Michigan Center for IPE “Next Phase” Strategic Blueprint

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Executive Summary

The Michigan Center for Interprofessional Education (C-IPE) established a strong foundation at the University of Michigan during its first six years of existence, implementing dozens of IPE experiences, investing in research and innovative teaching, producing scholarly publications, and engaging a broad community of interested faculty. The successes of the startup “First Phase” have been impressive, but what has not been addressed is the following question that is at the core of the mission of the Center: “Does IPE improve the quadruple aims of health (better health, better patient experience, lower cost, and improved provider well-being)?”

To address this question, the Executive Committee (EC) of the C-IPE (members listed below) determined that the “Next Phase” of the C-IPE must be driven by a single goal: Innovating and Implementing IPE at U-M to improve the quadruple aims of health. While the 10 schools that participate in the C-IPE have highly variable needs, resources, and contexts, this singular goal and shared mission is unifying for each school. Further, the schools share a determination to focus on building better teams as the key link to improving the quadruple aims of health, supported by the research literature. The C-IPE must now deliberately lead the development of initiatives towards this aim. Accomplishing this goal will require 5 interconnected strategies:

1. The Core Curriculum: defining and scaling the IPE “core” for students at University of Michigan, identifying the relevant students for each school, and determining requirements for the core so that all students have an appropriate foundation in IPE to perform in teams. Innovation should drive this strategy with consideration of online and hybrid models of learning, including the development of MOOCs, badging, and a certificate program.

2. Experiential Innovation: launching a suite of experiential IPE pilots that can scale and, as a whole, will address key needs for learning in the practice and community setting for students of the health professional schools and colleges. Each pilot will focus on teams in healthcare (in the practice setting) and/or health (in the community setting, working on social determinants).

3. Intentional Measurement and Research: implementing valid assessment tools in our IPE experiences that measure outcomes reliably and consistently. The data will inform learner development, program evaluation, research, and ultimately be able to lead to an understanding of IPE’s impact on learning, healthcare practice and health outcomes.

4. Educator Development: developing and implementing programs drawn from the identified needs for faculty and practitioner IPE educators in both teaching and assessment. The reach of these programs will lead to a sustained IPE Community of Practice and Scholars.

5. Systems-Based Problem Solving: Establish a workgroup that will address the most pressing challenges to our goal and strategies. “Administrative innovation” will be required to help enable the future state.

This described path is ambitious, but necessary, and comes with several high-level challenges:
- The current state of practice and administrative structures may inhibit true IPE transformation. As such, the “Next Phase” Strategic Blueprint must be driven by innovation, creativity, and experimentation, with a focus on implementation and iteration.
- As a lean Center, achieving the goal will require recruiting many more faculty, and building extensive partnerships to launch innovative IPE experiences and develop the evidence base for its impact on health. These partners and faculty exist and, in preliminary discussions (e.g., with CRLT, IHPI, Ginsberg, Michigan Medicine), have expressed great interest in working with the C-IPE on these initiatives. But it will require deliberate, intentional recruitment to move our strategies forward, at a time when most units and faculty are under stress.
- Resources are tight. There are specific opportunities for building a more sustainable financial model for the C-IPE during the Next Phase. The options range from partnering on research grants, seeking support from foundations, engaging in development and donor discussions about the value of team-based care, and revenue generation from online models of learning. We will need to prioritize efforts around initiatives that can both advance our strategies and improve the sustainability of the C-IPE.
- Through extensive discussions with regional and national leaders, the C-IPE is known for being an engaged contributor to this field, but not a leader. We must use this Next Phase to innovate and lead nationally. Our opportunities are numerous, with experiential IPE, measurement and research, and innovative pedagogies emerging as potential future points of distinction for the Michigan Center for IPE.

The Strategic Blueprint is presented as a description of our proposed work for this Next Phase for the C-IPE, organized as follows:

- **Chapter 1**: Renewed Mission, Vision and Values for the Next Phase is presented here, developed and endorsed by the Executive Committee for the C-IPE.
- **Chapter 2**: Detailed description for each of the 5 strategies for the Next Phase. After a summary, each strategy is described with respect to its Aims, Challenges, and Key Next Steps for the first 18 months (January 2022 – June 2023). It was felt that this was the optimal timeframe within which initiatives could be planned (6 months), implemented (6-9 months) and studied (3-6 months).
- **Chapter 3**: The Path Forward describes the C-IPE infrastructure required to do the work of the Next Phase. Each of the 5 strategies will map to a specific workgroup, requiring carefully constructed teams. Each workgroup will report to the Executive Committee (EC), advised by a Faculty Advisory Committee and a Student Advisory Committee.

