



SAINT LOUIS UNIVERSITY
—
ATHLETIC TRAINING



Interprofessional Collaboration Building a Strong Foundation

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Pennsylvania Athletic Trainers' Society (PATs) Interprofessional
Practice and Concussion Recovery Symposium

February 6, 2021

Disclosure

In compliance with continuing education requirements, I report no financial or other associations with companies to which I have a direct link and/or financial relationship that is related to the topic/content of my presentation.

Objectives

- At the end of this presentation participants will be able to:
 1. Describe the key foundational literature to support interprofessional collaboration.
 2. Identify how important contextual factors impact interprofessional collaboration
 3. Develop strategies to engage interprofessionally in clinical practice

Interprofessional Collaboration

- **Interprofessionalism**
 - Work occurring between or involving two or more professions.
- **Collaborative practice**
 - When multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care. It allows health workers to engage any individual whose skills can help achieve local health goals.

SOURCE: Institute of Medicine. Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes. Washington, DC: National Academies Press; 2015.

Interprofessional Collaboration

- **Interprofessional collaboration**
 - Type of interprofessional work involving various health and social care professionals who come together regularly to solve problems, provide services, and enhance health outcomes.
- **Interprofessional teamwork**
 - Work involving different health or social care professionals who share a team identity and work together closely in an integrated and interdependent manner to solve problems, deliver services, and enhance health outcomes.

SOURCE: Institute of Medicine. Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes. Washington, DC: National Academies Press; 2015.

Interprofessional Collaboration

- **Interprofessional education**
 - Occurs when students (learners) from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.
- **Interprofessional learning**
 - Learning arising from interaction involving members or students of two or more professions.



SOURCE: Institute of Medicine. Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes. Washington, DC: National Academies Press; 2015.

Multidisciplinary vs. Interprofessional



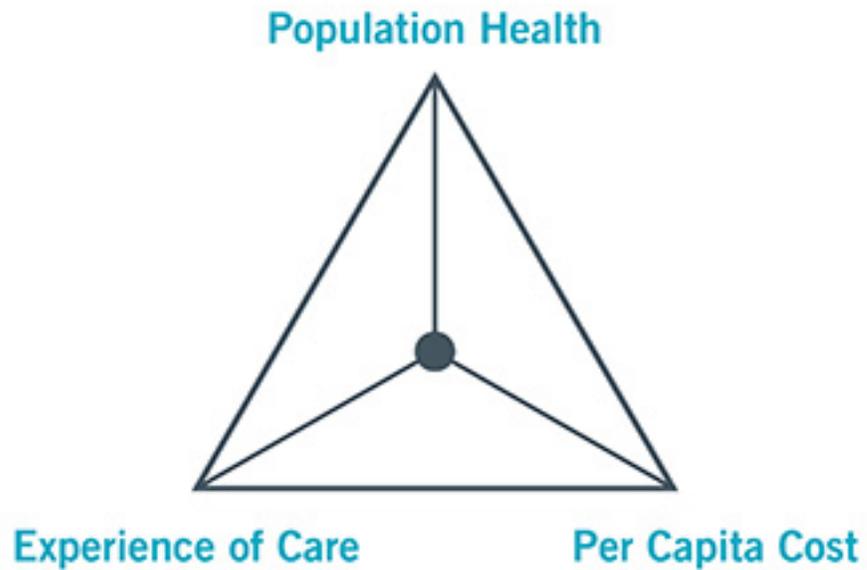
Factors Impacting Outcomes



SOURCES: SLU Model of Interprofessional Practice. Pole, D. Rottnek, F. 2014
Riley, et.al. 2010, *Journal of Nursing Management* 18, 556-563

Triple/Quadruple Aim

The IHI Triple Aim



Source: <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>

Interprofessional Collaboration Framework

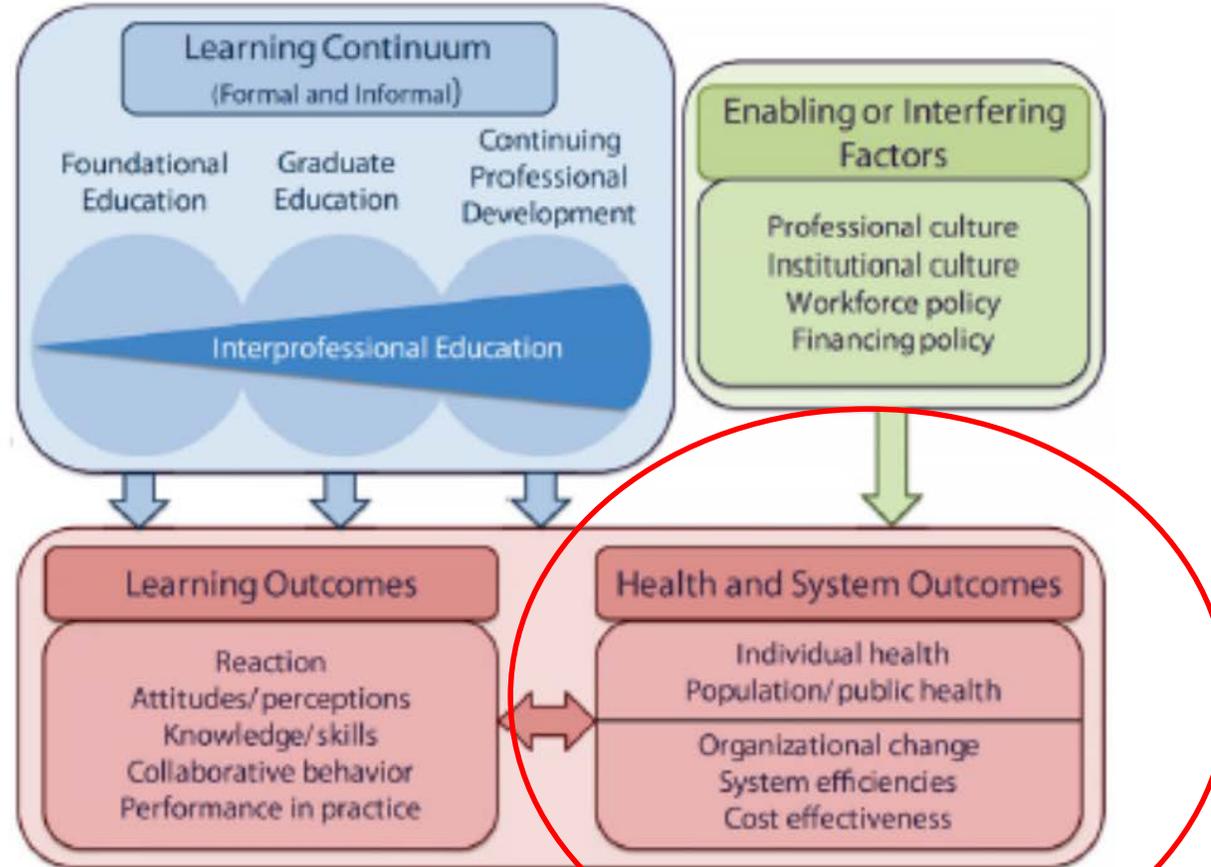


Figure reprinted with permission from Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes, 2015 by the National Academy of Sciences, courtesy of the National Academies Press, Washington, D.C.

