

Complex care education overview and considerations

Overview of interprofessional education and complex care

Over the past several decades, healthcare leaders and educators have called for a collaborative, team-based healthcare workforce. Since the early 1970s, the Institute of Medicine (IOM) has identified the need for team-based patient care and noted its impact on patient safety and improved communication.¹⁸⁻²⁰ In 2009, sparked by the growing calls for team-based care, six national associations of health professions schools initiated the Interprofessional Education Collaborative (IPEC)²¹ and subsequently published core competency domains as a framework to advance and promote interprofessional learning experiences to prepare future health professionals to provide team-based care.²²

Interprofessional education (IPE) and collaborative practice result in outcomes like improved access to and coordination of health services, improved health outcomes for individuals with chronic diseases, and an increase in patient and provider satisfaction.²³

Complex care has been embraced by the IPE movement because it epitomizes interprofessional practice.²⁴⁻²⁶ Interprofessional teams are a core component of delivering complex care; the varied and complex needs of individuals require the knowledge and expertise of a variety of professions with different skill sets.

IPE can look different in different settings. Universities that have centers for interprofessional education can leverage that infrastructure to develop and deliver complex care curricula. If these structures do not exist, educators can make complex care learning interprofessional by developing an interprofessional course, offering an interprofessional extracurricular activity, or identifying specific activities throughout a course that can be completed in an interprofessional team. Integrating less traditional health professions, including community health workers, certified peer specialists, and doulas may require more creativity and collaboration outside of a single setting.

Challenges to implementing IPE include sustainability, scheduling, scalability, and alignment of stakeholder goals.²⁷ To overcome these barriers, educators can plan together, incorporate different approaches to learning, and combine different professions into one faculty.²⁸ These principles and activities can help educators gain interprofessional allies and grow IPE infrastructure.

Despite these challenges, IPE can positively impact students throughout their careers. Preparing students to work in complex care through IPE can help reduce practitioner burnout.²⁹ Additionally, in discipline-specific courses, there is often an emphasis on acquiring a specific professional identity and culture. IPE is a meaningful counterbalance to that and can positively alter and add to that professional identity and pride so that students can collaborate successfully with other professions during and after school.



Related resources:

- [Core competencies for interprofessional collaborative practice: 2016 update](#)
- [Framework for action on interprofessional education and collaborative practice](#)

How do I make the case for complex care in my educational setting?

The following framing methods have been used by university faculty to meet administrators and other faculty where they are (e.g., asking, “do you need something to fill out your course?”), encourage them toward the next level of commitment (e.g., a full course or certificate), and more generally make the case for complex care education in their settings.

Opportunity for team-based care: Individuals in the population being served have intersecting complex needs that span sectors and require the support of an interprofessional team. Students of complex care learn how to work across disciplines — a valuable skill regardless of profession and field.

Aligns with existing education and trends in healthcare education: Complex care education aligns with patient- and community-centered practice, education in the social determinants of health (SDOH), and health equity.³⁰ Complex care also aligns with the public health secondary and tertiary prevention by encouraging early and ongoing care.³¹

The complex care competencies align with existing professional accreditation standards and can be integrated into the education of a wide variety of professions. They can also fill gaps in education not being met by current accreditation standards. Complex care can also be taught as continuing education to address these gaps and to engage alumni and community practitioners.

Value for health system: Complex care is part of a strategy to improve quality, equity, and affordability through innovation. As health systems shift to value-based payment, they often focus on patients with the highest costs, which creates new placement opportunities for complex care education programs. Moreover, the principles of complex care — working together collaboratively instead of in silos, working toward health equity, and using person-centered design, process improvement, and collaboration — are essential to improving care delivery for entire populations. Complex care training prepares students to be part of innovative redesign of care systems that are essential to achieving greater value for people with complex needs.

How do I teach complex care to students?

There are numerous ways to teach complex care in an educational setting. Below are a few methods and considerations for implementation.

Training faculty: In some settings, cross-discipline and cross-department faculty with shared interest in complex care decide to collaborate to teach complex care. Other universities have found that they need to do faculty development and train the faculty on complex care. They found that meeting monthly to review the curriculum is helpful to teachers newer to complex care.

Embedding into existing coursework: Complex care curricula and concepts, such as care delivery, data, and systems thinking, can be integrated into courses health professions students are already taking. One way to do this is to bring in guest lecturers: Individuals with complex needs and their caregivers are experts by virtue of their lived experience and can teach students how to be a competent practitioner. Faculty from other departments, including other sectors, can teach on their profession/sector or on interprofessional work. Community-based practitioners can share what complex care looks like in the real world.

**Related resources:**

- **Building authentic and mutually beneficial partnerships with complex care consumers (Better Care Playbook)**
Tips for building relationships with consumers including appropriate compensation.
- **Engaging people with lived/living experience: A guide for including people in poverty reduction (Alison Homer)**
Resources and tips for partnering with consumers of complex care. See page 15 of the resource for guidance on compensation.

**Quick tip:** Here are a few ways to identify individuals with lived experience in your local community:

- **Amplify: A consumer voices bureau**
- **National Harm Reduction Coalition**
- **Local speakers' bureaus (National Coalition for the Homeless)**
- **Speak Up! (CSH)**
- **Local National Alliance on Mental Illness (NAMI) chapter**

Another way to integrate complex care concepts into existing curricula is to assign systems-level projects in an otherwise individual-level course.