Throughout this journey, the work of this Next Phase will require that the EC communicate transparently and continuously on our progress with the Health Sciences Council (HSC) and Provost’s Office. It is also anticipated that the Next Phase Strategic Blueprint will benefit from extensive socialization within the schools and colleges, to promote awareness and understanding of this movement. We are enthusiastic to work with leadership to present regularly to the faculty, staff and students within each school and college, discussing this work, providing updates, and inviting input along the way.

The ecosystem of innovation, teamwork and education for better health will motivate our work together, with a desire to grow our Community of Practice and Scholars across all three campuses at the University of Michigan. As with any transformative movement, this will take time; patience will be our greatest gift so that our work is enduring and impactful.

Developed and endorsed with enthusiasm for this “Next Phase,”
The Michigan Center for IPE Executive Committee

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Chapter 1: Mission, Vision, and Values

Michigan Center for IPE Mission

“Innovating and transforming interprofessional education, collaborative practice and research to achieve the Quadruple Aims of health.”

Michigan Center for IPE Vision Statement

“The University of Michigan Center for Interprofessional Education and its partners bring faculty, staff and students together to design and implement innovative interprofessional education experiences in didactic and experiential settings so that learners are effective team members and can lead the development of new models of collaboration. The Center partners with university and community units in developing and educating learners in these new models of interprofessional collaboration in the practice and community settings. Collectively, we strive to measure the impact of IPE on learning, practice, and the quadruple aims of health.”

Values – below is the visual depiction of the values that will define interprofessional education at the University of Michigan:
Chapter 2: Five Strategies for the “Next Phase” of the Center for IPE

There is broad agreement on primary Goal for the Next Phase of the C-IPE, drawn from an extensive “listening tour” with leaders, key stakeholder groups, and the C-IPE Executive Committee: **Implement IPE at UM to improve the quadruple aims of health.**

This “listening tour” involved meetings with the Health Science Deans, Provost’s Office leadership, IPE Center subcommittee chairs and co-chairs, Centers and Institutes across campus (including the Center for Research on Learning and Teaching (CRLT), Ginsberg, Institute for Healthcare Policy and Innovation (IHPI), and the Institute for Social Research (ISR)), campus partners such as Taubman Health Sciences Library, University Health, Admissions, and consultants and national partners from NEXUS, University of Toronto, and the Big 10 IPE Academic Alliance.

With the guidance from this Listening Tour on the Goal, the C-IPE Executive Committee gathered for a half-day retreat and multiple additional meetings to develop a Strategic Blueprint, including specific Next Steps for each Strategy. To begin, it was felt that accomplishing this Goal would require innovative experiential curricular experiences, intentional assessment and research, supported by a thriving community of practice of IPE educators and scholars. Five Strategies (listed below) then emerged that were specified and endorsed by the C-IPE EC. The Strategies are ambitious but are felt to be achievable if implemented in stages over the next 5 years, with an immediate focus on action items to be accomplished over the next 18 months. Each of these 5 Strategies will require a workgroup that will report to the Executive Committee and will carry out an implementation plan in stages. The Strategies are summarized below and described in detail in the passages that follow:

1. **The Core Curriculum:** defining and scaling the IPE “core” for students at University of Michigan, identifying the relevant students for each school, and determining requirements for the core so that all students have an appropriate foundation in IPE to perform in teams. Innovation should drive this strategy with consideration of online and hybrid models of learning, including the development of MOOCs, badging, and a certificate program.

2. **Experiential Innovation:** launching a suite of experiential IPE pilots that can scale and, as a whole, will address key needs for learning in the practice and community setting for students of the health professional schools and colleges. Each pilot will focus on healthcare (in the practice setting) or health (in the community setting, working on social determinants).

3. **Intentional Measurement and Research:** implementing valid assessment tools in our IPE experiences that measure outcomes reliably and consistently. The data will inform learner development, program evaluation, research, and ultimately be able to lead to an understanding of IPE’s impact on learning, healthcare practice and health outcomes.

4. **Educator Development:** developing and implementing programs drawn from the identified needs for faculty and practitioner IPE educators in both teaching and assessment. The reach of these programs will lead to a sustained IPE Community of Practice and Scholars.

