vision for a Collaborative Future

Final Report of the
Health Sciences Interprofessional Education and Facilities Committee
August 2012

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Interprofessional Education Report to Board of Health Sciences Deans

Executive Summary

"The ideal worker of the next decade is 'T-shaped' – they bring deep understanding of at least one field, but they have the ability to converse in the language of a broader range of disciplines"


A Washington Approach to IPE

The Board of Health Sciences Deans’ Interprofessional Education (IPE) Initiative affords the University of Washington unprecedented opportunities for national and global leadership. Washington has the capacity and vision to place IPE at the center of its health sciences educational mission and to also engage the critical question of IPE’s impact on health outcomes. Five strategic goals emerge as we focus on local and global health system needs and outcomes:

- **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 Strategic Vision

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.

This vision places interprofessional education (IPE) at the core of a new UW Health Sciences educational paradigm (see Figure 1).

Figure 1
Distinctively Washington

UW has a deep culture of collaboration supported by a campus commitment to two-decade planning (2Y/2D and sustainable academic business plans) within a collaborative framework. Health Sciences brings a rich history of IPE advancement, starting with the novel Magnuson co-location, followed by our unique regional commitment (WWAMI Primary Care Network, RIDE), and most recently our sturdy connections to national IPE champions (e.g., the Macy Foundation, HRSA). This foundation positions us to implement IPE in a way that exemplifies UW strengths and values, builds on our public mission and preeminent research capabilities, and takes full advantage of all six Health Sciences schools’ inclusive approach to engaging campus, community, and external partners (local to global).

Implementing This Vision

Proposed activities to support this vision entail two central, interlocking elements:

1. **An interprofessional educational core** that supports and stimulates:
   - A culture of collaboration, in learning, health care and intervention
   - Effective interprofessional and transdisciplinary practice
   - Transformative leadership development
   - Transdisciplinary, translational, and transformative research focused on outcomes and impact

2. **State-of-the-art built environments, shared learning spaces, and infrastructure**, which promote and enhance shared knowledge, connection, and collaboration:
   - Across health sciences disciplines
   - Between health sciences and other UW disciplines/schools
   - With community partners (local to global)

Curricular revisions and built environments tailored to IPE go hand-in-hand to support the achievement of a distinctly UW vision for IPE. The proposed activities are consistent with the concepts proposed in the South Campus Precinct Plan (see Figure 3 conceptual diagram), school curricular reviews and strategic plans, and campus-wide curricular innovations (2Y/2D) and expanded focus on collaboration. (For an assessment of UW’s strengths and challenges in relation to IPE, see Attachment 1).

Recommendations

The Committee recommends IPE implementation in three phases over the 2012-2022 decade: 1) establishing the foundation via a strategic Leadership Team (with initial staffing) and active BoHSD oversight, 2) achieving curriculum reform and phased IPE development, and 3) implementation of the full IPE across the six schools. Strategic recommendations are offered in three parts: 1) curriculum, 2) built environment, and 3) infrastructure, funding and governance principles. Each element must be sustainably supported and rigorously evaluated for learning outcomes and overall impact. Ultimately, successful, transformative IPE implementation depends upon a sustained commitment by the Board of Health Sciences Deans.
Creating the UW Interprofessional Education System

“An interprofessional education will make me a better problem-solver in practice.”
Student focus group participant

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.

Background/Context

<table>
<thead>
<tr>
<th>Key Terms</th>
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<tr>
<td><strong>Uni-professional</strong>: knowledge and skills unique to a single health profession, likely not replicable in other professions, and requiring dedicated training</td>
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<td><strong>Multi-professional</strong>: parallel operations occurring across health professions, with two or more professions working in conjunction but acting autonomously</td>
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<tr>
<td><strong>Interprofessional education (IPE)</strong>: occasions when two or more professionals learn about, from, and with each other to improve collaboration, quality of care, and health outcomes (WHO).</td>
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<td><strong>Interprofessional collaborative practice (IPP)</strong>: two or more professions working as a team with a common purpose, commitment, and mutual respect (WHO)</td>
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<td><strong>Transdisciplinary practice</strong>: two or more professions working flexibly across professional boundaries, roles, and responsibilities in response to individual, community, and population needs. Particularly suited to practice in low-resource, rural, and underserved communities.</td>
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Now is the time for bold leadership and novel approaches to addressing a rapidly evolving health care paradigm and significant global health challenges.

Global and local healthcare imperatives

- The Institute of Medicine, the World Health Organization, and other key organizations have recognized that today’s complex health problems urgently require collaboration among health professionals from multiple disciplines. Educational cultures must support and prepare students for practice and leadership in this environment, driven by crucial concerns such as equity, quality, safety, efficiency, accountability, and cost-effectiveness. We are preparing students to be part of a learning health delivery system.

Professional mandates

- Increasingly IPE is promoted by professional bodies and integrated into accreditation standards (e.g., six associations’ Interprofessional Education Collaborative); these bodies are quickly moving to recognize and evaluate IPE’s role as a central component of educational offerings and accreditation.

Increasing emphasis on impact and health system outcomes

- Existing data (including Cochrane reviews) do not yet provide a strong case for the impact of interprofessional practice interventions on health outcomes. First-generation evaluations of IPE, conducted primarily within program grants with limited research budgets and limited study designs, have largely assessed implementation and educational outcomes. Existing reviews call for systematic efforts to develop better evidence of the impact of interprofessional education on professional practice and healthcare outcomes. We see a significant opportunity for the UW Health Sciences schools – with their diverse research strengths – to collectively play major roles in advancing knowledge focusing on health outcomes resulting from interprofessional education and practice.
Committee and its Work

To create foundational principles, vision, and plan for IPE, the Board of Health Sciences Deans created an Interprofessional Education and Facilities Committee. Fourteen individuals were appointed by the BoHSD representing the six Health Sciences Schools and Health Sciences Administration – one faculty/senior leader and one administrator from each unit. Technical and campus assistance was provided by the Office of Planning and Budgeting. The committee was charged to “explore the possibility of creating a robust interprofessional education curriculum in Health Sciences at the University of Washington, as well as to define the associated facilities and infrastructure needs that will have to be addressed as we look to the future” (Dean Baillie’s charge letter – see Attachment 2 Charge and Membership).

Between December 2011 and May 2012, the full committee conducted eight full meetings, three sub-group meetings on curriculum, six sub-group meetings on infrastructure and facilities requirements, numerous working sessions, and two BoHSD briefings. The committee’s work included a literature review, focus groups with students and individual discussions with colleagues in each health discipline. These efforts were shared and documented through a committee SharePoint site (see Attachment 3). Members were briefed by campus experts and went on a facility tour of the benchmark Foster School building IPE elements. Outreach included meetings with curriculum committees, faculty councils, departmental and School-wide faculty, student leaders, the Chair of the Faculty Senate, Health Sciences Library leadership, staff, and three student focus group sessions engaging 27 students (undergraduate, masters, doctoral) from the six schools (see Attachment 4 for a summary of student comments and Attachment 5 for faculty comments). The IPE initiative was summarized by Dean Baillie at the March 29-30 UW Board Deans and Chancellors Retreat (see Attachment 6).

