



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Interprofessional Medical Education



Newsletter
April 2023

LETTER FROM THE EXECUTIVE DIRECTOR



"Historically, the teaching and learning for the different disciplines have been conducted in silos, with relatively little interaction among the groups. We now recognize, however, that bringing individuals together and establishing an interdisciplinary community of learners offers opportunities to share knowledge, expertise and perspectives."

Dear friends,

It is often said that medicine is a "team sport." The best care is delivered by highly trained professionals from a range of disciplines. As a pulmonary and critical care physician, I am acutely aware of this. Our morning "huddles" in the ICU are routinely attended by doctors, nurses, respiratory therapists, pharmacists, physical therapists, social workers and case managers. In the ambulatory arena, doctors, nurses, pharmacists, medical assistants and administrative staff are all necessary to ensure that the patient's experience is respectful, humane, and supportive and that the ultimate medical care is implemented successfully.

The concept of "interprofessional education" has grown in recent years as we have recognized that an effective care team can only exist if individuals understand and respect the expertise and roles of each member of the team, approach problem-solving with a collaborative mind set, and truly work together, contributing to the discussion about each patient, challenging each other to think more critically about the questions being addressed, and bringing unique perspectives to the issues at hand. Historically, the teaching and learning for the different disciplines have been conducted in silos, with relatively little interaction among the groups. We now recognize, however, that bringing individuals together and establishing an interdisciplinary community of learners offers opportunities to share knowledge, expertise and perspectives.

A major goal of the Shapiro Institute this year is to make interprofessional learning a common occurrence throughout BIDMC. Our annual continuing medical education course on "Maximizing Your Teaching Skills," has brought together over 2,000 educators from multiple disciplines over the past decade. In addition, our Academy of Educators has included nurse educators as has the training in our Shapiro Simulation and Skills Center. We hope to expand involvement of nursing and other disciplines in all of our programs and ensure that, whenever possible and appropriate, we will bring together learners to grow and develop together in a joint community of dedicated healthcare providers.

We welcome everyone's participation in these programs as well as ideas for new interprofessional collaborations.

- Richard M. Schwartzstein, MD

DEVELOPING OPPORTUNITIES FOR IPE

by Dr. Dan Ricotta

Dr. Dan Ricotta was named senior director of the the Carl J. Shapiro Simulation and Skills Center in April of 2022. Dr. Ricotta is an academic hospitalist at Beth Israel Deaconess Medical Center and Assistant Professor in Medicine at Harvard Medical School. He completed his residency training at BIDMC where he was a member of the Clinician Educator Track and completed a Rabkin Fellowship in Medical Education. Dr. Ricotta is also director of the BIDMC Academy, and Associate Program Director of the Internal Medicine Residency Program.

Based on years of empirical data it is understood that high-performing teams have several core features in common, regardless of profession: clearly defined roles and responsibilities, structured team communication events, deliberate preparation (practice), and a culture of respect and support. High trust enables high performance. In a high trust environment, team members feel safe to share their ideas, raise issues, call out mistakes, and therefore engage in meaningful dialogue for improvement, resulting in more innovation and more resilience.

BIDMC is well known for its high-quality of care and a culture of respect across disciplines. Over the years we instituted best practices in team-based communication such as morning huddles, interprofessional rounds, and case-management rounds. What is lacking, on the other hand, are opportunities to practice together as a team. This is in part because clinical care often occurs with ad hoc groups, frequently with individuals meeting each other for the first time. Moreover, health professions education is siloed, with very few opportunities to practice in the teams in which we work.

In order to take the next step towards clinical excellence we must target this critical feature



of high-performing teams with deliberate preparation. To that end, the BIDMC Academy and the Shapiro Simulation and Skills Center (SASC) have committed to advancing interprofessional education (IPE) across the institution, with

a focus on developing opportunities for practice. The Academy focused on IPE as this year's annual retreat and launched the first IPE innovation group, comprising members of nearly every health profession at BIDMC and co-chaired by a physician and a nurse. The IPE innovation group is engaging in an institution wide survey to understand the needs of health professional training and to inform changes to current practices. Similarly, SASC is engaged in conversations across departments and professions to align schedules to enable interprofessional programming. New SASC curricular and research proposals are also expected to include strategies to promote IPE. Finally, the oversight committees of both the Academy and SASC now include nursing leadership to guide educational programming, policies and procedures.

Collaboration in planning and interprofessional leadership reflects our values and demonstrates a commitment to foster IPE. We aim to ensure that interprofessional deliberate practice becomes routine rather than an aspirational goal. Building on a foundation of respect, preparation further cultivates relationships, enables clear communication, and ensures that all health professionals hold each other in high regard. Through practice we can build trust and trust begets high-performance.