5. **Systems-Based Problem Solving:** Establish a workgroup that will address the most pressing challenges to our Goal and Strategies. “Administrative innovation” will be required to help enable the future state.
Strategy 1: The Core Curriculum

GOAL: strategically review, enhance, and scale the IPE “Core” for students at University of Michigan. The scope of possibilities may include Introduction to IPE, Teams and Teamwork, LIFE (Longitudinal Interprofessional Family-based Experience), and Team-Based Clinical Decision-Making. Each of these will be reviewed, and other experiences may be added in the future. We must do the work to identify the relevant students for each school and determine requirements for the core so that all students have an appropriate foundation in IPE to perform in teams. Innovation should drive this strategy with consideration of online and hybrid models of learning, including the development of MOOCs, badging, and a certificate program. Additional didactic electives may continue, but should be carefully reviewed for sustainability, impact on learning, accreditation need, and faculty effort.

WHY: To prepare a broad base of students with consistent, foundational knowledge of and attitudes towards IPE so they can engage effectively in interprofessional learning and practice in experiential settings.

AIMS (January 2022 - June 2023): Define the core IPE curriculum and have strategies in motion to scale and implement it by Fall 2023.

- Strategic thinking and planning around the proposed Core (listed above) will touch upon several important questions: (1) Is this for all health science students in all health professional schools? (2) Is this foundational for some but advanced for others? (3) What is the value of the in-person vs. online modes of instruction? (4) Should there be other offerings particularly targeting students who practice in community settings? (5) Are there other offerings that should be considered for the “core” (e.g., one that addresses well-being, one that addresses anti-racism and the social determinants of health, among others)?

- Overall, one of the most fundamental questions to ask as we define the core curriculum is the following: How do we balance the need for broad engagement in this content with the logistical barriers that come with large-scale courses (team size, physical space, organization/coordination burden for faculty, etc.)?

CHALLENGES: Several challenges to implementation of a core IPE curriculum exist, but we have made significant strides over the past six years. The progress has been variable across the schools; some of the challenges outlined below may not apply to all schools.

- Uneven buy-in has historically created challenges in implementation of core IPE experiences and actualization of strategic plans. For example, there are many schools where deans and associate deans are committed to implementing IPE experiences widely for their students, but chairs have not uniformly demonstrated the same commitment or have not been in a position to engage in this discussion and decision-making.

- Inconsistent commitment has caused inconsistent implementation of many previous collaborative efforts to reduce barriers to engagement, including opening the IPE curricular window and making modifications to promotion and tenure policies to reward innovative teaching and education scholarship.

- Discussions and navigation within schools about using core IPE activities to enhance or replace existing activities have been variable, as opposed to being added onto existing curricular requirements.

- There has been difficulty with coordination and administrative support of large-scale activities.

- Variable faculty “teaching credit” for non-course core curricular experiences.

- Scaling LIFE for hundreds of students will require recruitment of significantly more patients, families, and faculty.
KEY STEPS (January 2022 - June 2023):

1. Endorsement from Deans, Associate Deans, and Chairs will be secured to take subsequent steps in actualizing and scaling a core IPE curriculum. Support will need to start with the concept of a “core curriculum,” the commitment of students, and the idea of a graduation requirement.
   - Each unit will define their “relevant” students for Core IPE experiences. Each unit will identify where in their curricula students should engage in each core IPE experience.

2. The IPE Curriculum Committee (with endorsement from the IPE Executive Committee) will clearly and specifically recommend the “core” IPE curriculum to be incorporated into the education for all relevant health science students, including both existing IPE experiences as well as experiences that will need to be developed.
   - The Core must be mapped against all students who will participate, and strategies for scale must be developed. This will require problem-solving of systems-level and infrastructure considerations, some of which are unique to IPE at U-M, such as tuition funds flow, faculty teaching credit and support, transcript notation, variable needs and accreditation standards for different student groups, and administrative support, among others.
   - If new experiences are required, teams must be assembled (with support of the IPE Executive Committee and Health Sciences Council) to develop and implement these activities. Sustainable infrastructure will be critical in the development of any new core experiences.

3. The Center for IPE personnel will partner with the schools to coordinate these large-scale experiences, working with faculty and staff leads.

4. We will implement innovative pedagogical methods in the core, growing a partnership with the Center for Academic Innovation to develop online modules, MOOCs, “badging” to track progress, and the development of a certificate program that can help distinguish UM as a national leader.