The Case for Investing in Interprofessional Health Sciences Education (IPE) at the UW

IPE is central to UW’s commitment to impacting local, national and global health through transformational education, research and service:

Nowhere are investments more important than in preparing the next generations of health professionals for the challenges of the 21st century:

- Health systems globally and nationally are struggling to manage escalating costs, improve safety and quality, and respond effectively to shifting health needs, new environmental, behavioral, and infectious health risks, and profound inequities in access to care.

- Complex, multidimensional challenges demand equally broad-banded responses: integrated health systems, significant investments in population and community health in tandem with excellence in clinical care, and interventions that comprehensively address all facets of health, including the environment.

*Interprofessional education and practice will play an increasingly important role in these efforts.*

- Transformative responses to 21st century health challenges – from patient-centered care to community-based early intervention and population-based public health – require new combinations of health professionals working collaboratively with each other, with other professions, and with patients, their families, and communities.

- 21st century health professionals must be more than highly skilled clinicians. To be leaders and change-agents, whether responding to a humanitarian crisis or tackling chronic health challenges such as diabetes and obesity, next-generation professionals must be prepared to be:
  - Natural collaborators
  - Innovative, flexible, problem-solvers
- Change-oriented, future focused
- Comfortable with complexity
- Evidence-centered; technologically adept
- Context-based thinkers and actors
- Globally-oriented, locally attuned, culturally agile

To develop these capacities in UW Health Sciences graduates, “interprofessional education and interprofessional care must be advanced simultaneously” [6]

**Why is interprofessional collaborative practice essential to 21st century health care?**

- It increases the likelihood of innovative responses tailored to complex, rapidly evolving health needs and environment
- It enhances quality, safety, and comprehensiveness of care
- It reduces costs and promotes efficient use of available health resources
- It enhances access to and involvement in care for underserved populations

**Where and how does collaborative practice have an impact? The evidence:**

- *Improved health outcomes* for people with chronic and/or multiple diseases (e.g. diabetes, palliative care, infectious diseases, obesity)
- *Increased access to health care* for rural and urban underserved populations: teams that include allied health professionals and lay health workers are associated with enhanced access to care, increased use of preventive services, use of new technologies, and improved continuity of care and equity
- *Efficiencies and cost savings* related to reductions in service use, less redundancy in medical testing, increased use of preventive services (and self-management programs), and reductions in events leading to malpractice claims
- *Improved safety* as a result of reduced medical errors and better coordinated care
- *Increases in patient, family, and community satisfaction, involvement and empowerment*: patients involved with interprofessional care teams are able to make better-informed decisions and to exercise their choice options; this, in turn, leads to cost savings and resource efficiencies. Collaborative care also brings patients, families, and communities into the health system as partners with health professionals.
- *Human resource benefits*: increased job satisfaction; less tension and conflict among caregivers; lower rates of staff turnover
- *Workforce benefits*: a more diverse, flexible workforce; workers whose knowledge and skills are fully utilized

**Bottom line:** *interprofessional collaborative practice strengthens health systems and improves health outcomes for individuals, communities, and populations* [1], *making interprofessional education at the UW an imperative*

**A transformative approach to IPE at UW will:**

- Take UW to a new position of leadership in IPE by crafting a model that reflects:
  - A broadly constructed view of health and health systems
  - UW’s unique Health Sciences partnership: six schools interdependently bringing different capacities to bear on urgent social and health challenges
- Align our educational paradigm with 21st century health system demands
• Connect education, research, and practice
• Prepare our graduates for the next generation of interprofessional collaborative practice and leadership
• Build on UW’s history of IPE innovation
• Capitalize on UW’s research strengths and campus-wide commitment to collaboration in education, research and practice

What will be required?
• Collective, sustained commitment – resources, policy/procedural change, leadership advocacy
• Documented results – metrics, assessment, accountability
• Integration with campus-wide efforts – 2Y/2D, sustainable academic planning, governance alignment, resources, facilities
• Active communication – students, faculty, campus leadership, community and institutional partners, policy leaders, donors, practitioners, served publics
• Community partnerships (local to global) – preceptors, practice sites, institutional allies
• Willingness to take bold but systematic steps to transform how we prepare the next generation of health professionals

A Way Forward

Three phases: We anticipate the need for a decade of concerted effort and significant commitment of time, leadership, talents and resources before we achieve implementation of an interprofessional learning environment that influences the education of every professional student in our schools. We recommend that this process be divided into three phases (foundation, restructure, and full implementation), each with clear deliverables, metrics, and timelines covering curriculum, built environment, infrastructure and governance.

A. Curriculum Strategic Recommendations: Pilot-Learn-Grow

We recommend a step-wise, phased approach to curriculum development that builds on and expands current strengths in IPE (see Attachment 1), while recognizing unique disciplinary requirements and leaving room for innovation. Pilot projects provide the opportunity to rigorously evaluate and improve curricular reforms prior to widespread adoption.

Recommendations for key curriculum elements

As noted, successful implementation depends on sustained commitment by the Board of Health Sciences Deans (BoHSD). It is essential to advancing interprofessional education. IPE is timely and vital to the UW’s ability to lead in addressing the demands of a rapidly changing health system. Starting with curriculum, we recommend:

• Progressive integration of IPE in health sciences coursework so that all students are socialized to interprofessional learning and practice early in their programs of study
  - By July 2014, complete an action plan to integrate IPE learning objectives and related activities into the six Health Sciences schools' curricula
• Expanded opportunities for students to deepen their knowledge and skills in IPE via collaborative practice opportunities in simulated and real-world practice settings
  - By the start of academic year 2017-2018, expand and diversify service learning and collaborative practice opportunities for students in all six schools with a supporting implementation plan
- Pilot projects to test, rigorously evaluate, and refine curriculum innovations prior to widespread adoption
  - By academic year 2014-2015, implement two pilot projects: Learning Communities and a Certificate Program in Transdisciplinary Practice, Policy, and Leadership (see Figure 2)

  ![Image of curriculum elements and pilots diagram]

  - **Pilot Project: Learning Communities**
    Pioneered in other academic health systems, these small, interprofessional groups of students provide an early orientation to collaboration and teamwork in a participatory, collegial environment. UW Health Sciences has a robust history of learning communities. For example, the School of Medicine’s Colleges program, in which groups of six medical students and a mentor work together at the bedside and in the classroom. This successful program provides a curricular “hook” for expanding from uniprofessional to interprofessional learning communities and a model for revision and investments in innovation. This model has the potential to be expanded to non-clinical settings and regionally.

  - **Pilot Project: Certificate in Transdisciplinary Practice, Policy, and Leadership (TRIPPL)**, a high-profile, competitive-admission certificate program. Targeting later-year students, the program will focus on: 1) developing leaders in transdisciplinary policy and practice; and 2) systematically exploring the impact of collaborative practice on selected health outputs and outcomes. Relevant across all six Health Sciences Schools, the program will also craft strong linkages with disciplines and UW programs beyond the health sciences to provide a broad concept of transdisciplinarity (for details, see Attachment 7).

