

## CAB VII

- **Title**

Growing our interprofessional family tree to introduce learners to the social determinants of health

- **Name, Academic Institution**

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**Dawn Peterson -**

- **Track**

Education

- **Background:** The Office of Interprofessional Curriculum (OIPC) serves as a central resource for all eleven schools across our academic institution. Historically, interprofessional (IP) learning events and one-off courses have been developed adhoc to meet program-specific needs. This often leads to learners participating in several, unrelated activities with limited opportunity for purposeful sequencing and strategic planning. It became clear that, in order to provide a logical IPE program for learners, a framework detailing the levels of learning and competences needed to be developed. Additionally, as more professional bodies include IPE as part of their accreditation criteria, it is becoming important to provide a structure that can effectively map achievement of IP learning across the continuum of academic enrolment for each health-profession school. Both within clinical practice and the community the social determinants of health are intermeshed with the quadruple aim of Interprofessional Practice (enhancing patient experience, improving population health, reducing costs, and work life of healthcare providers)<sup>1</sup> To address these needs our OIPC has adopted two frameworks. The first for the levels of IP learning and competency. The second involved developing a family tree to tie together the activities used in the delivery of IP education (IPE).
- **Purpose:** Our aim was to use a family-based framework to underpin IPE programs, so that faculty and learners understand where each activity stands on the continuum from initial *exposure* to eventual *mastery* of IPEC Competencies<sup>2,3</sup>. A “family tree” was used to structure activities while addressing the social determinants of health. Our aims are to:
  - Enable identification of the appropriate learning level for each IPE activity.
  - Enable faculty to track and map learner’s progression towards achievement of IPEC competencies.
  - Provide a clear pathway for learners to understand their progression

- Provide a family-centered context for learners
- Sustain engagement across programs of study

- **Method:**

We adopted a tri-level IPE framework for learning activities beginning at the *exposure* level, progressing through clinical or community *immersion* towards achieving *competence*. A ‘family tree’ was then constructed within our eLearning platform (Canvas). ‘Storyline’ software was used to build family tree structure. Starting with the ‘grandfather’ (Carl in the Nexus<sup>4</sup>), family members (branches) were strategically added to span four family generations. IP student teams undertake case-specific care planning for each family member and observe family member interactions, while developing IP competencies. Social determinants of health are directly linked to family health. A new family member is featured as each case-based learning module is developed to meet different levels of learning in accordance with strategic priorities.

- **Significant/Importance:**

As each additional IPE case or activity is developed, we will use a current family member or add a member to the OIPC family. This structure will allow learners to see the complexity of interactions within the family. Also, as learners progress through their IPE programs they will gain an appreciation of how the social determinants of health, affect each family member and their health outcomes. As new cases and activities, are developed, based on the social determinants of health, members of our “family” can be assigned issues that engage additional professions. Addition of more professions, both within and outside the healthcare arena will give learners a better appreciation of the complexities of the real world that they will encounter when they enter the workforce.

Learners will be able to track their own progress as they master each IPEC competency domain and follow the OIPC family and its interactions with each other, the community, healthcare systems and the social determinants of health. This will generate an increased level of engagement and interest amongst our students. Plans to add gaming aspects to IPE study programs could further enhance participation and engagement.

Over time, mapping the level of IPEC competency for each activity will allow comparison with a profession’s accreditation requirements allowing gaps to be identified and offerings developed to resolve them. The mapping process can also be used to provide documentation that programs can use as evidence during accreditation cycles. If accreditation requirements change over time it will be possible to readily identify what changes need to be made in order to adjust to new standards.

- **Results:**

Using a family-based approach embedded in the IPE framework<sup>2</sup> has allowed the OIPC team to identify learning levels for each activity and enable faculty to begin to track achievement of IPEC competencies<sup>3</sup> necessary for program accreditation. Faculty have begun to identify gaps in learning at each level and are devising activities that will fulfill those needs. Providing a family context has enabled the OIPC team to develop not only new clinical learning situations, but to build opportunities for learning around the social

determinants of health. Our 'family tree' has positioned OIPC to involve a broader range of professions that are now interested in participating in current programs or developing new ones including public health, education, engineering, business and criminal justice. Using a consistent framework across the institution could allow for many other professions to become involved in a more strategic way.

- **Conclusion:**

The outcome of this work is a living and adaptive 'family tree' that links learner IPE activities conducted across the academic institution to a clear framework of competency development. The framework allows our development team and faculty to identify gaps in activities at each of the learner levels (Exposure, Immersion and Competence) to facilitate strategic planning of future programs. Additionally, the 'family tree' can be adapted for any profession's learner group on campus and beyond.

- **References:**

1. Bodenheimer t., Sinsky C., *From triple to quadruple aim: care of the patient requires care of the provider.* Annals of Family Medicine, 2014 Nov-Dec 12(6) 573-6
2. Edgelow, M., Van Dijk, J., Medves, J., & Saxe-Braithwaite, M (2009). Core Curriculum Guide for Teaching Interprofessional Competencies in Pre-Registration Education Settings Report #5 of the Interprofessional Education Curricula Models for Health Care Providers in Ontario working group to the Interprofessional Care Strategic Implementation Committee. Kingston: Queen's University
3. Interprofessional Education Collaborative. (2016). *Core competencies for interprofessional collaborative practice: 2016 update.* Washington, DC: Interprofessional Education Collaborative
4. National Center for Interprofessional Practice and Education, *Carl in the Nexus,* 2017

- **Summary Paragraph for program**

Our team developed an adaptive Interprofessional Family Tree, embedded into an IPE framework, to plan and map IP learning experiences across the academic institution. Using a family-based approach supports strategic development of IP student programs focused on achievement of IPEC competencies within the context of the social determinants of health.