5. Alignment with other Strategies
   a. Alignment with Experiential Innovation: leveling student readiness for engagement in IPE experiential activities along the continuum of introduction, reinforcement, and practice.
   b. Alignment with Intentional Measurement and Research: creating consistency across units and cohorts to better enable measurement of outcomes, and using data from research to inform the development of the core. Continue to promote scholarship as we aim to study how learner outcomes in the core translate to the practice and experiential setting.
   c. Alignment with Systems-based Problem Solving: actualization of this core will require significant administrative innovation.
Strategy 2: Experiential Innovation

**GOAL:** Launch a suite of experiential IPE pilots that can scale and, as a whole, will address key needs for learning in the practice and community setting for students of the health professional schools and colleges. Each pilot will focus on teams in healthcare (in the practice setting) or health (in the community setting, working on social determinants).

**WHY:** To prepare learners to be “team-ready” which requires education that moves from theory to practice. Students must be able to function effectively in collaborative teams to serve patients and populations.

**AIMS (January 2022 - June 2023):** Better understand the needs of all 10 schools for experiential IPE, service-learning and accreditation requirements. Pilot three models of experiential IPE that can be scaled and replicated in different clinical and community health settings. Develop partnerships with key units across the University for sustained education engagement in the experiential setting.

**CHALLENGES:** The primary challenges related to this Strategy fall in three different categories: educator development, logistics, and measurement.

**Educator Development:** Development and training of faculty and staff at experiential sites (whether clinical or community-based) remains the primary challenge for a variety of reasons:

1. Faculty and staff are generally not trained in IPE, and many do not practice in collaborative care models. Therefore, development of collaborative practice-ready practitioners will be critical (short term), as will co-development of better models of interprofessional practice.
2. In addition to practicing in a collaborative practice model, we must increase faculty and staff capacity to teach to those models. Evidence strongly supports that facilitated interprofessional debriefs are where deep learning happens and preceptors will need to build their facilitation skills to lead these learning opportunities.
3. There is a gap in expectations, incentives, and rewards for faculty and staff to teach IPE in their practice. Faculty are not evaluated on their IPE precepting and staff typically precept on a voluntary basis as teaching competes with their job-related metrics of success (productivity, etc.).

**Logistics:** Scheduling across schools; alignment of level of learners across schools (right level, right partnership, right complexity); space in experiential sites for multiple learners; scaling for hundreds of students. The first two items will require deep mapping across curricula.

**Measurement and Research:** Defining which behaviors should be expected and measured; training preceptors to fairly assess students for those behaviors; tracking measures longitudinally across health science schools; linking improved learning outcomes to improved practice and health outcomes.

**KEY STEPS (January 2022 - June 2023):**

1. Needs assessment of all 10 schools, benchmarked where possible against peers
   - Data collected to understand connections; where is each school, what are the needs, how do they connect? What experiences will help learners understand what others do? What would be an ideal IPE experience for each school? For which learners?
   - Understand accreditation (requirements for IPE/experiential IPE, requirements for being with other students from different schools, requirements for service-learning). Identify clear interprofessional objectives that meet the accreditation standards and needs of the multiple professions.
(2) Identify sites (both clinical and community) to serve as partners in developing collaborative practice models (work between C-IPE and key units). Establish the relationships that support these sites.

Develop pilot models that will enable students to demonstrate these behaviors through intentional learning activities that bring the professions together. Consider those suggested by senior leadership:
● One at Michigan Medicine – For example, Care-at-Home initiative and Primary Care. Consider others in MM if they have high team functioning based on metrics.
● One in the suite of Federally-Qualified Health Centers (FQHC), such as Packard Health (Ypsilanti), or Hamilton Community Health (Flint).
● One in the community setting, working directly with UM’s Ginsberg Center or school-based clinics.
● Explore interprofessional Student-Run Free Clinics, such as those at Pinckney and the Flint pro bono clinic.

(3) Establish relationships for sustained and synergistic partnerships. Ultimately, we need clinical partners at a variety of locations and settings (spanning the continuum of care) to meet needs of our students across all three campuses:
● FQHC network (Packard, Hamilton, School of Dentistry network)
● Community: Ginsberg, School-based clinics
● Michigan Medicine: align with BASE (strategic plan), Care at Home, UMMG Primary Care
● Regional campuses (Dearborn, Flint)
● Ann Arbor VA

(4) Infrastructure – As has been agreed upon by the Health Sciences Council and Provost’s Office, the Center will need to grow slightly with a new curricular administrator to help coordinate experiential and didactic IPE curriculum development and implementation (working on both the first and second Strategies in this blueprint). The Center personnel will partner with curricular coordinators and faculty leads in each school/college on both Core and Experiential IPE, to help share the implementation work.