    Key elements include:
    - Required and elective coursework
    - Collaborative local and global practica
    - Rigorous evaluation of educational and health outcomes
    - Designated IPE faculty, with appropriate supports

**Supporting Mechanisms and Recommendations**

1. **Progressive Integration of IPE into Core Health Sciences Curricula:**
   We recommend an integrative rather than additive approach to achieving this goal, including:
   - Interprofessional content integrated into existing courses, e.g. via interprofessional modules
   - Expanded opportunities for students from two or more disciplines to learn about each other’s professions and perspectives, e.g., in learning communities
   - Pedagogical approaches that emphasize collaborative experiential learning, critical thinking, shadowing, and real-world problem solving to provide students insights into different health professional roles and responsibilities
   - Extensions of school curriculum bodies to plan and advise on a Health Sciences-wide basis
2. **Service Learning/Collaborative Practice:**
   Building from their exposure to IPE in coursework and small groups, students need access to a varied menu of opportunities for involvement in collaborative practice. Potential strategies include:
   - Expanding interprofessional, student-run clinics as sites for training and collaborative practice
   - Building on the work of the Shared Learning Committee in instituting common book/experiences
   - Creating mandatory early interprofessional service learning across the health sciences, including team-based projects focusing on health disparities, access to care, and population-based as well as individual health concepts
   - Increasing partnerships with domestic and international practice sites, public health organizations, and other venues to develop innovative collaborative practice/training models
   - Expanding support for IPE student organizations (e.g., IHI Open School; Bridges to Health, Health Advocates for the Underserved), Students in the Community, Al Shifa Resource Center, Health Equity Circle, and encouraging student initiatives (e.g., Clarion Competition, Project Chance)

3. **Six-School Health Sciences Curriculum Advisory Committee:** form a six-school Health Sciences Curriculum Advisory Committee, with representatives selected by each school’s curriculum committee, charged to collaboratively advance interprofessional and transprofessional education while recognizing unique disciplinary requirements (with a target of full integration by academic year 2017-2018). This advisory committee will:
   - Develop, refine and recommend to the Board of Health Sciences Deans competency-based, outcomes-oriented approaches to instructional design and assessment as part of a comprehensive Health Sciences curricular plan
   - Establish teaching modules on cross-cutting topics (e.g., chronic pain, social determinants of health) for use across the health sciences and with strategic partners
   - Strengthen and support faculty development and continuing professional development
   - Implement innovative IPE pilot activities
   - Tie interprofessional education to collaborative practice (residency, joint clinical placements, team training in simulation lab, community placements, international and global experiences)
   - Recommend and advance economies of scale across curricula of the six Health Sciences Schools to minimize redundancy and maximize efficiency
   - Link research, educational scholarship, and the development of evidence-based practices

4. **Faculty Development:** establish needed systems to support IPE faculty development (by 9/2017)
   Enthusiastic, skilled, collaborative faculty members are critical to the success of IPE. Developing and sustaining faculty capacity in IPE will require systematic investments at multiple levels, including:
   - A **Faculty Development Institute** to support excellence in IP teaching and facilitation, instructional design, use of technologies, and faculty leadership development
   - An **interprofessional faculty mentor program** to provide collegial support and encouragement
   - **Incentives** for faculty investment and participation, such as release time for developing curriculum innovations and attractive resources to support connected teaching, and establishing appointment/promotion/tenure criteria that recognize IPE-related activities.
   - Attention to building IP team capacity in care settings and partnered agencies by providing **shared continuing professional development (CPD)** opportunities

5. **IPE Research and Evaluation:** UW’s research capacity and excellence afford a powerful opportunity for taking a systematic, evidence-based approach to implementing, testing, and refining IPE. **A Goal:** a rolling five-year assessment by academic year 2017-2018. Key tasks include the development of:
   - Metrics and tools for assessing IPE educational outcomes, competencies and cost-effectiveness
   - A plan for IPE program process and outcome evaluation, including the potential for partnering with the College of Education to evaluate educational outcomes
- Metrics and tools for assessing individual and population health outcomes (health, organizational, patient satisfaction, provider satisfaction, improved access and equity, cost of care)
- Interprofessional faculty teams to conduct research on healthcare innovations (local to global)
- Alignments with existing UW research organizations: Institute for Translational Health Sciences, CHASE ALLIANCE, Patient-Centered Outcomes (PCORI) Institute
- A robust and coordinated grants program to maximize funding for research and evaluation

**B. Facilities, Shared Learning Spaces and Instructional Technologies Strategic Recommendations**

“...most feats of sustained innovation...occur when people of diverse talents and mind-sets and expertise are brought together, preferably in close physical proximity where they can have frequent meetings and serendipitous encounters”

Walter Isaacson, 2012

“I imagine a large circular space where I’m surrounded by different disciplines”

UW Health Sciences student

Our integrative vision for IPE depends on creating built environments that encourage formal and informal interaction among students, faculty, and staff from all six health sciences schools. To accomplish this vision and be consistent with the recent South Campus Precinct concept plan, we need a new building or buildings designed with IPE principles and the six schools’ input. Function will drive form. We envision built environments that support and stimulate the following core elements of IPE:

- Active, experiential, collaborative team-based learning
- Students, faculty, and staff interacting routinely across disciplines
- Formal and informal encounters that promote common understanding, shared culture, and cross-fertilization (e.g., Health Sciences Library Commons)
- Teaching that is adaptive to changing educational needs and paradigms
- Connection to community (local to global) and the environment’s influences on the served public

**Specific Facilities Recommendations**

To meet near- and longer-term needs, we recommend staged development of needed new built environments. In concert with the proposed South Campus Precinct conceptual plan (see Figure 3 Concept Diagram), six-school use/involvement will be required in all phases should this plan be implemented. Enhanced connectivity to the upper campus and served communities are key elements of spaces needed to support IPE.

**Figure 3 – South Campus Concept Diagram**
1. **New IPE-Supportive Teaching and Learning Environments:** Involve IPE leadership in the design committees for all new Health Sciences spaces and major renovations to ensure that designs reflect and support IPE principles (ongoing effort, Figure 3). New teaching learning/spaces should include:
   - **Classrooms of various sizes** – to support the active learning approaches now considered central to successful adult learning and transformative learning/leadership development. Spaces should be designed to promote formal and informal engagement
   - **Flexible, technologically-sophisticated teaching spaces** – from flexible auditoriums large enough to accommodate interdisciplinary events, to small seminar and team-based learning spaces
   - **Informal spaces that allow students, faculty, and staff from all six Health Sciences schools to interact in one place, including** (see ideas set forth in Attachment 9):
     - Internal and external gathering and relaxation spaces that promote informal learning
     - Communal space that is not “owned” by any one School (for example shared offices for student governance and organizations) such as the proposed *Health Sciences Library Commons*
     - Openness to light, outdoor spaces, and the external environment: Existing learning environments lack visual and physical access to the external environment and natural light – key characteristics that support both learning and student and faculty well-being
   - **Cutting edge e-learning capability and instructional technologies:**
     - To support in-person experiential learning: Students are embracing technology in ways not imagined a few years ago; we need to support e-learning initiatives and enhance this capacity
     - To support distance and distributed learning: Distance learning should be easily available throughout the system, across the country, and around the world (e.g., I-TECH)
   - **Settings for experiential learning:**
     - Simulation spaces for common learning and realistic collaborative practicing
     - Clinic and community settings (local to global) that provide places for interprofessional team learning and support community engagement and involvement assuring that students understand “context” in assessment
   - **Enriched environments** that take every opportunity to educate students, faculty, staff, visitors, and others about healthcare and the importance of interprofessional collaboration and care
   - **Improved connectivity:**
     - Within the Health Sciences/Magnuson Center and with distance learning locations
     - Between Health Sciences, upper and west campus (including the School of Social Work)
   - **Community engagement:** Practice facilities that support robust connections between the academic health sciences, local communities, and community practitioners (local, regional, global)