Interprofessional Collaboration Framework

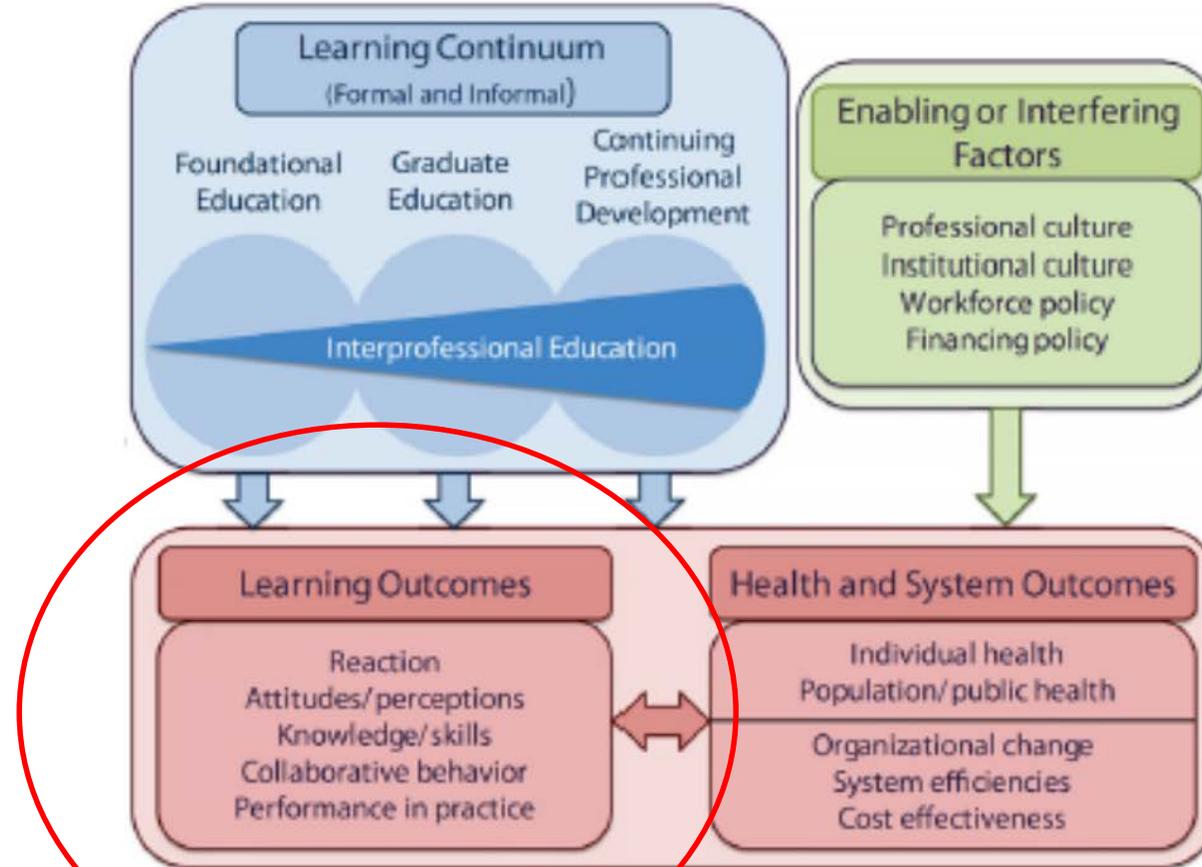


Figure reprinted with permission from *Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes*, 2015 by the National Academy of Sciences, courtesy of the National Academies Press, Washington, D.C.

Interprofessional Collaboration Framework

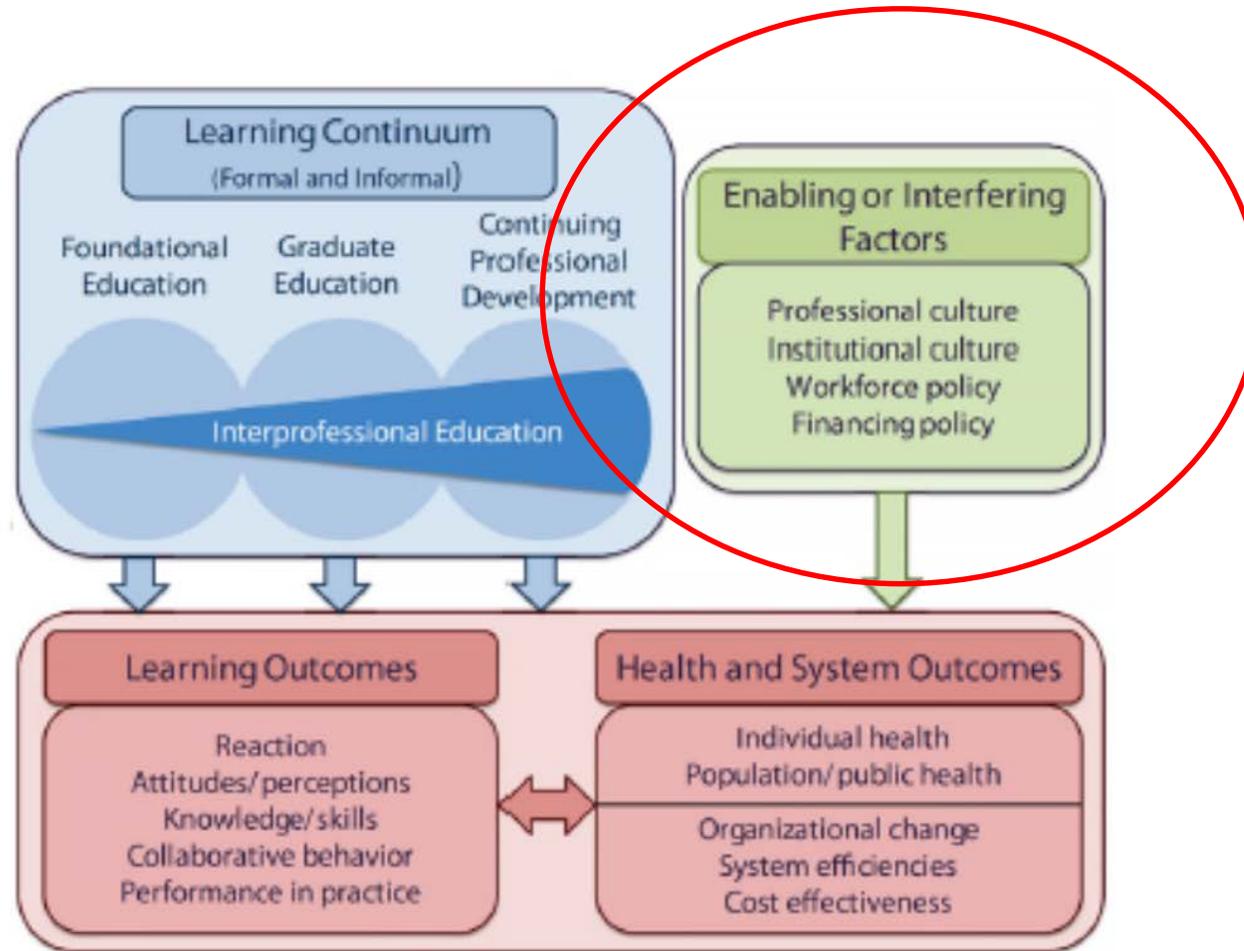


Figure reprinted with permission from *Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes*, 2015 by the National Academy of Sciences, courtesy of the National Academies Press, Washington, D.C.