(5) Alignment with other Strategies
   a. Alignment with the Core Curriculum: Sequence foundational experiences to support student development as they move from theory to practice in the experiential setting.
   b. Alignment with Intentional Measurement and Research: Define “team behaviors” that we expect students to demonstrate. Keep measurement simple and standardized. Identify evaluation metrics to assess student learning in the experiential setting. Benchmark patient outcomes (including patient experience, health of populations/outcomes, reducing cost, improved provider experience) against site outcomes, and national norms or databases (how will we know the patient outcomes have improved?). Closely work with research partners to build these tools, assess outcomes, and strive to tie learning to practice and health outcomes.
   c. Alignment with Educator Development: Recruit/engage educators to participate in these experiments. They will need additional support and training. Focus on all educators and understand motivations to teach among non-faculty staff.

NOTES:
● Messaging – keep it clear and simple: this is about building better teams. Reach faculty AND students about the compelling need.
● These experiences should be integrated into the curriculum for relevant health professional students (i.e., a graduation requirement) and not “added onto” overburdened curricular programs.
● The experiences need to be sequenced to provide the foundation before moving to the higher-level experiential learning. Students will need to have completed some foundational IPE coursework prior to entering the experiential setting.
● Consider adjusting membership of the Executive Committee to bring experiential partners on board.
● Understand the stories of how sites became interprofessional. What was required?
● We will need to be patient – this will take time for many reasons. Success will require pilots, building, understanding what we learn from experiments, iteration, and scaling over the next several years.
Strategy 3: Intentional Measurement and Research

GOAL: Implement a portfolio of valid assessment tools in our IPE experiences that measure outcomes reliably and consistently. The data will inform learner development, program evaluation, and research. The portfolio of tools and methods should be applicable in the didactic and experiential settings and ultimately be able to lead to an understanding of IPE’s impact on learning, healthcare practice, health outcomes, and the Quadruple Aims.

WHY: Learners need to be given information from measurements that will help them develop into effective real-world teammates in the healthcare practice and community settings. We need to generate evidence that IPE impacts learning, practice, and health outcomes (aligned with the Quadruple Aims). The scholarship should inform how IPE is implemented both at U-M and nationally.

AIMS (January 2022 - June 2023): Convene the education community around the concept of “measurement of interprofessional teamwork” to spark the creativity and innovation needed to identify and develop a portfolio of tools that will measure outcomes reliably and authentically. The focus should be on simplicity with information generated that feeds the growth mindset of students as they develop their interprofessional identities in teams. Begin to explore partnerships with initiatives that strive to measure the impact of interprofessional teams on health and link education and training to those initiatives.

CHALLENGES: Primary challenges centered on the lack of clarity on what we are trying to measure, the overburdened state of assessment, and the need to develop relationships with experts and partners on assessment and research. It also emerged during the retreat that the complexity was daunting, and could easily impede progress, resulting in a clarion call for simplicity from the Executive Committee. Specific questions emerged that must be tackled to advance this Strategy:

1. What are the behaviors we are looking for, and what are the reliable ways in which they can be measured?
2. How do we train preceptors to assess students consistently and objectively without overburdening them, especially as we move into the experiential environment where observation will be required?
3. Can we identify validated tools that capture the appropriate measurements and can be used in a variety of settings (modifying existing tools where possible)? Have we systematically evaluated these tools and mapped them to the behaviors we are looking for?
4. How do we implement measurements on top of existing uni-professional assessments without adding to the concern that there are “too many assessments?” In other words, how can this be part of what is already done?
5. Who are our measurement partners and champions? Where does this expertise lie, especially as it relates to learner outcomes and measurement of health? How can measurement synergize our desire for scholarly work, research, and participation on grants?

KEY STEPS (January 2022 - June 2023):

This is fundamental work that we need to do – we must lay the foundation for consistent, reliable, efficient measurement of learning, practice and health outcomes. The following steps to be taken in the next eighteen months will start us down this road:

1. Identify the specific behaviors we are targeting for learner development, drawn from existing work, aligned with the U-M IPE competencies.
• Identify and decide on frameworks for measuring the impact of educational interventions on learner, practice and health outcomes (as framed by the Quadruple Aims of Health) – partner with other units on campus who may have identified frameworks to drive changes in health from education (e.g., the Translational Education Framework (RISE) or the School of Public Health’s Health Behavior and Health Education unit).

• Identify reliable and valid measurement tools that target those measures – as much as possible, decide on simple, existing approaches and tools that have been developed and deployed by reputable organizations (e.g., NEXUS, Centre for IPE at University of Toronto, MM Wellness Office (especially for the metrics for well-being)).