2. **A new six-school IPE building and retrofitting the T-Wing** (consistent with the concepts promoted in the proposed South of Pacific Precinct Plan schedule – see Figure 3 above):
   - While the T-wing is being retrofitted, the new IPE building can provide surge space for teaching programs. This building should be designed for IPE, with nimble, high-tech classrooms, flexible breakout spaces, common engagement space, practice opportunities, and openness to the external community. Exterior spaces should reflect and enhance the interprofessional nature of the building. Ultimately, as Health Sciences expands southward, the proposed IPE east-west spine would promote active interactions with more specialized discipline centers (see figure 3 above)
   - Facilities should include an expanded Teaching and Learning Center (Simulation Center)

3. **Community-based/clinic/simulation spaces:** The IPE Leadership Team and staff will engage with the community to create additional campus and community practice sites designed for IPE (ongoing)

4. **Shared Learning Spaces Pilot:** create a physical and virtual “IPE Commons” within the Health Sciences Library. This experimental space will support IPE program development through engaging information sciences in the IPE partnership – the use of Health Sciences Library sponsored shared space, learning technologies, and e-resources (see Attachment 9 for details).
C. Infrastructure, Logistics, Governance and Funding Strategic Recommendations

Supporting and sustaining the proposed IPE vision will require well directed administrative coordination for curriculum development, space scheduling, practice site creation, community outreach, cross-schools strategic planning, and effective use of resources. This coordination can be optimize by an appropriately funded IPE Consortium led by a respected faculty director and innovative staff partnering with engaged students, faculty, staff, campus partners, community members, sponsors and interested donors. This Consortium will include:

- Operate under the direction and oversight of the Board of Health Sciences Deans
- Guide day-to-day administrative direction under Health Sciences Administration and with regular reporting and guidance from Board of Health Sciences Deans to ensure that all schools are equally represented and the commitment of the Deans is sustained
- Explore all opportunities for administrative, curricular and practice alignment and efficiencies
- Involve a wider array of “thought leaders” and constituents, including community partners
- Mobilize a centralized funding campaign leveraging state, philanthropic, and sponsored research funding so that IPE can remain sustainable and innovative for the long term
- Set a rigorous evaluation program that routinely reassesses IPE effectiveness (operational and cost) and allows IPE to evolve over time as pedagogical and/or infrastructure innovations advance

Logistics

To accomplish the proposed approaches in an integrated manner, we recommend that the Board of Health Sciences Deans implement the following foundational infrastructure:

1. Leadership Team and Staffing for Initial Phase: To guide initial implementation planning, the Board of Health Sciences Deans should appoint a strategically-oriented, broadly representative Leadership Team, an interim project director and a program coordinator (fall 2012). The IPE Leadership Team would be charged with achieving the following goals by August 2014:
   - **Plan**: Develop a detailed implementation plan for IPE in concert with 2Y/2D academic objectives
     - Develop a detailed governance plan and related structures required for full IPE implementation
     - Explore international best practices for IPE infrastructure design and sustainable funding
     - Build on and expands the work of the current UW Center for Health Sciences Education, Practice and Research (CHSIE) as a possible model for implementation
   - **Recruit**: Create a recruitment plan for a prominent IPE Faculty Director
   - **Structure**: Develop a UW Health Sciences Consortium for Interprofessional Education that:
     - Promotes curricular and clinical innovations in interprofessional education and practice across the Health Sciences schools
     - Provides the infrastructure plan to catalyze initiatives and faculty development for interprofessional health professions training
     - Conducts program evaluation to assess the impact of interprofessional innovations on students, faculty, providers, and the health of the public
     - Conducts interprofessional health services and educational research

2. Provide faculty with needed supports and reduce barriers to participation:
   - Identify Appointment Tenure and Promotion criteria that support interprofessional collaboration and the work of the proposed Faculty Development Institute
   - Identify activity-based budgeting (ABB) barriers and constraints to shared courses and learning opportunities, addressing these barriers through model Memoranda of Understandings on a Health Sciences-wide basis, but in a manner reflective of individual school’s ABB policies

3. Input Structures: Establish through the Board of Health Sciences Deans and Leadership Team an IPE “Think Tank” of key partners and “thought leaders,” focused on innovation, support, and stewardship.
### Governance

Governance issues will need to be addressed at several levels – consortium management, planning curricular revision, faculty development, engaging new partners, and administrative operations. As noted, as an initiative of the Board of Health Sciences Deans (BoHSD), sustained leadership and oversight of all elements of plan implementation needs to come from the Deans acting in concert to guide the way forward. Key principles in guiding this process include:

- **Focused Effort:** Implement by planning conducted by a Leadership team and dedicated IPE staff selected by and accountable to the Board of Health Sciences Deans (at least quarterly reporting)
- **Locus:** Administratively house the Consortium within Health Sciences Administration
- **Coordination:** Create parallel Health Sciences structures (students, faculty, administrators) that encourage collaborative cross-school solutions to IPE challenges and increase efficiencies
- **Involvement:** Assure a mechanism for broad-based faculty involvement particularly around curriculum alignment, efficiencies, development, and revisions as well as needed policy changes – for example:
  - Health Sciences-wide Faculty Advisory Committee composed of delegates selected by each school’s faculty council(s) to plan and recommend necessary changes in appointment and promotion policies, and resources for training, incentives, and recognition
  - Curricular revision at the school and Consortium levels recommended by a Health Sciences-wide Curriculum Advisory Committee composed of faculty delegates appointed by each school-level Curriculum Committee
- **Ongoing, High-Profile Faculty Leadership:** Recruit an internationally recognized faculty leader selected by the Board Health Sciences Deans to implement and build upon the action plan developed by the IPE Leadership Team as endorsed and guided by the BoHSD
- **Sustained Collaborative Oversight:** Guided by the Board of Health Sciences Deans, the Consortium will seek to build inclusive partnerships at the campus, community and global levels to enhance IPE education, practice opportunities and active engagement in creating this new educational paradigm

### Funding

Funding lies at the heart of IPE as self-sustaining, from initial start-up through operation as a collaborative Health Sciences entity. For IPE to be sustained long term and provide incentives for growth, multiple funding strategies must be established. To that end, we recommend:

1. **Stimulating Donor Interest:** IPE Leadership Team will work collaboratively with UW Advancement on prioritizing IPE vision to donors and creating a “menu” of funding needs and related opportunities for establishing IPE facilities and faculty endowments (in concert with the UW Capital Campaign).
   - School-specific advancement officers will coordinate with respective deans on a quarterly basis for strategic planning and linkage of School activities with IPE campaign objectives
2. **Sustainable Funding:** By July 2013, the Leadership Team will identify the requirements to replace the current unsustainable grant dependent funding model with one bringing together central and Health Sciences discretionary and permanent investments with appropriate uses of ABB and donor funding
   - A budget scaffolding system will tap into different sources of funding so IPE can move forward without interruption – central, ABB, state, sponsors, and donors
   - State, philanthropic, and externally sponsored resources must be leveraged in a coordinated plan that engages their support. This can emphasize both short-term gains and instructional impact with little investment, and long-term gains with substantial investment in transdisciplinary education.
   - Strategies within evolving activity-based budgeting models will provide incentives for units and central administration to create a collaborative model for credits and revenues. Currently ABB
provides inadequate incentives in areas of interprofessional education; distribution of graduate and undergraduate credit hours and related income create more disincentives than collaboration. Launching an IPE curriculum via a pilot approach and/or certificate programs would pave the way for units and central administrators to test shared revenue on a small scale before opening up to all Health Sciences units using broad agreements.

