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Perspective

The Intentional Interprofessional Education Model: A Conceptual Framework to Achieve an Interprofessional, Team-Based Approach in a Student Run Clinic

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Abstract

We introduce the conceptual framework of the Intentional Interprofessional Education (Intentional IPE) Model based on the understanding that it takes mindfulness and intentionality for interprofessional teams to build relationships and work together effectively in a structured manner at a Student-Run Clinic (SRC). This Intentional IPE Model developed organically through experiences and conversations over several years among patients, students, and faculty at a SRC in Albuquerque, New Mexico, serving men experiencing homelessness. Teamwork is at the heart of the Intentional IPE Model, and it is also centered on the following values: curiosity, reflective listening, role exploration, vulnerability, respect, mentorship, and patient partnership. For students and faculty to engage in deep and productive interprofessional learning, professional health philosophies, priorities, and roles must be laid out, and curiosity should be encouraged. Our reflective paper emphasizes the ways the Intentional IPE Model can enhance student-faculty-patient experiences in SRC settings.

Introduction

Student-Run Clinics (SRCs) are often modeled after primary care medical experiences, where patients are seen in succession by different health professionals. This article introduces the Intentional Interprofessional Education (Intentional IPE) Model centered on the values of curiosity, reflective listening, role exploration, vulnerability, respect, mentorship, and patient partnership. For students and healthcare providers to orchestrate a clinic as a cohesive interprofessional team, the traditional primary care clinic setup must be disrupted. Rather than a patient interacting with different professions in separate interactions, the Intentional IPE model aims to improve patient care, interprofessional learning and teamwork through a process of students and faculty seeing patients in unison. This model allows for the patient to partner in his/her health care as well as the health care education of the students, as he/she is invited in to join the learning and collaboration at hand. Patients share their own health care stories and their reflections on improving access and care for the students which helps them develop into the health professionals that are needed. The patients are also encouraged to share their own perspectives and insights into their health care needs/issues which encourages a patient-partnership model.[1,2]

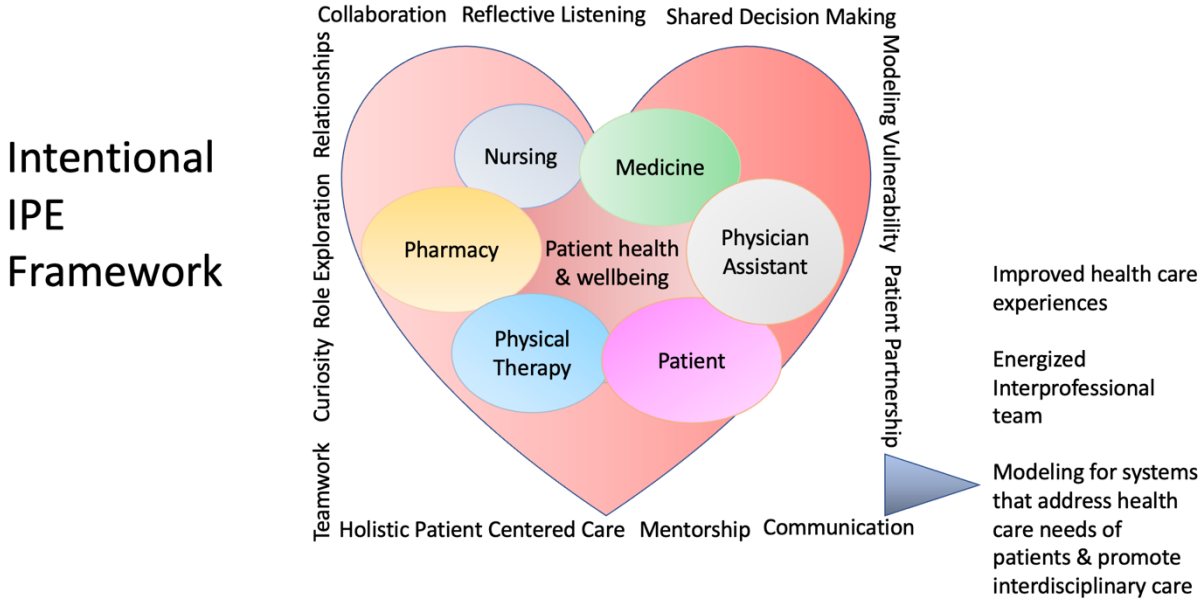
Our Intentional IPE Model occurs in an interprofessional SRC sponsored by the University of New Mexico Health Sciences Center and supported by Albuquerque Heading Home which serves clients at a 100-bed homeless shelter for men. The mission of this SRC and its work with marginalized and vulnerable populations is to (re)engage people into their primary source for health care and to complement the medical services people are using in the community by giving them the opportunity to explore their health

education and care needs through conversations, consultations, connections, and referrals with the SRC students and faculty. While we address acute health care needs, the real goal of this SRC is to connect people in a thoughtful way to the long-term health care services that are available to them.