(2) Implement a cross campus “IPE Measurement Conference/Retreat” in Spring 2022 (potentially modeled after the Ideas Lab approach being tested at the Michigan Center for Global Health Equity). This would be an opportunity to bring in new and diverse expertise to work on complex problems, but should result in a committed operational measurement roadmap.

(3) Develop plans to implement the use of tools across IPE experiences and cohorts. Careful attention should be paid to mitigating disruption to educators (in both the didactic and experiential setting) and focusing on the direct observation of the specific behaviors.

(4) Develop a plan for research and scholarship that the Center and its faculty and learners will conduct, partnering with experts across campus, and building on intentional measurement of outcomes. Carefully review the “Current State Analysis” being conducted by former Director Frank Ascione in support of this research plan.

(5) Establish relationships for sustained and synergistic partnerships in measurement and research. Partnerships with key units to build formalized and synergistic relationships – Institute for Healthcare Policy and Innovation, Adolescent Health Initiatives, Center for Research on Learning and Teaching, School of Education’s CEDER (Center for Education Design, Evaluation, and Research), among others.

(6) Infrastructure – The C-IPE has helped support research data analysts in the past to support faculty in their IPE research endeavors and scholarship. This model has worked well to accelerate measurement and research and will be needed in this Next Phase as well. A dedicated staff member with research skill sets (full or part-time) as a member of the Center will be helpful towards this Strategy.

(7) Alignment with other Strategies:
   a. Alignment with the Core Curriculum and Experiential Innovation: Measurement tools should be able to be applied to experiences in the didactic and experiential settings to facilitate cohesive measurement of learner development.
   b. Alignment with Development of Educators: Train educators as consistent assessors who mitigate bias, in addition to developing educators. Assessment should be seen as a core function of being a teacher.
   c. Alignment with Systems-based Problem Solving: Data generated from measurement tools, especially learner outcomes, should feed the Data Visualization initiative, enabling cohesive development of the learner, coaching, and program evaluation.

NOTES:

• How do we find assessment champions? Should every unit promote one person to focus on assessment of learners?

• Messaging – keep it clear and simple here, as well: this is about measuring teams and teamwork and its impact on health. Going down the path of milestones and EPAs risks the complexity and “education jargon” that frequently impede progress and “buy-in.” We should reach faculty, practitioners AND students about the compelling need.

• We should look at existing measurement tools that are already developed and in use, rather than trying to create our own from scratch. Many of these already have psychometric properties defined.

• Evaluate funding stream potential in each of these initiatives, especially through philanthropy and grants (Agency for Healthcare Research and Quality, HRSA, CQIs).
• Review the work done by Larry Gruppen and Michelle Aebersold on the landscape of assessment tools in IPE.
• Review the report generated by former Director Frank Ascione on a “Current State Analysis” of research by the University of Michigan Center for Interprofessional Education
Strategy 4: Educator Development

GOAL: Implement a development and training program drawn from the identified needs for faculty and practitioner IPE educators in both teaching and assessment. Consider the newer context of experiential learning environments, the needs of the educators in those settings, and the goals of IPE competency development in the students. The reach of these programs will lead to a sustained IPE Community of Practice and Scholars.

WHY: We must develop a community of collaborative practitioners, educators, and scholars to prepare the future of health care providers to be team ready. The education and assessment of team-based behaviors in students from multiple disciplines raises new challenges for educators. An educated and trained IPE community is required to sustain and expand IPE across the University.

AIMS (January 2022 - June 2023): Educate the community, train educators, and provide easily accessible resources that will support the Core Curriculum, Experiential Innovation, and Intentional Measurement and Research Strategies. All educators (faculty and non-faculty) who are engaged with healthcare and community-based health must understand the value of educating learners from multiple health professions as fundamental to improving health. Ultimately, the Center should be seen as the “go-to” resource for expertise and collaboration in this area.

CHALLENGES: Fundamentally, is there agreement across all levels (leadership, faculty, staff, health system/community partners, schools/colleges) that deliberate development and training is required? Especially for educators in the practice environment, where supervision of learners may not be part of their job descriptions or needs to be balanced against other priorities. Do they understand why IPE is important (or do they assume their skills in teamwork and team-based care are fine as is)? In addition, do we understand the best evidence-based model for training? Other challenges include:

1. Most models of faculty development units across campus, especially those that develop and implement programs, are led by staff (and not faculty). Should we consider partnering with staff leaders across campus on this Strategy (e.g., CRLT, UM Organizational Learning, Michigan Medicine Office of Faculty Affairs and Faculty Development)?
2. What is the ideal structure for organizing this work?
3. How are educators supported to participate in these activities (e.g., time) and how can IPE development and training be aligned with their existing support structure (e.g., continuing education)?
4. Can this initiative help develop an IPE community of practice, building on the initial work of this group? What are the essential ingredients of a community of practice of IPE educators and how can this be synergized with the community of practice initiatives for education in other units (e.g., Center for Academic Innovation and RISE)?