Interprofessional Collaboration Framework

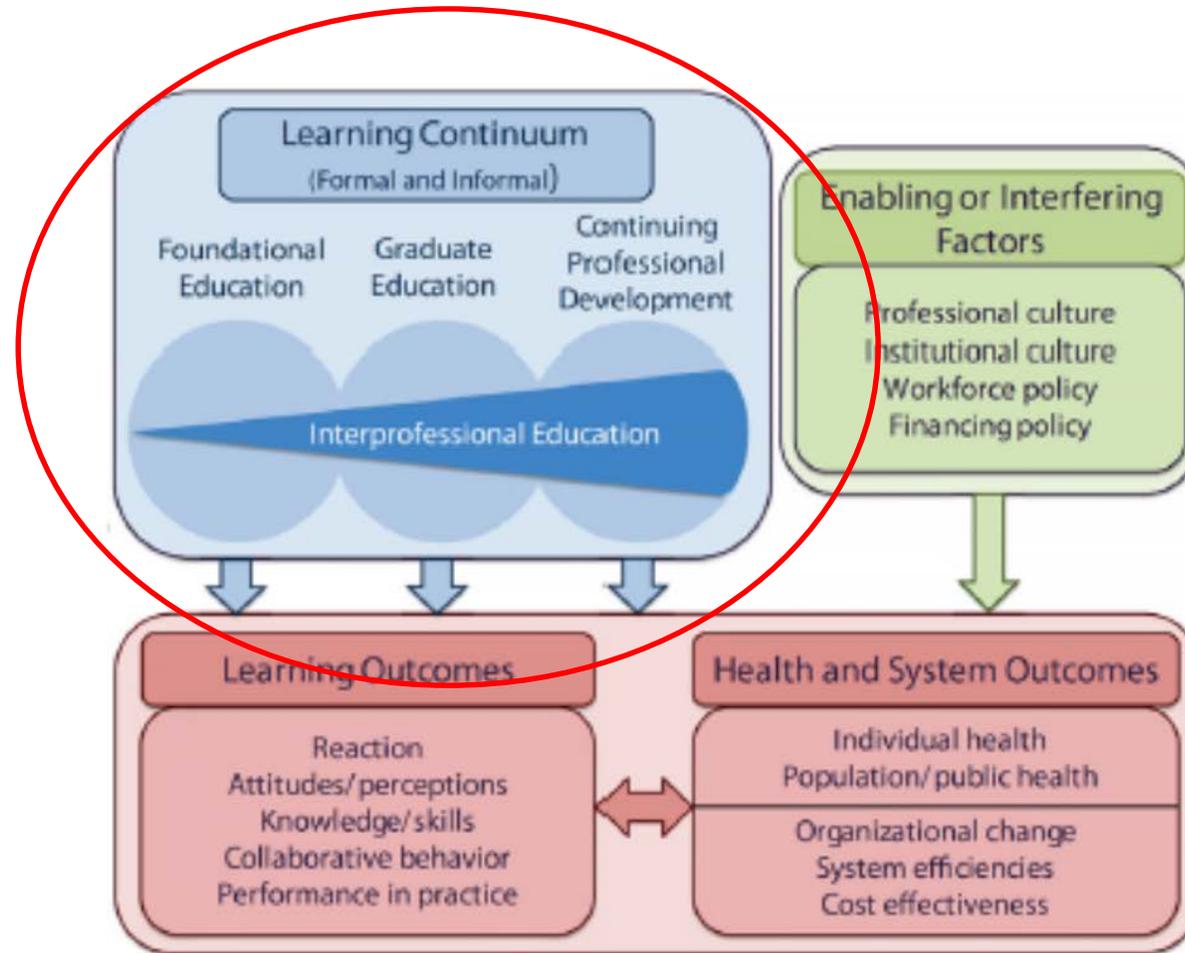


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Continuum of Collaboration

Independent Parallel Practice

Consultation/referral

Interdependent co-provider care



Interprofessional Collaborative Practice Competencies

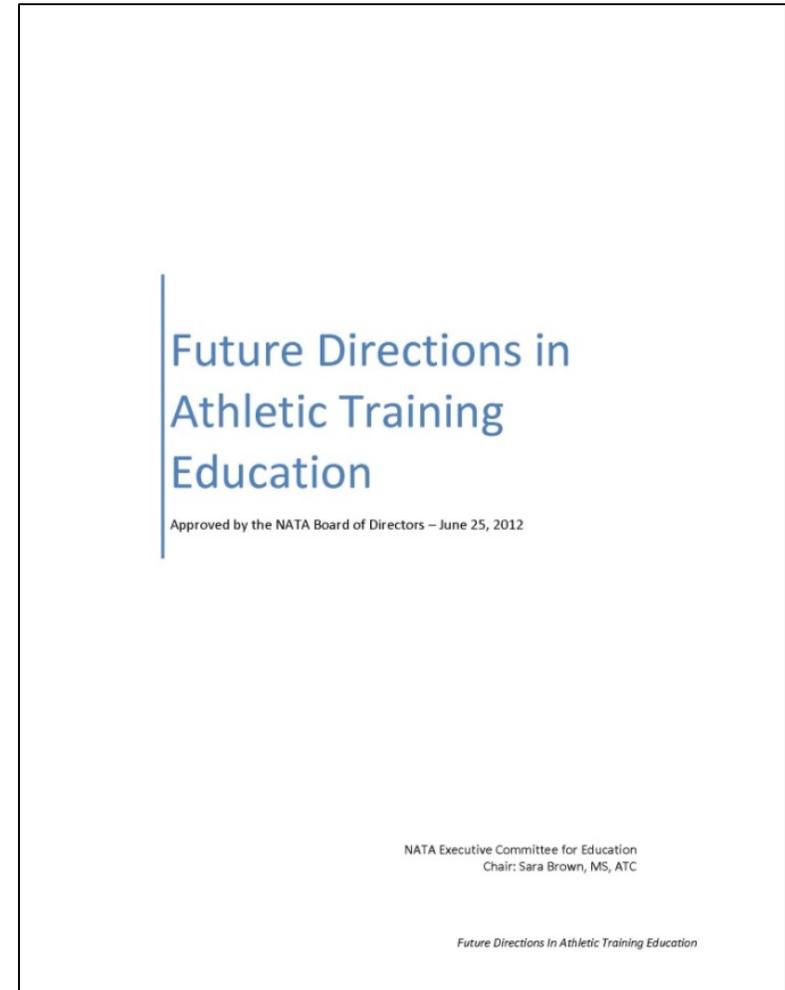
- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

Interprofessional Education Collaborative (IPEC) Expert Panel. Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington DC: Interprofessional Education Collaborative; 2011.



Future Directions in AT Education

- **Recommendation #3**
 - Interprofessional education (IPE) should be a required component in professional and post-professional education programs in athletic training.



White Paper - Interprofessional Education and Practice in Athletic Training

- To inform the profession regarding IPE and IPP, including appropriate terminology, definitions, best evidence and the important role it plays in the future of health care.
- To inform institutions, academic units and other professions about our profession and the advantages of including AT in IPE and IPP initiatives.
- To inform educators and clinicians regarding best practice, giving practical examples of how to get involved in IPE and IPP.
- To inform the CAATE, providing evidence for inclusion of IPE and IPP in accreditation standards.

SOURCE: Breitbach, Anthony and Russ Richardson.

"Interprofessional Education and Practice in Athletic Training."

Athletic Training Education Journal 10, no. 2 (2015): 170-82.

<http://dx.doi.org/10.4085/1002170>.

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COMMENTARY

Interprofessional Education and Practice in Athletic Training

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IPE in Athletic Training

- Program directors of CAATE Accredited AT Programs were surveyed in 2012 and 2015 using the “**Interprofessional Education Assessment and Planning Instrument for Academic Institutions**” in addition to program demographic information and IPE participation.
- Subjects participating:
 - 160 of 367 surveyed (43.6%) in 2012
 - 162 of 380 surveyed (42.6%) in 2015.

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SURVEY

The Progress and Promise of Interprofessional Education in Athletic Training Programs

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SOURCE: Breitbach, A., Eliot, K., Cuppett, M., Wilson, M., & Chushak, M. (2018). The Progress and Promise of Interprofessional Education in Athletic Training Programs. *Athletic Training Education Journal*, 13(1), 57-66. doi:10.4085/130157

IPE in Athletic Training

IPE Availability	Survey Year	
	2012	2015
IPE	32 (23%)	55 (37%)
No IPE	105 (77%)	93 (63%)

*The proportion of AT programs with access to IPE programs/initiatives increased significantly from 23% in 2012 to 37% in 2015.

- IPE has a greater presence CAATE Programs that reside in health science related academic units and are accredited at the post-baccalaureate level.
- However, less than 50% of the programs participate in IPE.
- There is also a need for greater institutional infrastructure and readiness for IPE.

CAATE Standards

- **Standard 8:** Planned interprofessional education is incorporated within the professional program.
 - *Varying methods can be used to incorporate interprofessional education. To meet this standard, each student in the program must have multiple exposures to interprofessional education.*



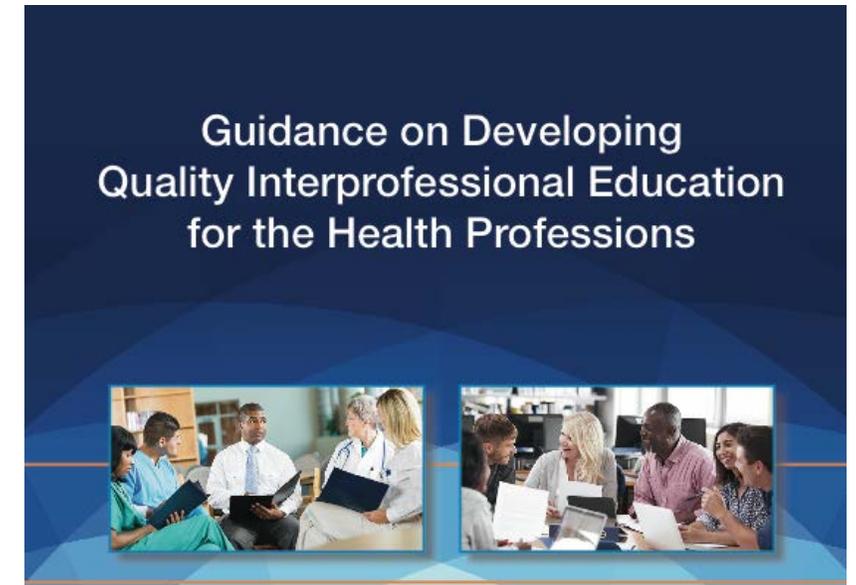
CAATE Standards

- **Core Competencies:**
Interprofessional Practice and
Interprofessional Education
- **Standard 61:** Practice in
collaboration with other health
care and wellness professionals.



Health Professions Accreditors Collaborative

- Recommendations endorsed by 24 health professions accrediting bodies
- Roadmap for systematic IPE implementation
- Not prescriptive
- Does not replace any existing accreditation standards



SOURCE: Guidance on Developing Quality Interprofessional Education for the Health Professions. (2019)
Health Profession Accreditors Collaborative (HPAC) <https://healthprofessionsaccreditors.org/>

Dual-Identity Development



Socialization

Learning Experiences

Identity Development



Dual Identity Development

Unprofessional Expertise in Team-Based Care

Improved Quality of Care

* Adapted with permission from the University of Wisconsin-Madison School of Pharmacy.

Collective Competence

- **Problem:**

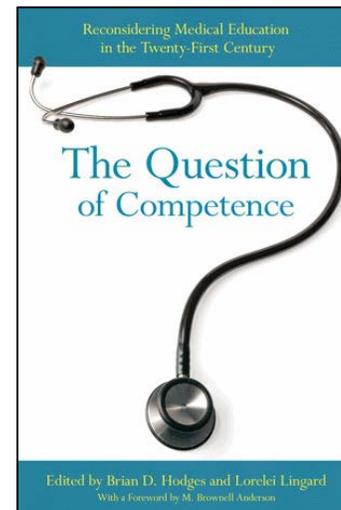
- Competent individuals can come together and form an incompetent team.
- Individuals who perform competently in one team may not in another team.
- One incompetent member impairs some teams, and not others.

- **Existing Paradigm**

- Competence is quality that individuals acquire and possess.
- Competence is context-free, untied to time and space.
- Competence is a state to be achieved.

- **Collectivist Paradigm**

- Competence is achieved through **participation in authentic situations.**
- Competence is **distributed across a network** of persons and artifacts.
- Competence is a **constantly evolving set of multiple, interconnected behaviors** enacted in time and space.