THE CASE FOR INTERPROFESSIONAL TEACHING

By Dr. Camie Petri

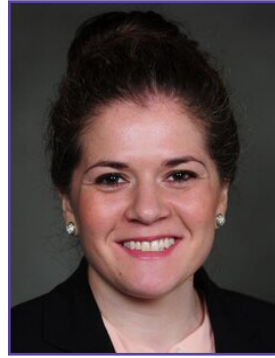
Dr. Camille Petri is a pulmonary and critical care physician at Beth Israel Deaconess Medical Center, the Associate Program Director for the Harvard Combined Pulmonary and Critical Care Fellowship, and Instructor for Interprofessional Education at the Carl J. Shapiro Institute for Education and Research. Dr. Petri's primary research interest is in enhancing interprofessional teamwork and collaboration, using education as a vehicle. Her primary research focus has been investigating the impact that multiprofessional team members have on trainee education in the intensive care unit.

Since the Institute of Medicine's groundbreaking report, "To Err is Human," published in 2000, identified the siloed nature of health care professions as a root cause of medical error, much has been published about the value of collaborative interprofessional practice in various healthcare settings. Over the past 20 plus years, integration across health professions education and interprofessional teams has been widely promoted.

Interprofessional education (IPE) is defined as occurring when "two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." This is traditionally accomplished by bringing together groups of students from various professions and facilitating an educational experience. IPE has been proposed as a way to improve collaboration, enable communication, dismantle training silos, and counteract stereotypes.

For medical trainees, IPE has been widely implemented in the undergraduate medical education (UME) setting over the past decade. Despite the emphasis on IPE in the UME setting, there has been little focus on maintaining interprofessional learning in the GME setting. Available literature suggests that enthusiasm for IPE wanes as students transition into GME and GME learners report that IPE is advocated for and acknowledged but not witnessed in clinical practice.

While the reasons behind the attrition of IPE experiences have not been fully explored, the clinical GME setting is not conducive to conventional IPE for many reasons, including few peer-learners available from other health professions, and limited time,



space, expertise, and buy-in. In short, we have not adapted the concept of IPE to fit GME learners and educators. Without structures in place to bolster interprofessional interactions, our trainees are missing out on potentially influential learning experiences which could shape interprofessional collaboration throughout their careers, and our medical teams may not be meeting their full collaborative potential.

To address this deficiency, we believe that interprofessional teaching (IPT) should be embraced as an acceptable addition to IPE, serving the purpose of improved education and ultimately enhanced teamwork. IPT is defined as "an educational experience in which professionals act as teachers for learners from a different discipline to improve collaboration and the quality of care." Both IPT and IPE emphasize teamwork and development of mutual respect, but IPT differs in that learners are taught by fully trained non-physician medical professionals (e.g. nurses, pharmacists, etc.), and are not learning with students from other professions. Examples of IPT include a nurse explaining to the team the assessment for delirium in a critically ill patient, a pharmacist teaching about proper therapeutic monitoring for an anti-fungal medication, a respiratory therapist demonstrating the components of a high-flow nasal canula device or a dietician sharing considerations for choosing a particular enteral feeding formula.

This type of teaching is much more feasible within the current structure of GME, where multidisciplinary rounds have become increasingly common and integrated patient care highlights the complementary expertise of all team members. IPT, similar to IPE, promotes interprofessional collaboration and is thus likely to produce similar benefits. Effective IPT also has the potential to enhance psychological safety across teams and professions, lowering barriers to speaking up. It follows that cultivating these interprofessional relationships has the potential to reduce errors, promote collaboration, and ultimately improve patient care. However, the implementation of IPT in the GME setting comes with many challenges. Rigid structures

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THE CASE FOR INTERPROFESSIONAL TEACHING

(Continued)

By Dr. Camie Petri

of teams, rounds and workflow may limit teaching opportunities. Tradition, hierarchy, and institutional cultures may dampen enthusiasm or passively discourage teaching from interprofessional providers. The extent to which these potential benefits or barriers truly impact the feasibility or execution of IPT has yet to be explored. Furthermore, IPE and IPT rely on commitment from interprofessional colleagues and without their commitment IPT will certainly flounder. Thus, characterizing the attitudes and perceptions of IPT held by our interprofessional colleagues, is key to the success of this education strategy.

As such, one focus of our work in the Shapiro Institute has been to understand the current state of interprofessional teaching in the medical center,

including whether, when and how interprofessional teaching occurs and the experiences of IPT for both teachers and learners. In collaboration with Dr. Amy Sullivan and Dr. Asha Anandaiah, we have focused in the intensive care unit where interprofessional teamwork occurs regularly, facilitated by physical proximity of team members, and motivated by a sense of urgency inherent to critical illness. Our work has involved a multi-year, mixed methods study utilizing focus groups, surveys and direct observations, and has culminated in the design of an intervention aimed towards enhancing interprofessional input and teaching during ICU rounds. We hope that creating structures to harness routine interactions and highlight the expertise of our interprofessional colleagues will create a culture that promotes teaching encounters. In this way, IPT represents a powerful way to bring IPE into the clinical sphere for GME learners.