KEY STEPS (January 2022 - June 2023): Currently our progress on Educator Development has had some important elements but would benefit from a review of the current state of Center-sponsored activities, with deliberate planning for the near future.

1. Better understand current state and current capacity - Where are we with individual training? How well trained are our educators (e.g., IPL fellows, faculty facilitators in didactics)? How have fellows contributed to the IPE educational environment on campus?
2. Review the IPL fellows program to determine how it should evolve in this next phase. Should it explicitly support the Educator Development Strategy?
3. Develop an organizational blueprint for implementation and dissemination of training and development. This should include aligning support from departments, schools, community and clinical partners to
implement trainings. What does the structure look like? Where will support and funding come from?

(4) Programming: Initiate the development of an “educator core”: Introduction to IPE for faculty and staff educators to provide basic context, knowledge, and education skills. Then identify specific needs and develop the programs for different phenotypes of IPE educators, depending on their role and setting.
- Map out these needs based on what is required for IPE educators in the didactic and experiential settings.
- Consider online formats, possibly “chalk talks,” for the experiential setting - grassroots teachable moments, 5-min modules to increase IPE awareness.
- Teams will need to be identified to create and implement these efforts.

(5) Grow and enhance partnerships with the U-M community to collaborate in development and training efforts. In this first year, understand what each might offer but identify 2-3 strategic partnerships to pursue further. Examples include:
- CRLT (IPL Fellows program, among other initiatives in development and training)
- Chief Organizational Learning Officer
- Academic Innovation and RISE and the initiative to build a community of practice in interdisciplinary education innovators
- Michigan Medicine Office of Faculty Affairs and Faculty Development
- Department of Learning Health Sciences – assistance with implementation science
- Office of Patient Experience

(6) Communication: Build a specific communication strategy that educates the community, provides accessible resources for educators and students alike, and results in the Center being seen as the primary connector to partner schools and units for IPE. This might include an enhanced website presence for development and training resources.

(7) Alignment with other Strategies:
- a. The Core Curriculum and Experiential Innovation: The development of IPE facilitation tools for faculty and staff involved in didactic and experiential learning. There should be good alignment with what is needed.
- b. Intentional Measurement and Research: There is a need to evaluate the effectiveness of training models or at least understand what is currently known about effective methods before devoting substantial resources for new programming and implementation.
- c. Systems-based Problem Solving: There is a real need to understand how faculty and other educators will be supported and encouraged to participate in development and training.

NOTES
- Patients, families, and students should be considered IPE educators as well. Keeping them in mind as we educate our community and while we grow the community of practice will be essential.
- Ensure that the Introduction to IPE emphasizes the societal impact of this movement on health as well as healthcare. This will help with “buy-in.”
- Interprofessional humility among practitioners is essential to promote the culture we are trying to develop. The goal is not professionals working side by side “in their lanes” but collaborating on health for patients and communities. That requires a different mindset and should be baked into the training and development activities.
- We should be intentional in communication and messaging about this. This includes how we approach clinical and community sites, our “web presence,” and our social media outreach. This will be a critical role for our communication initiatives in this next phase.
Strategy 5: Systems-Based Problem Solving

GOAL: Establish a workgroup that will address the most pressing challenges to our Goal and Strategies. “Administrative innovation” will be required to help enable the future state.

WHY: Progress on strategic initiatives depends on addressing systemic, structural and organizational challenges to interdisciplinary teaching and learning. Maturation of the Center requires us to directly address our organizational challenges as initiatives continue and grow. We can no longer sit back and expect individual schools and units to problem-solve on their own without continual central guidance and steering.

AIMS (January 2022 - June 2023): Within the next year, we should implement an organizational structure with resources allocated to advance progress across the identified challenges. The challenges may include but are not limited to promotion and tenure, performance measures/annual reviews for both faculty and staff, tuition flow, data visualization, transcript designation, credit hour calculation, inclusivity and diversity in IPE, and others. Overall, the Center should serve as a partner for system-based problem solving at all levels; Provost’s Office, schools and units, and departments. While the list of issues appears lengthy, this initiative should facilitate prioritizing to align with what is most enabling of the progress in the other Strategies.

