

Appendix 2

Office of Interprofessional Education

Point system for Competency Checklist (“Badging”)

Doctor of Medicine Program

Domain 7: Interprofessional Collaboration within the UND SMHS Competencies for Undergraduate Medical Education, which states:

“Develop skills in functioning both as a team member and as a team leader, and demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient-centered and population-focused care.”

Needs:

1. Identify differing and advancing levels of mastery in interprofessional education that is mapped to Domain 7 program objectives
2. Create a cohesive and program objective based tracking system for IPE activities in the medical curriculum in phases 1, 2, 3
3. Create opportunities for interprofessional interaction across health science and other programs in any health care setting
4. Promote leadership amongst medical students in interprofessional teams

Formal Interprofessional Education was launched in 2006 at the University of North Dakota with the Interprofessional Health Care Course. Currently 8 professions across 3 schools/colleges participate in this course; it is a required course for 7 of the 8 professions, including medical students. This is offered in the preclinical years, and will continue in the revised curriculum. As well, students are well positioned with our Interprofessional Health Care Course; classroom courses with multiple professions are not common at most schools.

Since 2013, a number of varying Interprofessional Education activities have been added, but there is a lack of uniformity in evaluation and assessment. As well, there are likely interprofessional interactions in typical clinical learning settings that are currently not “captured” or credited toward a tracking system to indicate experience and mastery. With a shift to team based, patient-centered care of individual patients and populations, it’s also likely

that more of these interactions occur formally or informally. It's proposed that students and faculty be surveyed to assess these as-yet uncaptured activities (appendix 1).

With the creation and elevation of Domain 7, there is a clear need to identify and capture significant interprofessional interactions across the curriculum in a variety of settings in addition to discrete, well-defined interprofessional education.

In lieu of a formal badging system at this time, an easily usable and understandable system to track interprofessional competencies ("competency checklist") is proposed. Most medical schools, including UND SMHS, use the Interprofessional Education Collaborative (IPEC) competency document for the development of domains and program objectives (<https://www.ipecollaborative.org/resources.html>). Domain 7 is based largely on this document. Interprofessional mastery is a novel concept with little current available literature, although some medical schools have a competency based curriculum. Currently, the University of Minnesota School of Medicine uses an identify and capture process for measuring interprofessional interactions and competency, which is similar to this proposal.

The University of Minnesota ranks interprofessional activities with a simple scale:

1. No IPE
2. Some IPE
3. Very IPE

These rankings are done by staff and the Director of Interprofessional Education, Dr. Brian Sick (private communication). Using something similar, the current activities are ranked in Table 1a and Table 1b.

Tier 3

3 points indicates a learning activity with strong IPE elements, such as immersive experiences with multiple professions mapped to 2 or more domains such as the Interprofessional Health Care Course, or a clinical experience over time (ie, Global Health Elective, Geriatric experience)

Tier 2

2 points indicates a meaningful interaction i.e., case management of a single patient or a simulation activity with at least two other professions mapped to at least 1 domain

Tier 1

1 point indicates some interprofessional interaction, i.e. email, telephone, or video call consultation with at least one other profession or simulation with one other profession mapped to at least 1 domain.

Medical students would need to accumulate a minimum of 10 points to gain a ranking of proficient in 4 years. All medical students automatically get 5 points for the Interprofessional Health Care Course (3) and ROBOTS simulation (2). Medical Students also get 2 points total for simulation with nursing students and with PharmD students. This leaves at least one Tier 2 and one Tier 3 to be completed during their course of study. It is suggested that at least 1 Tier 3 be done in phase 2, and at least 1 Tier 3 be done in phase 3, as these are progressively richer in interprofessional interaction and competency. These activities may be, and likely will be, normal student workflow interactions in clerkships. A score of 15 would gain the rank of highly proficient. Ideally, these rankings are incorporated into the Dean's letter for each student.

This plan would also likely lead to scholarly activity, as there is a paucity of literature for this particular system of tracking. As well, some activities not well addressed by current curriculum include IP population health activities.

This proposal is meant as an introduction to the idea of identify, capture, and apply embedded clinical learning experiences/activities for interprofessional learning activity tracking, and it's expected that with further input and design, this will be a very functional system. Tracking would be the responsibility of the Office of Interprofessional Education with appropriate administrative reporting.

It is proposed at this time that this be done as a trial study over AY 2020-21 to assess viability and perhaps lead to scholarly activity such as meeting presentation, poster, or journal publication.

References:

Interprofessional Education Collaborative. Core Competencies for Interprofessional Collaborative Practice 2016. <https://www.ipecollaborative.org/resources.html>

Koehn M, Charles SC. A Delphi Study to Determine Leveling of the Interprofessional Core Competencies for Four Levels of Interprofessional Practice. *Medical Science Educator* (2019) 29:389–398

Dr. Brian Sick, University of Minnesota, private communication