The mission of the Intentional IPE Model for this SRC and our Health Sciences Students is to facilitate innovative, thoughtful, and impactful clinical education and service experiences which help the next generation of health professionals build relationships with each other and provide the highest quality health care services and inform and guide the health care systems to promote health and health equity for our communities.[3] The clinic has a core interdisciplinary student leadership team, and for 4 hours each week, learners from pharmacy, nursing, physician assistant, physical therapy, and medicine gather with interdisciplinary faculty to learn about and from each other as well as the people/patients they are providing needed health care services to.

For students and faculty to engage in deep and productive interprofessional learning, the framework of the clinic must be intentional, and should encourage relationship building in ways everyone can actively participate in the provision of needed health care education, consultations, and services. The Intentional IPE Model is based on the understanding that it takes mindfulness for interprofessional teams to work together effectively and in a structured manner. A cohesive understanding that everyone has something valuable to contribute and share in the process of partnering with patients around their health and healing needs. It is the foundation of an interprofessional clinic. To do this, we intentionally avoid traditional or stereotypical roles for students based on their professions. It is our hope that this intentional practice not only helps to educate students about other professions, but also fosters growth and exploration past one's own training and professional perspectives. This model allows time and space for interprofessionals to work with the patient to improve short- and long-term outcomes. It aims to create a multidirectional flow of knowledge between students, faculty, and patients, while encouraging openness and collaboration (Figure 1).

Figure 1. Multidirectional interprofessional sharing of knowledge amongst students, faculty, and patients



IPE: Interprofessional Education

It is notable to mention that the Intentional IPE Model aligns with the Interprofessional Professionalism Assessment (IPA) tool.[4] The IPA is a tool designed to evaluate one's demonstration of professionalism when interacting with patients in an interprofessional healthcare setting. The six domains outlined in the IPA are communication, respect, altruism and caring, excellence, ethics, and accountability. These concepts are infused throughout the three natural phases of our SRC. The SRC begins with an initial relationship building team orientation and huddle (phase 1). Phase 2 includes the patient orientation/announcement of the SRC clinic and "sign up" for the clinic, as well as the individual patient interaction, evaluation, problem solving education, care provision and referrals/links to care. The clinic ends with a final reflective practice and gathering to review insights shared by and learned from the patients and gratitude for the interdisciplinary team and collaborations that enhanced the learning experience for each student and faculty (phase 3).

Intentionality of Faculty

Beginning of Clinic (Phase 1): Embody Vulnerability and Dismantle Hierarchy

An important role of the faculty is to set the tone before the clinic begins; it is critical for faculty to deconstruct the hierarchy that exists among professions. It can be difficult for students from other professions to engage openly with each other since each discipline is tightly knit and often siloed in training. However, it is the intention of interdisciplinary SRCs to create an equal playing field, where each person can share knowledge and address learning edges and feel comfortable in doing so. To encourage discussion, faculty emphasize the idea of being open to "wondering" and practice improvement and that it is okay to be in "a place of not-knowing", which can be a very vulnerable experience in health professions education. This helps to promote inclusiveness and belonging by creating a place where the health professions students and faculty can explore the edges of their own learning and practice. The faculty aim to create spaces that feel safe and allow people to be brave in their personal sharing. This promotes interdisciplinary, professional relationships and models to demonstrate how we can rely on each other to improve the care our patients receive.