SOURCE: Hodges BD, Lingard L, eds. *The Question of Competence, Reconsidering Medical Education for the Twenty-First Century*. Ithaca, NY: Cornell University Press; 2012.

Kirkpatrick's Levels

Level 1 – Reaction	Learners' views on the learning experience and its interprofessional nature
Level 2a – Modification of attitudes/perceptions	Changes in reciprocal attitudes or perceptions between participant groups. Changes in perception or attitude towards the value and/or use of team approaches to caring for a specific client group
Level 2b – Acquisition of knowledge/skills	Including knowledge and skills linked to interprofessional collaboration
Level 3 – Behavioural change	Identifies individuals' transfer of interprofessional learning to their practice setting and their changed professional practice
Level 4a – Change in organisational practice	Wider changes in the organisation and delivery of care
Level 4b – Benefits to patients/clients	Improvements in health or well-being of patients/clients

- Impact of interprofessional education on learners
- Most activities exist at Levels 1-2
- Higher level activities at Level 3
- Overall objective - Level 4 impact
 - Organizations/systems
 - Patients/clients

SOURCE: Reeves, S., Boet, S., Zierler, B., & Kitto, S. (2015). Interprofessional Education and Practice Guide No. 3: Evaluating interprofessional education. *Journal of Interprofessional Care*, 29(4), 305-312. doi:10.3109/13561820.2014.1003637

Keys to IPE Success

- Start early in student's experience
- Intentionally interprofessional pedagogy
- Relevant content taught in IP context
- Application to community and clinical practice
- Embedded in health professions curricula vs. separate from professional education

MEDICAL TEACHER, 2016
<http://dx.doi.org/10.3109/0142159X.2016.1173663>

BEME GUIDE

**A BEME systematic review of the effects of interprofessional education:
BEME Guide No. 39**

Scott Reeves^a, Simon Fletcher^a, Hugh Barr^b, Ivan Birch^c, Sylvain Boet^d, Nigel Davies^e, Angus McFadyen^f,
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SOURCE: Reeves, S., Fletcher, S., Barr, H., et al. (2016). A BEME systematic review of the effects of interprofessional education: BEME Guide No. 39. *Medical Teacher*, 38(7), 656-668. doi:10.3109/0142159X.2016.1173663

Learning Contexts

- Didactic/Face to Face
 - Large Format Setting
 - Facilitated Team Clusters
- Remote/On-line
 - Synchronous
 - Asynchronous
- Clinical Integration
 - Practicum Experiences
 - Simulation
 - Service Learning
- Introductory Experiences
- Traditional Coursework in Interprofessional Context
- Additional Interprofessional Learning Experiences
 - Intracurricular
 - Extracurricular
- Capstone/Summative Experiences
- Post-professional/Continuing Education

Keys to Learning Experience

- Intentional design to allow for organic learning
- Leverage technology to decrease instructional support demands
- Create structure where students get guidance and practice using teamwork skills
- Focus on team activities in class and individual work outside of class
- “Walk our talk” through team teaching
- Design course to explicitly communicate schedule and course expectations
- Emphasize interaction through a relevant learning continuum
- Assistance from IPE office at each class session to manage classroom and technology issues

Interprofessional Pedagogy Matrix

Time/Resource Demands	Intra-curricular	Extra-curricular
LOW	IPE Competencies Included in Individual Program Courses	One-time Interprofessional Workshop or Orientation
	IPE Modules Embedded into Individual Program Courses	Interprofessional Grand Rounds Sessions
	Cross-listed Courses with IPE Content	Interprofessional Simulation Activities
MEDIUM	Single IPE-prefix Introductory Course	Regularly Scheduled Seminars, Workshops, etc.
	Multiple IPE-prefix Core Content Courses	Interprofessional Capstone Projects, Portfolios, etc.
	Academic Curriculum Including Practicum	Mentored Interprofessional Service Learning Activities
HIGH	Academic Concentration, Major or Minor	Established Clinical Practice Utilizing IPP Teams

SOURCE: Breitbach AP, Richardson R. Interprofessional Education and Practice in Athletic Training. *Athletic Training Education Journal*. 2015;10(2):170-182.

Interprofessional Clinical Simulation

- High-Fidelity Simulation
 - Requires coordination, can be costly
 - Simulation Centers
 - Debriefing is essential
 - Useful for practicing trauma management or rarely occurring conditions
- Formal Standardized Patient
 - Specially trained “actor”
 - Skilled in simulating certain pathologies/conditions
 - Creates a realistic health care provider experience
- Role Play/Peer Learning
 - Development of scenarios/scripts is embedded into learning activity
 - Can be a useful formative experience
 - Less costly, can be coordinated by program faculty



Care Coordination

- A two-week interprofessional education (IPE) immersion experience preparing students from 11 disciplines and four universities was implemented.
 - Week-one, using online technology, students develop/present an interprofessional care plan for a complex patient.
 - Students then meet face-to-face to conduct group interviews with two standardized patient dyads.
 - Week-two, students develop a website for use of the patient dyads.
 - Websites are presented to faculty and fellow students via an online virtual meeting space.

DEGRUYTER

International Journal of Nursing Education Scholarship, 2018; 20170040

Tina Sweeney Haney¹ / Karen Kott¹ / Carolyn M. Rutledge¹ / Bruce Britton² /
Christianne Nesbitt Fowler¹ / Rebecca D. Poston¹

How to Prepare Interprofessional Teams in Two Weeks: An Innovative Education Program Nested in Telehealth

¹ Old Dominion University, 4608 Hampton Blvd, Norfolk VA 23529, USA, E-mail: thaney@odu.edu

² Eastern Virginia Medical School, 825 Fairfax Ave, Norfolk, VA 2507, USA

- 594 students participated demonstrated capacity to:
 - Effectively engage in interprofessional care
 - Utilize Telehealth to impact care and break down barriers of isolation
 - Implement skills to advance healthcare.

SOURCE: Sweeney Haney, T., Kott, K., Rutledge, C., et al. (2018). How to Prepare Interprofessional Teams in Two Weeks: An Innovative Education Program Nested in Telehealth. *International Journal of Nursing Education Scholarship*, 15(1), pp. -. Retrieved 15 Apr. 2018, from doi:10.1515/ijnes-2017-0040)

Clinical Experiences/Expectations

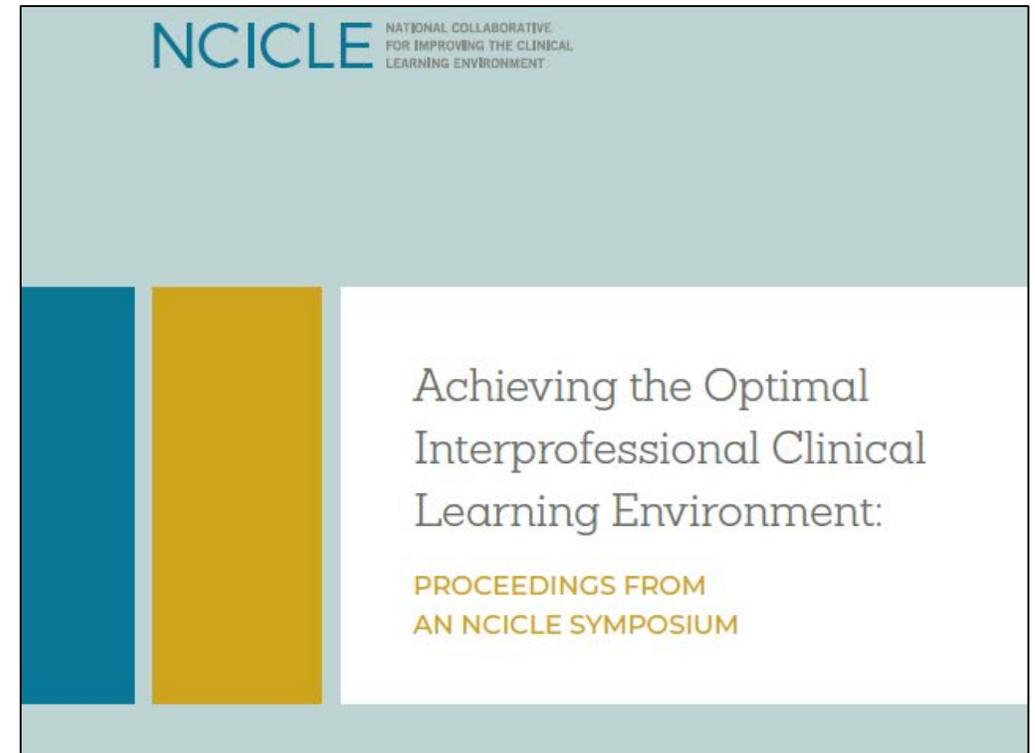
Tensions between students' actual experiences and their preceding expectations.