References:
14. IOM, Crossing the Quality Chasm, National Academies Press, 2001

Cover Photos:
Learning, Technology and the Design of Learning Spaces, Janice Fournier, University of Washington Information Technology, 2012
Center for Health Science Interprofessional Education, Research and Practice, University of Washington, 2012
Global Health Department, Bobbi Nodell

1 For summaries of the evidence related to interprofessional education and collaborative care summarized here, see references above.
Current Assessment of IPE Preparedness

Strengths and Challenges

Washington’s Health Sciences Schools are strongly positioned to advance the nation in developing and implementing innovative interprofessional education. Collectively and individually, the UW’s six Health Sciences Schools have significant – indeed singular – strengths on which to build. However, there are clear areas of need for further investment and improvement.

Areas of Strength

- **Campus Culture**: the UW has a longstanding, university-wide culture of collaboration, a prerequisite to successful interprofessional training and practice. This means that IPE, while sponsored by the Health Sciences, has enormous potential to leverage the talents of experts, teachers, and research collaborators from across the campus. Each school can contribute. For example, the College of Education can inform educational technologies and collaborative faculty teaching; the Colleges of the Built Environment and Environment can inform our students on the relationship between human health, the environment, and the built environment; and the Evans School of Public Affairs can shape health promotion and policy decisions. Many other transdisciplinary campus education and research opportunities will be made possible by our naturally collaborative campus culture and our collective desire to address health systems and human health issues holistically.

- **IPE Experience**: UW Health Sciences is already a widely recognized leader in IPE: Over the past 15 years, a dedicated core group of faculty and staff champions has advanced interprofessional health sciences education at UW and nationally. Beginning in 1997 with the development of HSPICE (now the Center for Health Sciences Interprofessional Education, or CHSIE), these efforts have focused on obtaining funding for, developing, and implementing IPE curricular and faculty development activities. For a listing of current activities, see Attachment 2. The next step is to move toward clear Six-School involvement and a plan to extend IPE concepts to all Health Sciences students.

- **Global Impact**: The UW is known worldwide for its strong interprofessional global health program, dually based in the School of Medicine and the School of Public Health, and working collaboratively with other UW schools and colleges.

- **Collaborative**: The UW’s unique mix of Health Sciences Schools positions us for national leadership in developing an expansive approach to IPE that:
  - Emphasizes the importance of IPE to population health and to clinical care
  - Incorporates a focus on community-based preventive services and social determinants of health
  - Harnessed technology to provide IPE locally, regionally, and globally
  - Focuses intentionally on health systems impacts and outcomes

- **Commitment to Service and Addressing Disparities**: Service and commitment to the underserved are cornerstones of the UW health professions programs, including:
  - Student-lead initiatives: Health Equity Circle, Students in the Community (a volunteer clinic at the Aloha Inn for the homeless), and the Al Shifa Health Resources Center
  - Partnerships with community providers, tribes, practice sites, and public and affiliated agencies

- **Geographic Reach**: UW health professions have broad geographic reach and influence through the landmark WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) program, RIDE (Regional...
Initiatives in Dental Education), the MEDEX physician assistant program, and other regional health professions education initiatives

- **Integrative and Innovative**: As an example, UW Medicine is one of the most highly integrated academic health systems in the nation; this level of interdependence sets the stage for integrated interprofessional training and practice that extends across the six schools:
  - Programs are well positioned for healthcare reform, with considerable work focused on patient safety, quality, efficiency, and cost-effectiveness
  - Economies of scale are recognized as a necessary component of these efforts; collaborative practice is a linchpin
  - The UW health professions schools are home to some of the most advanced simulation facilities in the nation, including the Institute for Simulation and Interprofessional Studies in the School of Medicine (ISIS)

**Challenges to Overcome**

Given our preeminence nationally and our preparedness, what has kept IPE at UW from advancing to the next stage, within UW Health Sciences and in our national leadership role? Challenges surfaced in three main areas: a) curriculum, 2) facilities, and 3) infrastructure.

**Curriculum**

- **Not Coordinated**: Health Sciences curriculum organization is not conducive to IPE
  - Uncoordinated and overlapping course content
  - Schedules that limit options for collaborative, cross-school instruction
  - Curricula that are already over-full; IPE must be integrative, not additive
  - No Six-School Health Sciences curriculum committee to coordinate efforts

- **Limited Student Reach**: Current activities reach only some students and some schools
  - Activities limited to minimal engagement by the Schools of Public Health and Social Work students
  - Current focus on clinical care needs to be expanded to include the contexts of care: Community-based services, prevention, population health, and global health
  - Resource constraints limit who is encouraged to participate

- **Faculty Development**: There is a critical need to enhance faculty skills, buy-in, and investment in IPE. Faculty are already stretched thin; moving IPE forward will require encouragement, time, training, and meaningful incentives

- **Logistics**: Logistical issues constrain curricular development
  - Moving beyond school-centric structures
  - No Six-School IPE Center to coordinate logistics and champion collaborative IPE curricular integration and innovation
  - ABB budgeting system is school-based, creating conflicts between IPE and other School curricular interests

**Built Environment**

UW Health Sciences’ teaching/learning facilities match neither our reputation for excellence nor our ambitions for moving to a position of new leadership in interprofessional education.

- **Space**: Existing facilities hinder rather than support interprofessional connections:
  - The building layout and allocation of space in Magnuson reflect and underline disciplinary silos
  - The School of Social Work is physically separated from the other five Health Sciences schools
- Our facilities lack spaces designed for and available to all six schools.
- Existing buildings lack “soft” spaces that encourage informal interactions among students, faculty, and staff

**Outdated Classrooms:** Existing classrooms are unsuited to active, collaborative learning
- There is a severe shortage of small seminar rooms and team-based classrooms
- Current classrooms are designed for didactic, lecture-based teaching
- We lack auditoriums large and flexible enough to accommodate big groups of students, limiting options for involving all six schools in IP activities

**Limited Technological Capacity**
- Health Sciences lacks the cutting-edge educational technologies essential to supporting in-person experiential learning, distance and distributed learning, and connections with local, regional, and global community partners
- Our existing simulation facilities are world-class but inadequate to the level of demand for simulated collaborative practice
- Teaching clinics need to provide real-world experiences in a collaborative, interprofessional setting

**A Critical Shortage of Teaching and Practice Space**
- Only 14 percent (70,000 of 500,000 GSF) of T-wing space is within the general assignment pool as instructional space. This includes the large lecture halls
- Nearly all this space lacks the flexibility and technologies required for IPE