Example: Thomas Jefferson University places occupational therapy (OT) students in practice settings to encourage hands-on learning. They are supervised by OT faculty but are connected with non-OT practitioners at the site. The students are tasked with collaborating with key stakeholders to understand their needs and to identify how OT can intervene to support in that setting. This teaches the student to enter a new environment and support improvements even without the traditional OT tools. They are then prepared to do the same in the community. Similarly, a student can be tasked to identify and complete a complex care project in a field placement even if they are not in a specifically complex care setting.

See the Association of American Medical College's **Collaborative Student Volunteer and Service Projects** for more ideas about systems-level projects into which complex care can be integrated.

Simulation and role-plays: A common way for students to learn complex care is through alternating didactic teaching and simulation. Role-plays can be done with other classmates or the teacher and simulations can be done with other faculty, former students, partners who have lived experience, or actors. A well-developed, standardized case can support students' learning throughout a course by introducing new concepts and new challenges to match the didactic learning. Simulations and role-plays can happen in person or virtually and include a debrief discussion. Although simulation is useful pedagogically, it is not a replacement for understanding complexity or building empathy and relationships with actual individuals with complex health and social needs.

Shadowing and clinical work: Some knowledge, skills, and attitudes can only be gained in the field. Shadowing same profession or cross-profession clinicians, including community health workers or home-visiting nurses in clinics or during home visits, can be a starting point, but students get the most out of the experience if they are able to engage directly with the individual. Similar to simulations, clinical experiences must match the didactic learning. Universities have been successful teaching didactically and clinically in parallel either by using the same faculty or through faculty coordination and a deep understanding of experiences in the other setting.

Training attitudes: A complex care team member's attitude is the foundation for all of their interactions with individuals with complex needs. Faculty are responsible for teaching these attitudes and for understanding that attitudes are changeable and often a result of ignorance or lack of exposure. They should encourage self-reflection and group reflection so that all team members grow.

To teach the attitudes necessary for complex care, faculty can practice role modeling appropriate attitudes, establishing respect in the classroom, engaging in tough conversations that matter, and fostering small group faculty and student opportunities to share and learn. Complex care faculty should incorporate research on the history and effects of racism and stigma in healthcare into their lessons, and emphasize concepts like cultural humility and unconditional positive regard, bringing in experts that include individuals with lived experience.



Related resources:

- **The Interprofessional Attitudes Scale** was designed to capture healthcare students' self-reported attitudes and beliefs about interprofessional education and interprofessional collaborative practice. Use this to measure baseline attitudes and growth.
- **HEALS** training prepares educators and trainers to facilitate difficult conversations triggered by differences in attitudes or perspectives.
- **Professional Codes or Social Action Statements** for individual professions can be references for foundational attitudes.
- The **Jefferson Scale of Empathy** is used to measure empathy in healthcare students and practitioners. Researchers found that students entering the Thomas Jefferson Student Hotspotting program were relatively empathic and that there was a significant difference in the increase in empathy for program participants versus control.³²

Other activities: Complex care can also be taught in reading groups, student-run activities, case conferences, capstones, film screenings, and grand rounds.

How do I foster community practice/education partnerships?

Partnerships between educational institutions that teach complex care and community-based complex care teams are mutually beneficial. Students get hands-on experience and a more realistic understanding of what complex care looks like in practice, better preparing them to enter the workforce. In exchange, community practitioners receive a new, motivated workforce for care delivery and gain an opportunity to train (and potentially recruit) emerging complex care practitioners. These partnerships can help build the complex care workforce by creating pipelines from the community into educational institutions and from educational institutions into the field. This symbiotic relationship can address the challenges of workforce shortages and lack of diversity, and promote community development.

Partnering with practice sites can take the form of service learning, student clinical placement, faculty practice, capstone placements, or bridge or pathway programs to employment. Universities have found success partnering with complex care clinics, local healthcare for the homeless providers, and local Harm Reduction Coalition chapters.

These partnerships present a few challenges. Sustainability is challenging when faculty bandwidth and community capacity is limited. The frequent turnover in staff and short-term funding can also be barriers. However, this underscores the need to create funding specifically for community-based learning to support individuals with complex needs as well as the students who are learning to provide care for them.

The process of creating these relationships will look different in each community, but the following are a few universal considerations:

- Internal stakeholders can include community engagement or community service office, the health plan, and faculty who have experience working in the community.
- Community-based organizations typically have very limited budgets and staff. Educational institutions should approach community partners with humility, active listening, and trust-building toward a win-win situation; this approach mirrors the patient/practitioner relationship. A strong foundation is built when existing meaningful partnerships are expanded on, the community needs are prioritized, and the relationship is understood as a capacity-building and community development opportunity.
- Begin by networking in your community, getting to know what it looks like, and joining community-building groups and systems. Listen to community-leading institutions like churches and community centers to identify the needs of the community or opportunities to bring value to the community. Bidirectional success is key and listening to the community will get you there.



Example: Samuel Merritt University recognizes the value of working in and with their Oakland community. For example, faculty serve on the Health and Social Services board of a local church, which helps foster strong relationships with influential community leaders and provides access to opportunities to support their neighbors.

How do I assess learning?

The complex care core competencies can be used to evaluate students. Educators can use the competencies to create a logic model (**example** from Thomas Jefferson University) that includes key outcomes for the student, the patient, the health system, and the educational institution and then create assessments that address these outcomes. Competency-based assessments may be in the form of quizzes, exams, written papers, practical community-based projects, simulations, role-plays, etc.



Example: The Student Hotspotting participants at the University of Utah submit a weekly **logbook** entry to share important updates, advance learning, plan for next steps, and discuss challenges.