Students experience was that...	despite having expected that...
only selected clinicians were enthusiastic about teaching responsibilities...	...skilled teaching is what professionals should do.
they seldom have the opportunity to observe clinicians in action...	...there would be opportunities to do so.
it isn't always easy to become a member of the clinical team...	...they would join clinical teams.
clinicians did not have time to interrogate clinical reasoning...	...this was the time when they would be able to test their clinical reasoning skills.
they are very seldom observed and even less often given feedback...	...they would receive corrective feedback on their performance.
the complexity of clinical teaching was frustrating so they prefer to be given the "correct" answers...	...learning would be facilitated by being given responsibility for patient care.
it is difficult to ask for teaching...	...clinical teaching is about opportunities to "do".

SOURCE: Blitz J, de Villiers M, van Schalkwyk S. Designing faculty development: lessons learnt from a qualitative interpretivist study exploring students' expectations and experiences of clinical teaching. *BMC Med Educ.* 2019;19(1):49.

National Collaborative for Improving the Clinical Learning Environment (NCICLE)

- On October 13 and 14, 2017, the National Collaborative for Improving the Clinical Learning Environment (NCICLE) held a national symposium to better understand the issues related to enhancing the interprofessional clinical learning environment (IP-CLE).



SOURCE: Achieving the Optimal Interprofessional Clinical Learning Environment. (2018)
National Collaborative for Improving the Clinical Learning Environment (NCICLE) <http://ncicle.org>

The Value of an Optimal IP-CLE (NCICLE)

- For *learners*, an optimal IP-CLE can provide:
 - **Preparation to engage in safe and effective interprofessional collaborative care throughout their career**
 - Informed and empowered patients who understand their role on the health care team and the unique skills of each of their providers
 - An enhanced understanding of the scope of practice of each member of the care team
 - Improved communication with the clinical team and the patient about various aspects of the patient's care
 - Effective shared goalsetting with the patient
 - Reduced risk of burnout
 - Effective role modeling and feedback
 - An enhanced involvement with health care quality improvement activities
 - A learning environment that models optimal practice and lifelong learning
- For *patients and families*, an optimal IP-CLE can provide:
 - **Safer care and improved health outcomes**
 - Strong communication with providers, including trust and respect
 - Improved satisfaction with care
 - A more effective and efficient care experience
 - A central and defined role on the care team
 - An understanding of the skills and uniqueness of various members of the health care team
 - Improved access to care
 - Continuity and coordination of care across all care settings

SOURCE: Achieving the Optimal Interprofessional Clinical Learning Environment. (2018)
National Collaborative for Improving the Clinical Learning Environment (NCICLE) <http://ncicle.org>

The Value of an Optimal IP-CLE (NCICLE)

- For **health care organizations and health systems**, an optimal IP-CLE can provide:
 - **Improved quality of care and lowered costs**
 - Streamlined clinical operations
 - The ability to attract and retain top talent
 - An environment that fosters an engaged workforce
 - An environment that supports wellness and resiliency of the workforce
 - A more cohesive workforce that can eliminate fragmented care
- For **academic medical centers**, an optimal IP-CLE can provide:
 - **The ability to train a workforce in optimal care models, translating knowledge to improved practice of patient care**
 - The opportunity to foster an interprofessional faculty
 - Improved faculty development
 - A culture that fosters commitment to lifelong learning
 - An improved reputation as a center that contributes to enhanced health system performance and patient outcomes

SOURCE: Achieving the Optimal Interprofessional Clinical Learning Environment. (2018)
National Collaborative for Improving the Clinical Learning Environment (NCICLE) <http://ncicle.org>

Key Characteristics of an Optimal IP-CLE (NCICLE)

- **Patient Centeredness**
 - Health care is viewed as cocreated, with the patient, as well as his or her family and community, as an integral part of the health care team.
- **Continuum of Learning**
 - Learning is fostered throughout one's career, with interprofessional values integrated and reinforced in the clinical workflow as well as in preprofessional/undergraduate and graduate education.
- **Reliable Communications**
 - Care plans are rich, collaborative, continuous, and truly focused on the patient by carving out physical and mental space for teams to effectively and actively communicate.

SOURCE: Achieving the Optimal Interprofessional Clinical Learning Environment. (2018)
National Collaborative for Improving the Clinical Learning Environment (NCICLE) <http://ncicle.org>

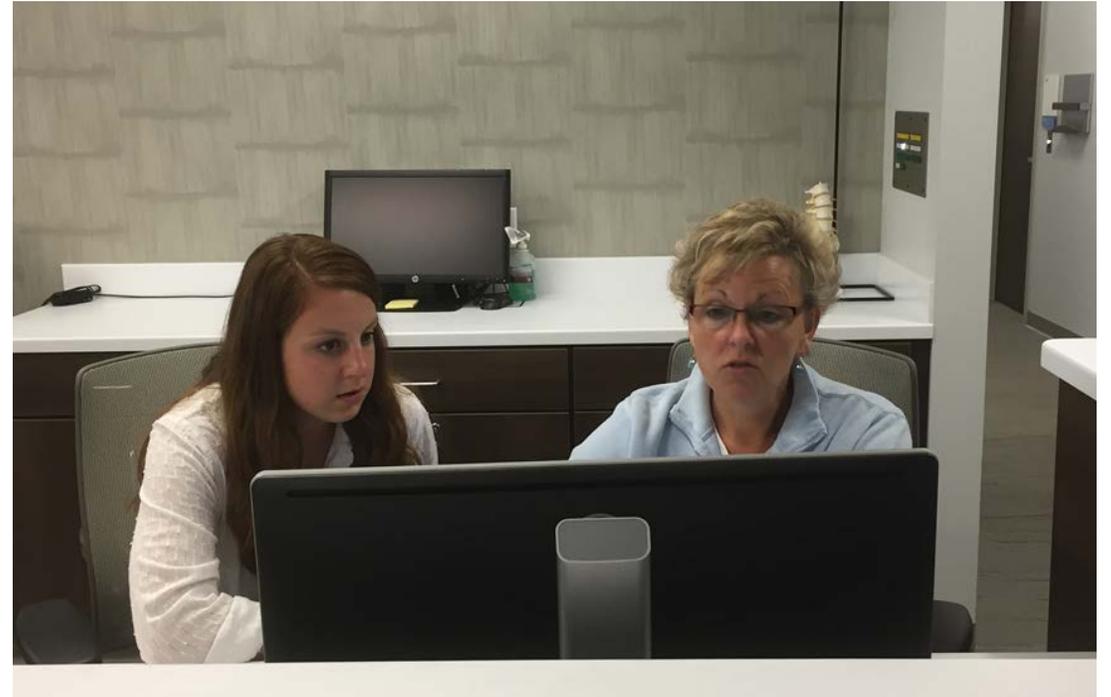
Key Characteristics of an Optimal IP-CLE (NCICLE)

- **Team Based Care**
 - The culture rewards risk taking and innovation and fosters leadership skills at all levels, all while embracing team interdependence, shared decision making, and collective competence.
- **Shared Accountability**
 - Structures and processes are in place to ensure accountability in interprofessionalism, such as measurable outcomes and clear competencies that inform desired behaviors.
- **Evidence-Based Practice Centered on Interprofessional Care**
 - Care is based on key characteristics of high-functioning collaborative care exemplars, research, and evidence-based IP-CLE models.

SOURCE: Achieving the Optimal Interprofessional Clinical Learning Environment. (2018)
National Collaborative for Improving the Clinical Learning Environment (NCICLE) <http://ncicle.org>

Preceptor/Clinical Faculty Development

- Some clinical settings are not configured to support collaborative models
- Many preceptors trained in uniprofessional/siloed academic model
- Continuing education for preceptors to develop interprofessional facilitation skills is essential



10 Best Practices for IP Precepting

- Set the stage
- Role model interprofessional collaboration
- Be aware of professional sensitivities
- Keep it patient-centered
- Participate in different interprofessional precepting models
- Rethink patient presentations
- Ask teaching questions to all learners on the team and facilitate learning
- Develop a process for all team members to document
- Create a process for reflection and debriefing about interprofessional collaboration
- Develop methods of interprofessional evaluation

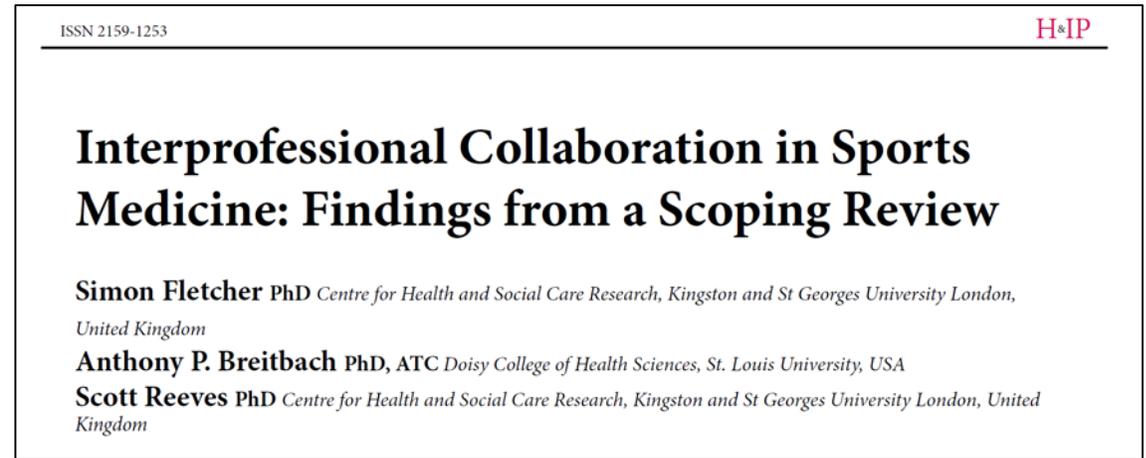
SOURCE: Shrader, S., & Zaudke, J. (2018). Top ten best practices for interprofessional precepting. *Journal of interprofessional education & practice*, 10, 56-60. doi:10.1016/j.xjep.2017.12.004

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Interprofessional Collaboration in Sports Medicine: Findings from a Scoping Review (Fletcher et al)

- The review located 13 studies which provided an insight into a number of key themes which affect interprofessional collaboration (IPC) in a variety of athletic contexts.
- The structured introduction of interprofessional education programs for sports medicine professionals and others, will enable a response to the numerous challenges identified in the review.