**Location:** Health Sciences facilities and locations discourage community connections
- The location of current Health Sciences facilities present a barrier rather than an entry point that could promote models of collaboration and community engagement, which should be the hallmarks of interprofessional education

**Infrastructure**
Key challenges are leadership and staffing, sustained dedicated funding, location at the center, logistics, accreditation requirements, and governance

**Leadership and Staffing:** We must transform from current reliance on volunteers and sponsors
- IPE lacks a globally recognized and recruited leader – lack of this level of leadership communicates a lack of commitment, desire to really change, and vision
- IPE lacks adequate staff to support each phase of the IPE development and trained staff able to work comfortably across multiple school contexts
- IPE must maintain sensitivity to the requirements of individual disciplines while being innovative in identifying unique Washington opportunities to keep IPE at the center of discussions (curriculum, space, resource allocations, collaboration mechanisms)

**Sustained, Dedicated Funding:** transforming from current peripheral activity
- IPE is currently funded as an afterthought rather than as the needed first slice of available funds
- Breadth of support: A combination of institution-level and school-level funds are required for the core IPE funding (leadership, staff, administrative costs) and sponsor and donor support for new initiatives and facilities costs
- No mechanisms for financing: Requires creative MOUs that proactively define IPE course costs and distribution of revenues

**Location:** Now on the margin, the center needs to be visible and recognized as a driver of change
- **Accreditation**: Current School activities do not meet expected accreditation requirements; we need to ensure that every self-study and strategic plan documents the school’s IPE initiatives

- **Funding – Unsustainable Business Model**: Current IPE activities rely on unstable, time-limited, grant-based funding
  - UW has been very successful in developing a foundation for IPE around specific, time-limited initiatives, but few of these remain as permanent parts of the formal curriculum.
  - The priorities of funders (e.g. Macy Foundation) limit options and scope
  - No permanent Health Sciences-wide leadership commitment to IPE

- **Governance**
  - Parallel structures: There are few parallel cross-Health Sciences structures (faculty council, curriculum committee, student council, administrative, Board of Deans) needed for IPE initiatives to match “how things are done”
  - Rules and procedures: Current appointment, promotion, incentives, and reward structures limit the interest of already overcommitted faculty in committing to IPE
Attachment 2

Health Sciences Interprofessional Education Initiative Working Group
Charge and Membership

Working Group Charge

- Develop a future-oriented proposal for Interprofessional Education at the UW
- Create a collaborative committee-developed vision, mission, and action plan
- Address six areas in the report of recommendations:
  - Define a distinctively Washington IPE Program (valuable and distinctive)
  - Build upon lessons learned from the experience of others and our own – obstacles faced and best practice solutions developed
  - Determine how IPE should be implemented here (its look and feel) – bold but realistic, distinctive, attractive to donors, complementing and influencing our facilities plans
  - Develop an appropriate faculty environment to support IPE – right people, properly resourced, appropriate reward systems and appointment/promotion criteria/metrics
  - Describe the options and models offering the best opportunity for long-term UW IPE success.
  - Define a sustainable IPE financial plan within new UW ABB budget system

School of Dentistry

- Wendy Mouradian, Associate Dean for Regional Affairs, and Professor, Pediatric Dentistry (Curriculum)
- Jean Garber, Assistant Dean, Finance and Administration (Facilities)

School of Medicine

- Marj Wenrich, Chief of Staff, UW Medicine, and Associate Vice President for Medical Affairs (Curriculum)
- Jill Morelli, Director of Facilities (Facilities)

School of Nursing

- Brenda Zierler, Professor, Biobehavioral Nursing and Health Systems (Curriculum)
- Lawrence Wilson, Administrator, Psychosocial & Community Health (Facilities)

School of Pharmacy

- Peggy Odegard, Professor and Chair, Department of Pharmacy (Curriculum)
- Christene James, Director, Finance and Administration (Facilities)

School of Public Health

- Judy Wasserheit, Vice Chair & Professor, Department of Global Health (Curriculum)
- Lawrie Robertson, Assistant Dean, Administration (Facilities – Committee Co-Chair)

School of Social Work

- Susan Kemp, Associate Professor, School of Social Work (Curriculum – Committee Co-Chair)
- Vicki Anderson-Ellis, Director, Finance & Administration (Facilities)

Health Sciences Administration

- Stephanie K. Steppe, Interim Executive Director
- Bob Ennes, Interim Director for Finance and Administration

Office of Planning and Budgeting

- Kirk Pawlowski, Assistant Vice Provost, Capital Resource Planning
Attachment 3: IPE Committee SharePoint Site
Attachment 4

Summary of Student Comments and Focus Group Input

IPE: Overall, what did we hear from students?

- Students are already enthusiastic about IPE; their challenge is logistics, not interest
- Present IPE as a mission/vision for UW; make it more prominent; label it and foreground it
- Connect IPE to future of health care (“this is where it’s going”) – a systems perspective
- Requires a culture shift not just in academia but also “education outwards” – promoting IPE to patients, consumers, public: “It’s a paradigm shift”
- Make it enticing

Curriculum

- Begin early: if it’s not established from the beginning, it doesn’t seem like a priority (people need to be aware of it from Day 1)
- Make learning active, interesting, and fun: “learning with and from each other”
- Prefer learning in small, mixed-discipline groups – problem-based, experiential learning – “needs to be real-world” (e.g., well-prepared, well-designed cases, simulation, clinical practica)
- Don’t take away from disciplinary training; add dimensions and value: “something unique and beneficial,” but integrative, not additive (and not a burden)
- Integrate as a “natural” part of the curriculum
- Immersion/meaningful experiences preferred to short-duration experiences and exercises
- “Make it seem relevant and a good use of time”
- Diversity is an important cross-cutting issue

Challenges

- Interdisciplinary teaching and engaging students from across schools in problem-based learning is an art; currently few faculty have truly mastered this
- Faculty development will be key to this mastery
- Scheduling is a barrier; also time (crowded, demanding curricula), a lack of coordination, possible redundancies in offerings between schools
- Classes need to be made relevant to all disciplines can be challenging

Space

- A mix of spaces in close proximity is needed, particularly small spaces that promote interaction
- Flexible spaces of all size, especially those for in-place discussions
- A location that allows all students from all six Health Sciences schools to interact in one place – a communal environment and sense of linked experiences and understandings
- Common spaces: “a space that doesn’t belong to any one school”
- A “melting pot space”: “[I imagine a] large circular space where I’m surrounded by different disciplines”
- “A nice space” – with windows and light
- Informal space – a large student lounge belonging to us all
- Shared offices for student leadership from the six schools (supporting co-planning and shared leadership) to support cross-schools activities and thinking

**Coordination/Connectivity/communication**
- An “IPE Center of Excellence” – a “go-to” place for information/coordination, dedicated to IPE
- Website/social networking site; shared calendar (i.e., including “an impressive website”)

**What our students say, some focus group quotes**
- “An interprofessional education will make me a better problem-solver”
- “...how can you be a health care professional not knowing about things like social determinants of health” (medical student)
- “[IPE] makes me a better problem-solver in practice”
- “IPE leads to a more holistic view of patients”