CHALLENGES: Many of these have been identified through formal and informal mechanisms and have resulted in some ad hoc work (through the AHAA groups and others). However, the time has come for a workgroup dedicated to systems-based problem solving that meets regularly and tackles more than one challenge at a time. The initial step will be to populate this workgroup with the individuals who are best able to design and implement “Administrative Innovation.” Specific challenges to address include:

- Lack of deliberate coordination of education across schools, despite some early steps (e.g., the “curricular window”). This is particularly true of clinical rotation schedules.
- Challenges unique to IPE that otherwise do not pose issues (and therefore haven’t been prioritized to address). In other words, there are systems and structures that are otherwise functional for a decentralized university, but present real challenges when units attempt to work together on education.
- Can this workgroup tackle these problems and also engage the leadership of the schools/colleges, as well as the Provost’s Office, for support? What will be the ultimate pathways of accountability and ownership of the solutions to these problems?
- What will be the metrics of success?

KEY STEPS (January 2022 - June 2023):

1. Create and launch this workgroup, populated with key members to serve.
2. Define a realistic charge with support from HSC and Provost focused on the top challenges for this coming year. Input for this prioritization should be drawn from information that comes from many sources, including the lived experiences of those who have worked in this space, and input from each of the other workgroups: Core Curriculum, Experiential Innovation, Intentional Measurement and Research, and Educator Development. Potential cross-cutting areas of focus include:
   - Supporting faculty as innovators who work in IPE, including reward and promotion systems
   - Accountability: funds flow, credit hours
   - Development: money, faculty, funds, places, processes, technology
   - Credential teachers, credit/credentials/checkmarks for learners
   - Dashboard for metrics for IPE engagement, data visualization
   - Communication: website revision, social media presence, campus wide conferences (e.g., HPE Day), transparency of the Strategic Blueprint
   - Graduation requirement modifications: “opting out” instead of “opting in”
   - Formalizing relationships: MOUs with all places and spaces we put our learners
3. Initiate work on high priority items – alignment with the other workgroups is central to this work.
Chapter 3: The Path Forward

Below is a proposed organizational structure for the Center to support the work in this strategic blueprint:

![Organizational Structure Diagram]

The Executive Committee will remain the primary steering and decision-making body for the Center for IPE, with the director as chair (directly reporting to the chair of the HSC and the Vice Provost for Engaged Learning). This moment is a good time to review membership on the Executive Committee, working closely with the deans to populate it so that it best advances this new Strategic Blueprint. Many members will remain; some transitioning may occur. Membership on the EC should be determined by June 2022 for enaction in September 2022.

The EC will be advised by both a Faculty Advisory Committee (FAC) and the Student Advisory Committee (SAC). The director will be directly engaged (and serve as a resource) for both advisory committees and will ensure that they provide input to the Executive Committee on important matters. The SAC is a robust part of the Center currently and will remain so with greater self-determination of tasks aligned with the strategy of the Center. In the past, the FAC was convened in a limited ad hoc manner for specific tasks (e.g., drafting grant renewals, counsel to the director on complicated problems). In this new model, the FAC should be a small group that draws from EC representatives and from other important units germane to the Center’s next phase. Both the FAC and SAC will convene autonomously and will meet regularly to provide input to the director, Center staff, and the Executive Committee on important matters. In addition, they may develop and implement initiatives they pursue independently.

Each Strategy in the Strategic Blueprint will align with a specific workgroup, which will be populated with diverse faculty, staff and student members beyond the Executive Committee. There will continue to be a need
for a Curriculum Committee which will provide oversight to both the Core Curriculum and Experiential Innovation Workgroups. Careful construction of the right teams on each workgroup and committee will be important, which will require rethinking where people might best serve. It is anticipated that current members of existing subcommittees will be asked to decide where they may best add value to the workgroups in this next phase and to apply for positions on workgroups.

Throughout this journey, the work of this Next Phase will require that the EC communicate transparently and continuously on our progress with the Health Sciences Council (HSC) and Provost’s Office. It is also anticipated that the Next Phase Strategic Blueprint will benefit from extensive socialization within the schools and colleges, in order to promote awareness and understanding of this movement. We are enthusiastic to work with leadership to present regularly to the faculty, staff and students within each school and college, discussing this work, providing updates, and inviting input along the way.

The ecosystem of innovation, teamwork and education for better health will motivate our work together, with a desire to grow our Community of Practice and Scholars across all three campuses at the University of Michigan. As with any transformative movement, this will take time; patience will be our greatest gift so that our work is enduring and impactful.

Developed and approved with enthusiasm for this “Next Phase”,
The Michigan Center for IPE Executive Committee