SOURCE: Fletcher, Simon, Anthony Breitbach, and Scott Reeves. "Interprofessional Collaboration in Sports Medicine: Findings from a Scoping Review 3(2), . Doi: ." *Health, Interprofessional Practice and Education* 3, no. 2 (2017): eP1128. <http://dx.doi.org/10.7710/2159-1253.1128>

Interprofessional Collaboration in Sports Medicine: Findings from a Scoping Review (Fletcher et al)

- **Professionalization** processes were found to have altered, and in many cases compromised, the influence of sports medicine practitioners, who are often met with more resistance than they would be if they remained casual team members.
- **Professional dominance** was found to create disparities in power and status between different professional groups (i.e., coaches vs. physicians).
- **Status imbalances** between sports medicine practitioners created difficulties and friction which restricted their ability to collaborate.
- **Interprofessional negotiation** was found to provide a key mechanism for sports medicine practitioners to try to navigate around tensions related to power/status imbalances.
- **Ethical behaviors** linked to the confidentiality of the patient information in traditional healthcare was found to be more absent in an athletic context as a range of interested parties were expected to be kept fully informed about the athletes' wellbeing.
- **Compromise/competition** issues revealed that sports medicine practitioners needed to balance the desire for performance over care. There was also a distinct competition between sports medicine practitioners which often excluded collaborative input.

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H&IP

Interprofessional Collaboration in Sports Medicine: Findings from a Scoping Review

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Scott Reeves PhD *Centre for Health and Social Care Research, Kingston and St Georges University London, United Kingdom*

SOURCE: Fletcher, Simon, Anthony Breitbach, and Scott Reeves. "Interprofessional Collaboration in Sports Medicine: Findings from a Scoping Review 3(2), . Doi: ." *Health, Interprofessional Practice and Education* 3, no. 2 (2017): eP1128. <http://dx.doi.org/10.7710/2159-1253.1128>

Interprofessional Collaboration in Intercollegiate Athletics (Hankemeier & Manspeaker)

The *Online Clinician Perspectives of Interprofessional Collaborative Practice*

survey assessed 6 constructs:

1. ATs' perceptions of working with other professionals
2. ATs engaged in collaborative practice
3. Influences of collaborative practice
4. Influences on roles, responsibilities, and autonomy in collaborative practice
5. Current practice patterns of ATs providing patient care and included the effect of communication on collaborative practice
6. Patient involvement in collaborative practice

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doi: 10.4085/1062-6050-308-17
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Professional Concerns

Perceptions of Interprofessional and Collaborative Practice in Collegiate Athletic Trainers

Dorice Hankemeier, PhD, ATC*; Sarah A. Manspeaker, PhD, ATC†

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SOURCE: Dorice Hankemeier, Sarah A. Manspeaker; Perceptions of Interprofessional and Collaborative Practice in Collegiate Athletic Trainers. *J Athl Train* 1 July 2018; 53 (7): 703–708. doi: <https://doi.org/10.4085/1062-6050-308-17>

Interprofessional Collaboration in Intercollegiate Athletics (Hankemeier & Manspeaker)

- Athletic trainers in the collegiate setting agreed with IPCP constructs 1 through 4 (construct 1 = 3.56 ± 0.30 , construct 2 = 3.36 ± 0.467 , construct 3 = 3.48 ± 0.39 , construct 4 = 3.20 ± 0.35) and indicated that the concepts of constructs 5 and 6 (1.99 ± 0.46 , 1.80 ± 0.50 , respectively) were sometimes true in their setting.
- Athletic trainers functioning in a medical model reported lower scores for construct 5 (1.88 ± 0.44) than did those in an athletic model (2.03 ± 0.45 , $U = 19\,522.0$, $P = .001$).
- A total of 42.09% of the ATs' patient care was performed in collaborative practice.

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Interprofessional Collaboration in Intercollegiate Athletics (Hankemeier & Manspeaker)

Key Points

- Athletic trainers who practice within a medical model have more opportunities for interprofessional collaborative practice, including increased communication among health care providers.
- Patient involvement in decision making increased when athletic trainers were able to collaborate with other health care professionals.
- Athletic trainers should advocate for their skill sets so that other members of the health care team better understand their scope of practice.

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Interprofessional Collaboration in Intercollegiate Athletics (Manspeaker & Hankemeier)

- 513 ATs [234 men, 278 women, 1 preferred not to disclose sex], years in clinical practice = 10.69 ± 9.33) responded to survey-based, open-ended questions were collected through Qualtrics.
- A general inductive qualitative approach was used to analyze data and establish relevant themes and categories for responses.

Journal of Athletic Training 2019;54(1):106–114
doi: 10.4085/1062-6050-507-17
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Professional Concerns 

Challenges to and Resources for Participation in Interprofessional Collaborative Practice: Perceptions of Collegiate Athletic Trainers

Sarah A. Manspeaker, PhD, ATC*; Dorice A. Hankemeier, PhD, ATC

*Department of Athletic Training, Duquesne University, Pittsburgh, PA; †School of Kinesiology, Ball State University, Muncie, IN

SOURCE: Sarah A. Manspeaker, Dorice A. Hankemeier; Challenges to and Resources for Participation in Interprofessional Collaborative Practice: Perceptions of Collegiate Athletic Trainers. *J Athl Train* 1 January 2019; 54 (1): 106–114. doi: <https://doi.org/10.4085/1062-6050-507-17>

Interprofessional Collaboration in Intercollegiate Athletics (Manspeaker & Hankemeier)

Key Points

- Athletic trainers perceived communication as both a challenge and a resource to enhancing participation in interprofessional and collaborative practice.
- Institutional factors including accessibility to other health care providers, shared medical records, and support from administrators were viewed as resources for interprofessional practice.
- Continuing education offered alongside other health care professionals may help all parties to better understand each other's scope of practice while also delivering instruction on effective collaborative methods to increase participation in interprofessional practice.

Journal of Athletic Training 2019;54(1):106–114
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Professional Concerns 

Challenges to and Resources for Participation in Interprofessional Collaborative Practice: Perceptions of Collegiate Athletic Trainers

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Interprofessional Collaboration in Intercollegiate Athletics (Manspeaker & Hankemeier)

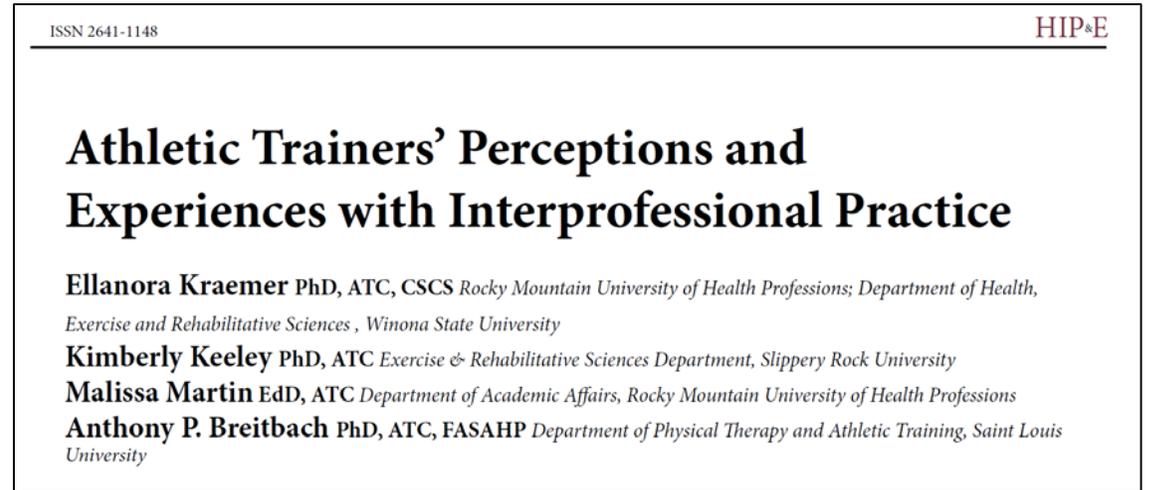
- Athletic trainers' perceptions of IPCP align with the Interprofessional Education Collaborative (IPEC) Core Competencies.
- A team approach to care and improved patient care are perceived as benefits to IPCP.
- Learning and understanding the roles of other healthcare professionals as well as communication among team members are perceived as both benefits and drawbacks to IPCP.
- The ability to appreciate and implement the IPEC Core Competencies may help the athletic trainer participate in the growing IPCP culture.
- Identification and dissemination of strategies to increase IPCP participation among athletic trainers are needed.