**Lawrie’s summary notes re: students’ input on curriculum:**
- Course scheduling needs better coordination
- Every IPE course needs an interactive discussion element
- Discussion groups need to be mixed – not reinforce discipline cliques
- Simulations and exercises need to be practical, authentic, and reflect what will be experience in real life
- Immersions are preferable to short-duration experiences
- Effective interprofessional teaching is an art form and requires the right aptitudes, attitudes, attention to relevance to the entire group, and free of discipline bias – thus, faculty development will be a key to success
- Will require a culture shift as much externally as internally
- Initial course should be offered early and ultimately on a mandatory basis – not as an elective
- Timing of later courses will vary by discipline – in practice settings each student must have confidence in their own contributions/knowledge as well as that of their peers
- Off-site (RIDE and WWAMI) offer unique options to engage other institutions in the interprofessional education delivery
- There will be resistance in the form of this representing change, mentor concerns, faculty attitudes, faculty capabilities, and worries over the acquisition of core discipline skills/competitiveness with peers across the US

**In the Literature: What other students have noted**
- “Our experience in national and international student organizations provokes the thought that health-care students might already be a step further ahead than their educational institutions” (Stigler et al., 2010, p. 1877).
- “What students try to teach themselves through laborious but successful efforts should not be neglected by their educational institutions” (Stigler et al., 2010, p. 1877-1878).
- “We strongly believe in the benefits of this effort, based on the understanding that the ultimate goal of health professional’s education is to improve the health of society” (Stigler et al., 2010, p. 1878).
- “...we believe in the ability of educational institutions and health care professionals as agents for sustainable social transformation” (Stigler et al., 2010, p. 1878).
- “Students entering the health professions have strong ideals that must be fostered during training and sustained within systems that encourage us to be change-agents in local and global contexts. Such
education must go beyond care for the individual to instill the importance of community advocacy and the ethic of practicing in areas of greatest need” (Wen et al., 2011, p. e12).

- “As students go through training, idealism erodes...” (Wen et al., 2011, p. e12).

References
Attachment 5

Summary of Faculty Input and Governance Action Plan

What Did We Hear From Faculty?

The Interprofessional Education and Facilities Committee consisted of six senior faculty and nine senior administrators. Among the Committee’s fact-finding efforts were meetings with curriculum committees and faculty councils, attendance at departmental and School-wide faculty meetings across the six schools, and a meeting with the Chair of the Faculty Senate.

Faculty expressed a number of concerns about shifting from the current academic structure to an IPE structure. Among their comments:

- Establish a Health Sciences-wide Faculty Advisory Group with delegates selected by each school’s selected faculty council(s). Advisory to the Leadership Team, this group would identify governance issues, and recommend back to the individual school councils for their consideration possible policy (e.g., appointment, promotion and tenure) and procedural changes to support the implementation of interprofessional education.
- Recognize that teaching interprofessionally is an art requiring training, support and recognition.
- Address all barriers and disincentives to faculty involvement (e.g. ABB and other constraints on sharing courses and learning opportunities, tenure and promotion criteria, faculty reward structures)
- Learn from the past narrow IPE, find a way to broaden participation to include all six schools
- Align recruitment and hiring priorities with the requirements for providing six-school IPE
- Build and sustain the faculty capacity needed deliver a high quality IPE program by systematic investments at multiple levels – recruitment, training, funding, piloting, and promotion.
- Create a properly resourced Faculty Development Institute to support excellence in IPE teaching and facilitation, instructional design, use of technologies and faculty leadership development in IPE.
- Design an interprofessional faculty mentor program to provide collegial support and encouragement, pilot new instructional strategies, and create a network of engaged faculty.
- Provide compelling incentives for faculty investment and participation, such as release time for developing innovations, tangible resources to support connected teaching (e.g. iPads).
- Using these changes as a springboard, develop a core of enthusiastic, prepared collaborative faculty.
- Build IP team capacity in partnered agencies and community preceptor settings by providing continuing professional development (CPD) opportunities which lead students, faculty and mentors to address each individual as living within a context that influences circumstances and outcomes.
- Clearly communicate BOD and Chair leadership commitment to faculty to underscore the value and importance of IPE

Faculty Governance Action Plan

Create a Health Sciences-wide Faculty Advisory Committee composed of delegates selected by each school’s faculty council(s) and accountable to the individual school councils, to advise the Health Sciences Board of Deans. To meet the IPE curricular objectives and working with the Implementation Leadership Team, this group will be charged to plan and recommend necessary changes in appointment, promotion, training, incentives, and
recognition practices for adoption at the individual school level (recommendations by academic year 2017-2018) and on a broad level to offer recommendations to the Health Sciences Board of Deans.
Attachment 6

Interprofessional Health Sciences Education at the University of Washington Board of Deans and Chancellors Retreat Summary

What is Interprofessional Education?

“two or more professionals learn[ing] about, from and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010)

Why Invest in IPE at UW Now?

1. **Accountability**: Complex 21st century health issues require interdisciplinary problem-solving and teamwork
2. **Efficiency**: Lean times and surging social and health needs demand approaches that increase early, equitable access to care; enhance safety and efficacy; and reduce needs for costly deep-end services
3. **Competitiveness**: Our graduates’ employability will increasingly depend on their ability to demonstrate both disciplinary and transdisciplinary excellence
4. **Impact**: Health system change requires professionals with the capacity to be transformative change agents
5. **Readiness**: UW has a deep culture of collaboration, a history of IPE advancement, a unique regional commitment (WWAMI Primary Care Network, RIDE), and sturdy connections to national IPE champions (e.g., the Macy Foundation, HRSA)
6. **Leadership**: UW is strongly positioned. It has unusual capacity and breadth in its six Health Sciences Schools; Seattle is a remarkable nexus of health innovation. It is time for UW to seize the moment and take IPE to a new level, internally and beyond.

UW’s IPE Vision

*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 individual people and populations*

Key elements of IPE as the core of a new UW Health Sciences educational paradigm

1. **An interprofessional education core that supports and stimulates**:
   a. Collaborative learning [a culture of collaboration]
   b. Effective interprofessional and transdisciplinary practice
   c. Transformative leadership development
   d. Transdisciplinary, translational, and transformative research
2. **Built environments and infrastructure that enhance connectivity and collaboration**:
   a. Across health sciences disciplines
   b. Between health sciences and other UW disciplines/schools
   c. With community partners

DISTINCTIVELY WASHINGTON:

Systems-oriented; holistic (individual-community-population; locally responsive-globally connected;
Attachment 7

An Option: Graduate Certificate Program
In Transdisciplinary Practice, Policy and Leadership (TRPPL)

How can students be best prepared for the transdisciplinary leadership needed to respond to complex local and global health challenges? Does IPE improve health outcomes, and if so, when, where and how? What efficiencies are gained from interprofessional and transdisciplinary practice? And how should the effects of these efforts be measured and communicated? These issues will be explored in the initial Foundation Phase by the Leadership Team and Board of Deans. Pilots will be defined, implemented and evaluate during this phase.