During Clinic (Phase 2): Encourage Curiosity and Reflective Listening

Faculty encourage students to work and collaborate with those from other professions. They also emphasize the importance of taking the time to build a relationship with the patient through attentive listening and learning about the "whole person." The faculty frequently share experiences describing how a patient's story can shape professional development and capacity for working with populations who are marginalized, vulnerable and/or are also experiencing homelessness. For example, a patient may present with a cough, but as the students actively listen to the patient's story, they may hear that the patient has recently experienced trauma or is extremely lonely. Using the Intentional IPE Model, the questions would then be, "What does each discipline have to offer this patient, and how can we care for and sit with this patient together to address the deeper issues? How can we take care of the 'cough' at hand while also realizing the underlying needs of the patient?" The faculty can also emphasize that sometimes the students need to recognize that the true concern may be that the patient wants a healthcare provider to respect his/her own insights into his/her health problem and to listen to him/her, as he/she has experienced dismissive behavior/marginalization from health care professionals in the past. This promotes bigger picture thinking about learning experiences and the reasons behind the intentionality.[5] This is particularly evident and common when a patient's problem is rooted in social determinants of health.[6] The clinic faculty can encourage students to explore these through questions about the patient's family, housing, support system, occupation, health care access, transportation, and education needs. The faculty can also model appropriate measures during moral and ethical dilemmas that may have come up through the patient exchange.

End of Clinic (Phase 3): Reflection

The end of the clinic is an important time for the faculty to support clinic debriefing, and they encourage this exchange through modeling

what surprised them, what they learned, and sharing feedback or reflections on their own interactions with the patient. They support a reflection and feedback exchange between the students by asking prompts and encouraging discussions on how groups worked together well, and what learning edges could be addressed going forward.

Intentionality of Students

Beginning of Clinic (Phase 1): Embrace Learning from Others

The natural migration of students in an interprofessional setting is to huddle with their peers. During each clinic, one to two student clinic coordinators recruit patients and separate volunteers into two or three interprofessional teams. For example, one team may be a pharmacy, nursing, and medical student and the other may be a physician assistant, physical therapy, and nursing student. Student coordinators set the stage for inspiring students to value every interaction they have, whether it be with patients, peers, or faculty. To set the stage for this type of collaborative environment, the coordinators role is to facilitate discussion amongst individuals early. For example, the student coordinators take 10-15 minutes for introductions of who is at the clinic and where they are in their learning process, including any learning edges or goals they have for the evening. This is a way for students and faculty to feel comfortable with each other. This may also allow students to feel more comfortable in expressing gaps in knowledge. This mindset is aided by the faculty's role in modeling vulnerability. If collaboration is encouraged right away, this can help students feel more comfortable in expressing gaps in knowledge or what they may want to learn from another profession. This mindset is aided by the faculty's role of encouraging vulnerability. In that sense, a brave space is created to encourage students to ask questions and improve their clinical skills with minimal pressure.