SOURCE: Sarah A. Manspeaker & Dorice A. Hankemeier (2019) Collegiate athletic trainers' perceptions of the benefits and drawbacks of interprofessional collaborative practice, Journal of Interprofessional Care, 33:6, 654-660, DOI: 10.1080/13561820.2019.1569604

Athletic Trainers' Perceptions and Experiences with Interprofessional Practice (Kraemer et al)

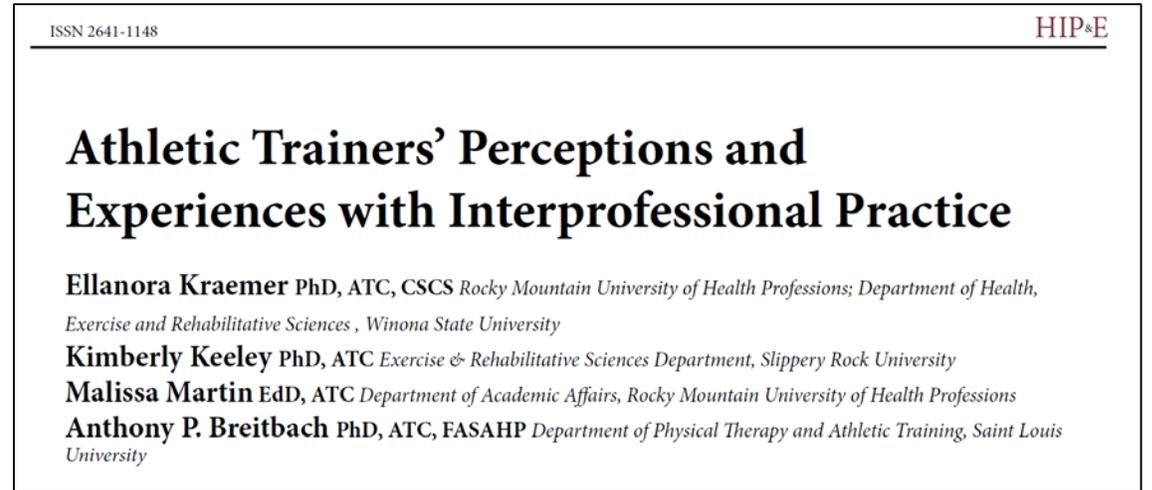
- 314 ATs (139 male, 175 female) completed an online survey that collected participant demographics in addition to sections about participants' perceptions experiences related to IPCP and recommended strategies implementation of IPCP.
- Participants reported the primary sports medicine team should include ATs, orthopedic physicians and physical therapists (PTs) with the AT serving as the point person.
- Athletic trainers reported interacting most frequently with other ATs, orthopedic physicians and primary care physicians using a combination of direct and indirect communication methods.



SOURCE: Kraemer, Ellanora, Kimberly Keeley, Malissa Martin, and Anthony P Breitbach. "Athletic Trainers' Perceptions and Experiences with Interprofessional Practice." Health and Interprofessional Practice 3, no. 4 (2019).
<http://dx.doi.org/10.7710/2159-1253.1171>.

Athletic Trainers' Perceptions and Experiences with Interprofessional Practice (Kraemer et al)

- The primary benefits of IPCP included providing comprehensive patient care, building understanding of each other's professions and professional growth.
- Barriers to collaboration centered on limited knowledge of providers' scopes of training, inadequate communication, work setting, work schedules and providers' attitudes toward each other and collaboration.
- Strategies to facilitate IPCP focused on building relationships with providers, establishing regular communication and understanding each other's scope of training.



SOURCE: Kraemer, Ellanora, Kimberly Keeley, Malissa Martin, and Anthony P Breitbach. "Athletic Trainers' Perceptions and Experiences with Interprofessional Practice." *Health and Interprofessional Practice* 3, no. 4 (2019).
<http://dx.doi.org/10.7710/2159-1253.1171>.

Interprofessional collaboration among sports science and sports medicine professionals (Ulrich and Breitbach)

- 320 professionals in Sport Science and Sports Medicine (SSSM) from the regions USA (n=83), Canada (n=179) and Europe (n=58) completed a survey where socio-demographic data as well as attitudes toward IPC and IPE using the 4 subscales of the University of West of England Interprofessional Questionnaire (UWE-IP) were collected and evaluated via descriptive and inferential statistics.
- There was a diversity of participants representing different regional healthcare, sports and educational framing conditions.



SOURCE: Gert Ulrich and Anthony P Breitbach.
Interprofessional collaboration among sports science and sports medicine professionals - an international cross-sectional survey. Journal of Interprofessional Care. In press, <https://doi.org/10.1080/13561820.2021.1874318>.

Interprofessional collaboration among sports science and sports medicine professionals (Ulrich and Breitbach)

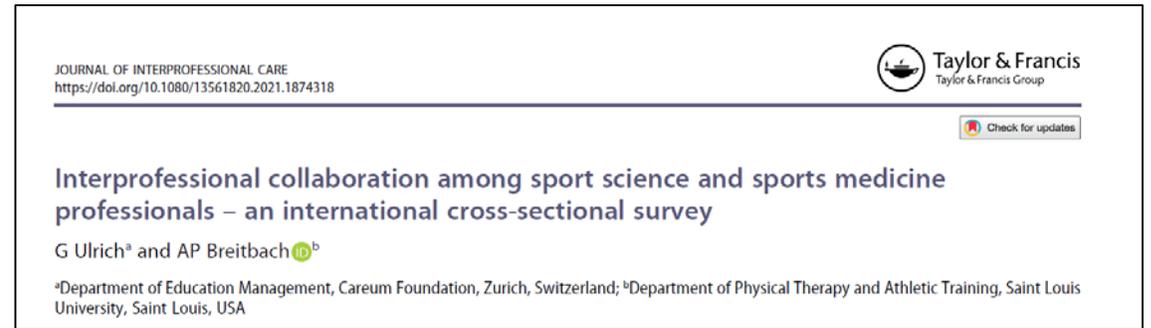
- On average, clearly positive attitudes towards interprofessional communication & teamwork, interprofessional learning and interprofessional relationship were documented in USA, Canada and Europe, and only in interprofessional interactions negative perceptions were found.
- Significant effects of participants' demographic variables region, age and gender on some of the subscales were detected.



SOURCE: Gert Ulrich and Anthony P Breitbach.
Interprofessional collaboration among sports science and sports medicine professionals - an international cross-sectional survey. Journal of Interprofessional Care. In press, <https://doi.org/10.1080/13561820.2021.1874318>.

Interprofessional collaboration among sports science and sports medicine professionals (Ulrich and Breitbach)

- Data confirms a high level of support for IPC and IPE in SSSM professionals.
- However, individual experiences and reality out in practice seem to reflect a contrasting picture.
- Structures, funding and strategies towards improvement of interprofessional interaction in SSSM should be pushed forward in interprofessional learning settings to improve interprofessional interactions.



SOURCE: Gert Ulrich and Anthony P Breitbach.
Interprofessional collaboration among sports science and sports medicine professionals - an international cross-sectional survey. Journal of Interprofessional Care. In press, <https://doi.org/10.1080/13561820.2021.1874318>.

Support for Interprofessional Collaboration

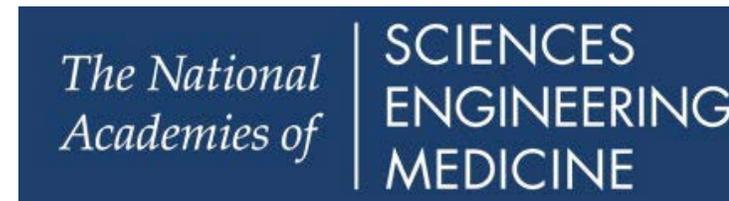


*Colleagues
and
Mentors*



Organizations

- Interprofessional Education Collaborative (IPEC)
 - <http://ipeccollaborative.org>
- National Academies for Sciences, Engineering and Medicine (NASEM) Global Forum on Innovation in Health Professional Education



Organizations

- Canadian Interprofessional Health Collaborative
 - <http://www.cihc.ca/>
- American Interprofessional Health Collaborative
 - <http://www.aihc-us.org/>



Organizations

- National Academies of Practice
 - <https://www.napractice.org/>



- MISSION
 - *Distinguished professionals advancing interprofessional healthcare by fostering collaboration and advocating policies in the best interest of individuals and communities.*
- VISION
 - *National Academies of Practice will lead and exemplify interprofessional healthcare that promotes and preserves health and well-being.*

Organizations

- Association of Schools Advancing Health Professions (ASAHP)
 - Institutional Membership
 - Both Academic and Industry members
 - Advocacy focus in Washington DC
 - IPEC member
- ASAHP Interprofessional Task Force (IPTF)
 - <https://www.asahp.org/iptf>