To address these questions, we recommend the developing a pilot program focused on three critical objectives:

1. Develop health sciences professionals with the capacity for transformative leadership in health practice and policy
2. Conduct a systematic evaluation of the impact of IPE and transdisciplinary practice, not only on educational outputs, but also on selected end-user/health system outputs (e.g., attendance at scheduled clinic visits, completion of recommended immunizations, medication adherence, ER utilization, frequency of hospitalization) and health outcomes, particularly for both local and global underserved or marginalized populations. Evaluation should include assessing efficiencies and costs associated with this interprofessional education model and the resulting transdisciplinary practice and related outcomes.
3. Establish, test, and refine metrics to assess these outputs and outcome,

Proposed Pilot: Certificate Program in Translational Practice, Policy and Leadership (TRPPL):

- High-profile, highly selective, small-scale pilot program
- Competitive admission based on criteria such as achieving honors-level grade point average after the first six months of enrollment in “home” health sciences degree program, strong faculty recommendations, and personal essays articulating nature of interest in IPE and the TRPPL Program
- Inclusive of and relevant across all six Health Sciences Schools
- Strong linkages to and involvement of relevant disciplines and UW programs beyond health sciences (such as architecture and urban planning, business, demography, engineering, environmental sciences, law, and social sciences) to provide a broad concept of transdisciplinarity
- Engagement of highly motivated, outstanding faculty through incentives such as opportunities to work with exceptional students, and resources (release time, seed funding, TA support, faculty development) to develop and rigorously evaluate innovative curricula and practica

Proposed Curriculum

- Certificate-based seminars/courses (nine credits; e.g., six credits of coursework, three credits of practica or capstone)
- A roster of relevant electives, from across six schools and other relevant disciplines (nine credits)
- Local and global field-based practica (immersion) involving interdisciplinary teams of students and faculty
Attachment 8

University of Washington
Selected Interprofessional Education and Practice Activities

Faculty Development
- IPE Teaching Scholars (weekly four-hour seminars for nine months, 20 scholars)
- Monthly Faculty Development Meetings held at Institute for Simulation and Interprofessional Studies
- Just-in-time team training prior to IPE events
- Quarterly Faculty Development Workshops (Medical Education)
- Virtual – website that includes educator’s toolkit, IPE scenario templates, curricula, resources [http://collaborate.uw.edu/](http://collaborate.uw.edu/)
- Annual Faculty Development Workshops on the Use of Technology (telehealth, clinical informatics, e-learning, computer fundamentals, simulation)
- Northwest Geriatrics Education Center – Practitioner training with emphasis on IPE: [http://nwgec.org/](http://nwgec.org/)

Professional Student Training (for credit)
- Annual IPE Day: Error Disclosure Team Training (four-hour and ~450 students/80 faculty)
- Annual Capstone: Simulation Training over four-day period (~400 students/56 faculty)
- Monthly Crew Resource Training in Simulation Lab (20 interprofessional students/2 faculty)
- Shadowing Experiences (2nd year medical students shadow another discipline for four hours)
- TeamSTEPPS™: Strategies and Tools to Enhance Performance and Patient Safety
- Elective courses and certificate programs
- Interdisciplinary graduate programs

Graduate Student Training
- VA Primary Care Center of Excellence (DNP students and residents work together in teams)

IPE Student Activities
- Service Learning
  - Student organizations such as Institute for Healthcare Improvement Open School, SITC, Bridges to Health, CHAPS, SPARX, Advocates for the Underserved.
  - Projects - Patient Safety and Quality Improvement Initiatives, Project CHANCE (diabetes, cardiovascular health), Teeth and Toes.
- Community Partnerships
  - Development of Innovative Practice Models and Educational Outreach
  - Creation of regional simulation network (Pacific NW Interprofessional Simulation Center)
  - UW Medicine System – includes five medical centers & Airlift Northwest
  - Boeing – mentors on aviation and patient safety
  - Interprofessional Falls Prevention Activities with local senior centers
- Academic Partnerships
  - Other UW schools and colleges–Business & Leadership; Bioengineering, Computer Science, Geography, Law
  - External to UW – Washington State University, WWAMI Universities (Washington, Wyoming, Alaska, Montana, and Idaho); University of British Columbia
  - Michigan State University (collaborating with Rose Fernandez, MD)
Research and Training

- Institute for Simulation and Interprofessional Studies, Institute for Comparative Effectiveness Research (CER) Training, Institute of Translational Health Sciences, International Clinical Research Center, Institute for Health Metrics and Evaluation
- TeamSTEPPS Master Training Site (Brian Ross, PI)
- Error Disclosure and Communication Training (AHRQ-R18 – Thomas Gallagher, PI)
- Leadership in Healthcare Teams Simulation (AHRQ-R18 – Rose Fernandez, PI)
- Interprofessional Team Training (Macy Foundation – Zierler and Ross, co-PIs)
- Faculty Development - Interprofessional (IP) Team-based Care (Macy Foundation – Hall and Zierler, Co-PIs)
- TL1 Multidisciplinary Predoctoral Research Training Program
- Northwest -Pharmacogenomics Research Network (PGRN)

Institutional – Health Science Schools/Departments

- Interprofessional Centers and Institutes—Center for Health Sciences Interprofessional Education, Practice and Research; Pain Center, Primary Care Center of Excellence (Seattle VA); Palliative Care Center; Center on Human Development and Disability; Center for AIDS Research; UW Global Center for Integrated Health of Women, Adolescents and Children; Global Health Resource Center; Health Alliance International; International Training and Education Center for Health; Northwest Geriatric Education Center, Elder Friendly Futures,
- Health Sciences IPE Initiative’s Committee
- Health Sciences Minority Student Programs
- Health Sciences Service Learning Committee
- Other Health Sciences Committees based on common interests (e.g., affiliation agreements, background checks, immunizations)
Attachment 9

UW Health Sciences Library Pilot Proposal

(i) Interprofessional Education (IPE) Commons

The UW Health Sciences Library plans to request funding to create an \textbf{(i) Interprofessional Education (IPE) Commons} inside the UW Health Sciences Library in Seattle, WA. The UW Health Sciences Library supports six schools (Medicine, Dentistry, Pharmacy, Social Work, Public Health, and Nursing).

This project aims to create an experimental space within the Health Sciences Library to support the early stages of program development for IPE, including discussion areas to be used by the faculty, students, and librarians involved in IPE. We see this project as being proactive and innovative; only one health sciences library in the US has thus far created an IPE Commons (University of Utah).

\textbf{Goals}

1. 
   
   Promote curriculum and clinical innovations in interprofessional education and practice across the health sciences schools by providing dedicated library space and technology. Potential activities for the IPE Commons include videoconferencing collaborative interprofessional practice sessions, simulation space for demonstrating techniques, and/or theatrical space for role-playing clinical and community scenarios. The space will also include easy wireless access to information resources to support interprofessional discussion groups.

2. 
   
   Provide 24/7 infrastructure in the T-Wing to catalyze interprofessional health professions initiatives. The library is open 24/7 to students in select health sciences schools. These students can work collaboratively, face-to-face-, in the Health Sciences Library on projects, posters, presentation, including simulating real life clinical environments at 2AM if that were needed, without students having to be in a hospital or agency setting.

3. 
   
   Build an e-journal and e-book collection to support IPE, e.g. on ethical practice, professional communication, professional roles and values, community practice, cross-cultural practice, complex or multidimensional health problems, health care policy, patient safety chronic disease, geriatrics, and end-of-life care.

4. 
   
   For Librarians to collaborate and participate in evaluative research regarding the impact of health professions interprofessional innovations on students, faculty, providers and the health of the public.