Middle of Clinic (Phase 2): Role Exploration and Co-Mentoring

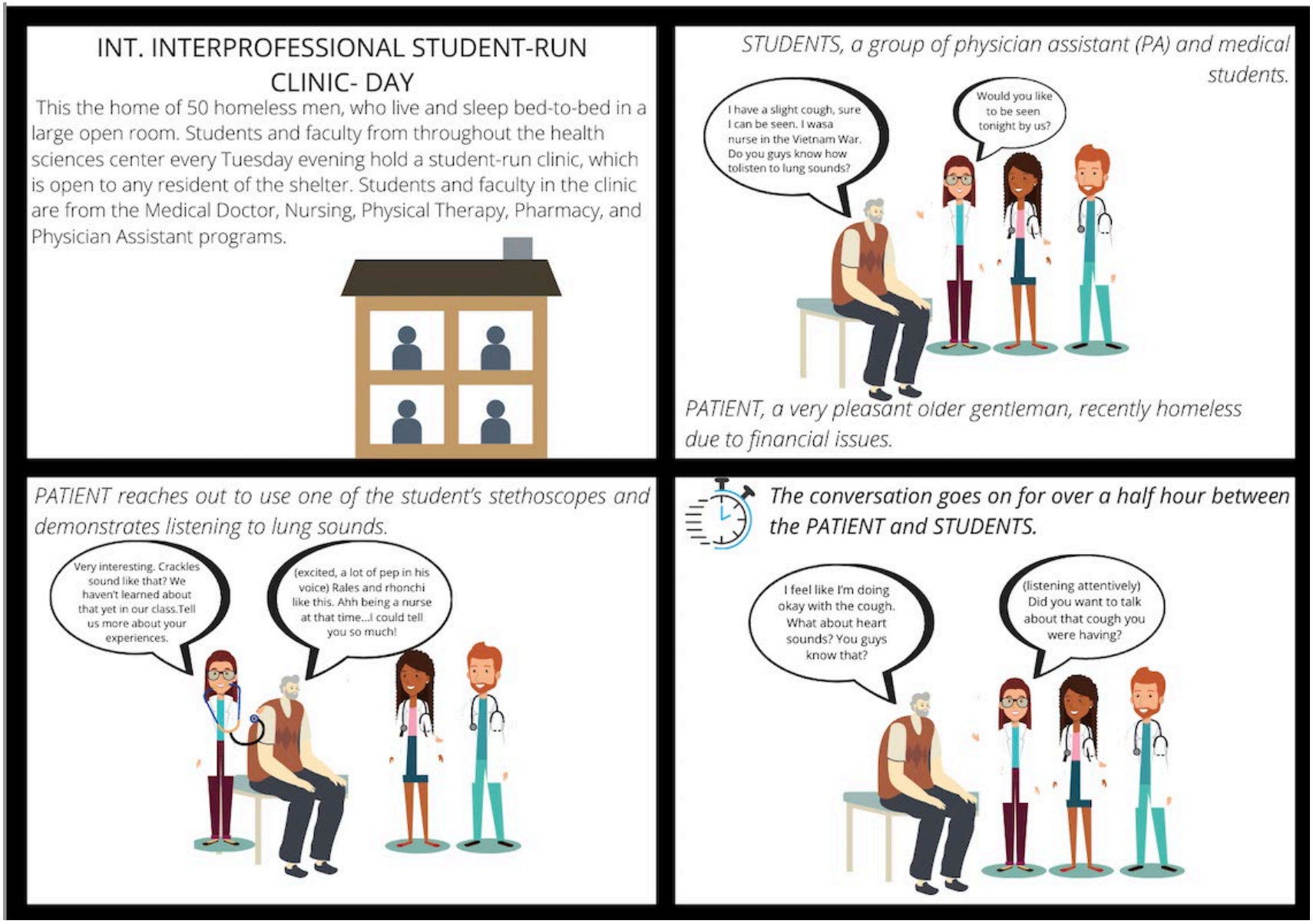
To facilitate interprofessional education, students are encouraged to rotate roles and explore through experiences the frameworks and priorities of each profession present. An example of this would be for the physical therapy students to collect the patient's history while the medical student takes the vital signs and the pharmacy student performs the physical exam, while the nursing student takes charge of the documentation and the presentation to the faculty. This allows for a deeper conversation and the development of a holistic care plan that includes priorities and perspectives of all involved (including the patient's). Most of the students in this SRC have not previously had an opportunity to share care side-by-side with other professionals. This exercise allows for new insights into how each profession asks questions, gathers information, and prioritizes care in a complementary way.

Students from different professions at variable levels of education are always present during the clinic. It is encouraged for senior-level students to guide the junior-level students during patient care and provide advice and encouragement. This is done across professions, which allows for deeper learning about how each profession prioritizes patient care based in their roles, responsibilities, and profession-specific values and experiences. Senior-level students gain skills and comfort with mentoring fellow professionals in different fields which is an important aspect of interdisciplinary collaboration and practice. In addition, all students come to the clinic with different life experiences. All students are encouraged to provide feedback and guidance to each other based in wisdom gained outside of the health professional training level.

End of Clinic (Phase 3): Contribute Feedback

The end of clinic provides time for students to discuss what went well and what actions could have been taken to improve quality of care. Like the guide for providers, end of clinic allows for reflection and feedback. Feedback plays an important role in helping students and faculty reflect on their experiences. They should be encouraged to share valuable insights learned during the clinic. Many times, patients are our teachers, and we can learn important lessons from them. Figure 2 illustrates this in a special patient interaction experienced by one of the authors of this manuscript. Additionally, brave spaces that were established at the beginning of clinics help

Figure 2. *An example of students learning from a patient who shares his story*



Int: Intentional

create an environment where students can share their ideas thought to help future clinics run smoothly.

Discussion

SRCs offer an important experience in collaboration for health professions students. It is also an opportunity for faculty to step back from their traditional roles in directing care and allow students to develop their leadership. Having a structured experience that includes facilitated team conversations,[7] reflection points, and times where faculty are available for feedback and partnership is an important component of the SRC experience.[5]

In our proposed Intentional IPE Model, we contribute to the literature on faculty roles in SRCs, and we center our intention in collaboration, relationship building and shared decision making. We have found that when Intentional IPE operates, magic happens, our faculty and students feel energized and excited to work together, and our patients express how much they appreciate the opportunity to share their own wisdom and experiences during their health care encounter. Through Intentional IPE, we can inspire curiosity for learning like this in our SRCs—benefitting patients, students, and faculty alike.

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Disclosures

The authors have no conflicts of interest to disclose.

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