DEPARTMENT NEWS

Millennium Conference 2023

The Shapiro Institute for Education and Research at BIDMC and HMS along with the Association of American Medical Colleges (AAMC) will be hosting the 2023 Millennium Conference on May 2-4. The conference will generate a consensus definition of professionalism and ideas for innovations to develop, enhance, and assess professional identity formation in medical school and post-graduate training programs.

Since 2001, the Shapiro Institute has convened educational stakeholders and leaders on 12 occasions. The purpose of the Millennium Conference series is to assemble educational stakeholders and thought leaders to discuss a topic of pressing importance in medical education, with the aim to advance a national agenda for that area.

Shapiro Institute to Host AI Conference





On May 17, the Shapiro Institute will host a conference on the impact of artificial intelligence (AI) on medical education. The event is co-sponsored by MIT Critical Care Group and the NEJM Group. Registration for the event, which will be held at MIT, quickly reached capacity shortly after its announcement.

BIDMC Attends ACP Advocacy Day



A group of BIDMC trainees and faculty had the opportunity to attend Advocacy Day hosted by the American College of Physicians at the Mass. State House on March 29. The group learned how to communicate with legislators to advocate for their most vulnerable patients. They studied several bills focusing on digital equity in telehealth, reducing the administrative burden of the prior authorization process and preventing overdose deaths through increasing access to treatment. They then spent the afternoon meeting with legislators, sharing their experiences as clinicians on behalf of their patients. The group was led by Dr. Maelys Amat, the director for social justice in the office of Graduate Medical Education.

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UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE
UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE
WASHINGTON UNIVERSITY IN ST. LOUIS SCHOOL OF MEDICINE

EDUCATION WEEK, JUNE 5-9



Dr. Richard J. Simons Named Tosteson Visiting Professor

The 2023 Daniel C. Tosteson Visiting Professor will be Dr. Richard J. Simons, Senior Associate Dean for MD Programs at George Washington School of Medicine.

Dr. Simons will join several educational sessions during Education Week including the Building Bridges Session with the Rabkin Fellows and BIDMC Academy discussing the topic "Beside Teaching: Bridging the Gap Between Theory and Practice." He'll wrap up his week with us at Medical Grand Rounds on Thursday, June 8th with a lecture titled: "Educating tomorrow's physicians: enduring traditions and new paradigms."

This annual visiting professorship is named in honor of the past Dean of Harvard Medical School. It is generously supported by the S. Robert Stone Endowment Fund and provides opportunities for faculty from BIDMC and HMS to meet with nationally recognized medical educators.

EDUCATION WEEK SCHEDULE OF EVENTS

MONDAY, JUNE 5

4:30-6:00pm – Teaching Awards Ceremony & Medical Education Research Poster Session
Leventhal Conference Room

At the end of the academic year, BIDMC recognizes faculty, house-staff for noteworthy accomplishments as teachers. We are delighted to honor and congratulate the recipients of awards from HMS and from the graduating PCE class to faculty, residents and nurses from individual departments within BIDMC in a special celebration.

New this year, the Shapiro Institute will host the first annual Medical Education Research Poster Session. Awards will be given for the best posters. For more information visit:

www.shapiroinstitute.org/educationposter

TUESDAY, JUNE 6

12-1pm – GME Roundtable

Center for Education Conference Room

Chief Residents, GME Program Directors, PCE and UME Leadership and all other interested faculty
Richard J. Simons, MD, MACP

1:00-2:00pm – UME Roundtable

Center for Education Conference Room

PCE and UME Leadership and all other interested faculty
Richard J. Simons, MD, MACP

WEDNESDAY, JUNE 7

12-1:30pm – Building Bridges Session

Leventhal Conference Center

Richard J. Simons, MD, MACP

Topic: "Beside Teaching: Bridging the Gap Between Theory and Practice"

THURSDAY, JUNE 8

8-9am – Medical Education Grand Rounds with 2023 Daniel C. Tosteson Visiting Professor

Richard J. Simons, MD, MACP

Sherman Auditorium

Topic: "Educating Tomorrow's Physicians: Enduring Traditions and New Paradigms"

FRIDAY, JUNE 9

8am-1pm – Inaugural Simulation Education Symposium BIDMC/Lahey Hospital Medical Center

*Samuel & Nancy Jo Altschuler Simulation Center
41 Burlington Mall Road, Burlington*

Join us for an overview of simulation center education programs featuring breakout groups including research, procedure skills, cognitive skills, communication skills, novel education technology and interprofessional education.

For information on how to attend these events email education@bidmc.harvard.edu

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