*Advancing Health Through
Interprofessional Collaboration*

Collaborating Across Borders

- Biennial Conference for IPE/IPP including USA and Canada
 - 2022: Montreal, QC, Canada (TBA)
 - 2019: Indianapolis, IN, USA
 - 2017: Banff, AB, Canada
 - 2015: Roanoke, VA, USA
 - 2013: Vancouver, BC, Canada
 - 2011: Tucson, AZ, USA
 - 2009: Halifax, NS, Canada
 - 2007: Minneapolis, MN, USA



Organizations

- National Center for Interprofessional Practice and Education
 - <https://nexusipe.org/>

National Center for



Interprofessional
Practice and
Education

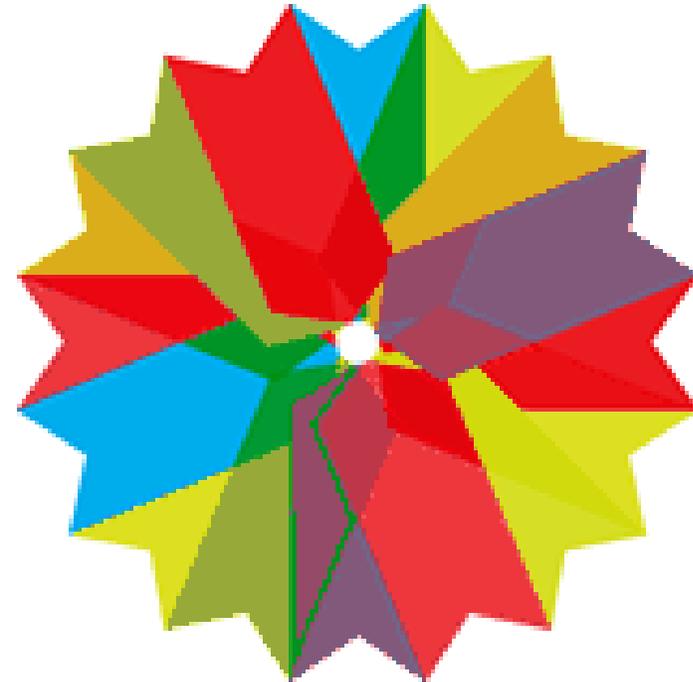


- Interprofessional Global
 - <https://interprofessional.global/>
- Centre For The Advancement Of Interprofessional Education
 - <http://caipe.org.uk/>

CAIPE

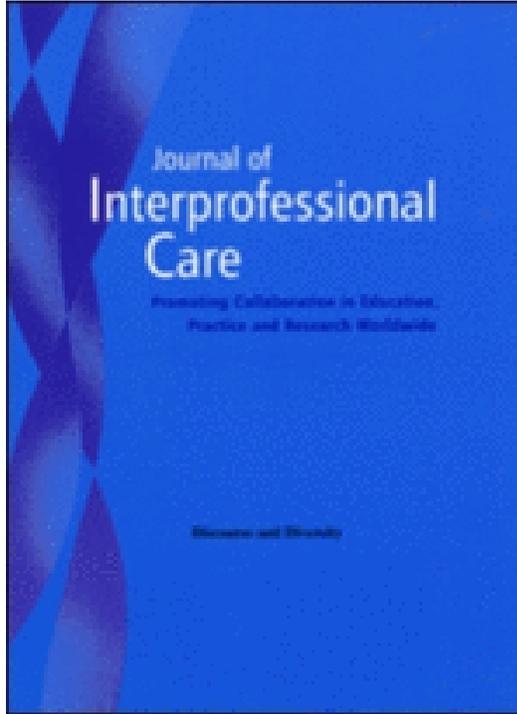
All Together Better Health

- Biennial International Conference for IPE/IPP
 - 2021: Doha, Qatar
 - 2018: Auckland, New Zealand
 - 2016: Oxford, England, UK
 - 2014: Pittsburgh, PA, USA
 - 2012: Kobe, Japan
 - 2010: Sydney Australia
 - 2008: Stockholm, Sweden
 - 2006: London, England, UK
 - 2004: Vancouver, BC, Canada
 - 1997: London, England, UK



Journals

- Journal of Interprofessional Care (JIC)



- Journal of Interprofessional Education and Practice (JIEP)

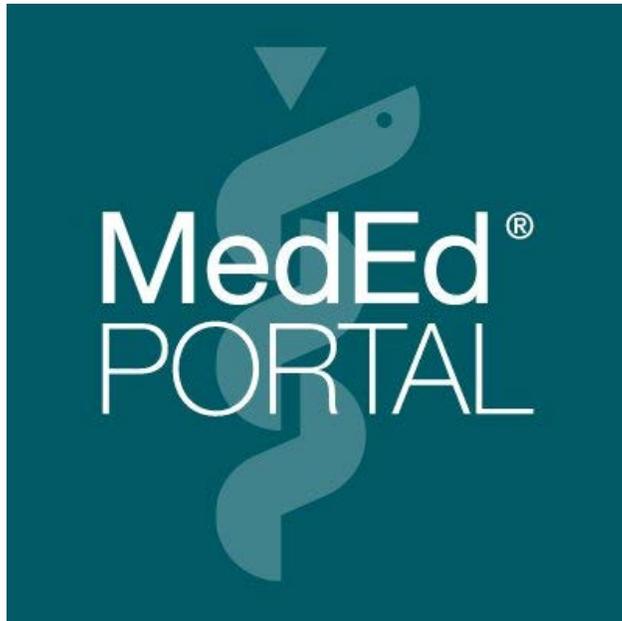


Reports

- *Framework for Action on Interprofessional Education and Collaborative Practice. (2010)*
 - World Health Organization (WHO)
 - https://www.who.int/hrh/resources/framework_action/en/
- *Strengthening the Connection Between Health Professions Education and Practice: Proceedings of a Joint Workshop. (2019)*
 - National Academies of Sciences Engineering and Medicine (NASEM)
 - <https://www.nap.edu/catalog/25407/strengthening-the-connection-between-health-professions-education-and-practice-proceedings>
- *Guidance on Developing Quality Interprofessional Education for the Health Professions. (2019)*
 - Health Profession Accreditors Collaborative (HPAC)
 - <https://healthprofessionsaccreditors.org/>

Curated Resources

- MedEd Portal



<https://www.mededportal.org/collection/interprofessional-education/>

- Nexus Resource Center



<https://nexusipe.org/informing/resource-center>

If you were a scissors...

Would you rather be this?

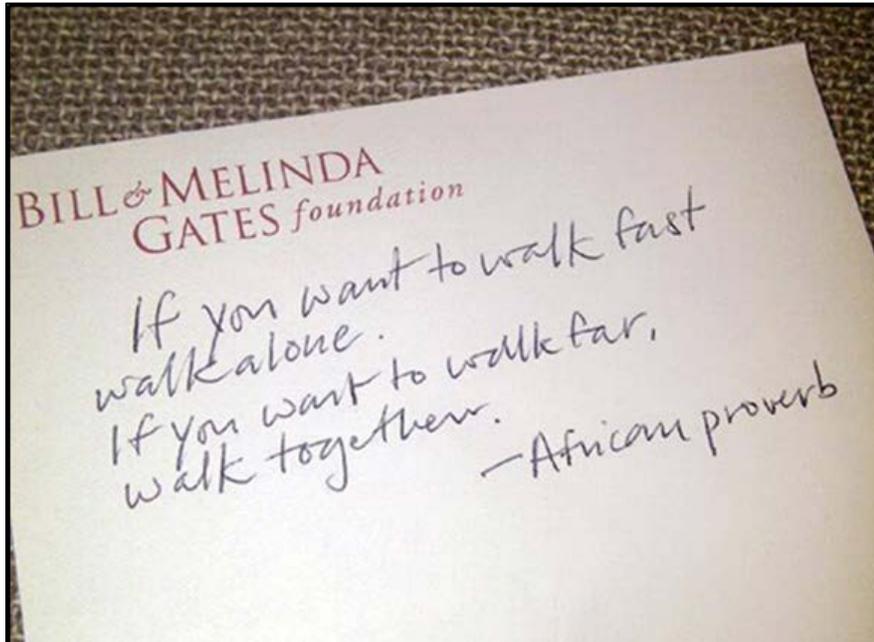


Or this?



Thank you!

- Anthony Breitbach PhD, ATC, FASAHP
 - anthony.breitbach@health.slu.edu
 - Twitter: @BE_4_IPE



Advice from a Patient

This may be a normal day at work for you
But it's a big day in my life.

The look on your face and the tone of your voice
can change my entire view of the world.

Remember, I'm not usually this needy or scared.

I am here because I trust you, help me stay confident.

I may look like I'm out of it,
but I can hear your conversations.

I'm not used to being naked around strangers.
Keep that in mind.

I'm impatient because I want to get the heck out of here.
Nothing personal.

I don't speak your language well.
You're going to do what to my what?

I may only be here for four days,
but I'll remember you the rest of my life.

Your patients need your patience.