NCICLE
NATIONAL COLLABORATIVE FOR IMPROVING THE CLINICAL LEARNING ENVIRONMENT
Initial Findings of the Interprofessional Clinical Learning Environment Symposium

Introduction
Caring for the US patient population is becoming increasingly complex for health care providers. This complexity requires teamwork, problem solving, and innovative thinking by today’s health care workforce. Such a workforce can be shaped by clinical learning environments committed to enhanced interprofessional learning and collaborative practice.

Methods
The National Collaborative to Improve the Clinical Learning Environment (NCICLE) held a 2-day symposium on the interprofessional clinical learning environment (IP-CLE). This effort was designed to build on the findings of the Josiah Macy Jr. Foundation, the Accreditation Council for Graduate Medical Education’s Clinical Learning Environment Review Program, and other organizations, with the intent to enhance the national conversation around optimizing the IP-CLE. Participants represented a range of health professions including nursing, pharmacy, social work, physical therapy, allopathic and osteopathic medicine, and others. Through a series of dynamic and collaborative activities, participants identified how an enhanced IP-CLE can be valuable for patients, learners, academic centers, and hospitals and health systems, as well as identified several key themes relating to (1) characteristics exhibited by a high-functioning IP-CLE and (2) the role of leadership and governance in shaping those characteristics.

Results
Role of Leadership and Governance in Enhancing the IP-CLE
Interprofessional Representation
Include representation of various professions (eg, nurses, social workers, pharmacists) as well as members of the community on the board and in other leadership roles.
Alignment of Organizational and IP-CLE Missions
View the IP-CLE as a strategic initiative that facilitates other initiatives, which can lead to investment in IP-CLE structures.
Leadership Buy-in
Consistently message and endorse the value and importance of the IP-CLE at all levels of leadership, internally and externally to unite stakeholders.

Characteristics of a High-Functioning IP-CLE

| 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. |
| 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. |
| Shared Accountability | Structures and processes are in place to ensure accountability in interprofessionalism, such as measurable outcomes and clear competencies that inform desired behaviors. |
| Continuum of Learning | Learning is fostered throughout one’s career, ensuring that interprofessional values are integrated and reinforced in the clinical workflow as well as in undergraduate and graduate education. |
| Team-Based Care | The culture rewards risk taking and innovation and fosters leadership skills at all levels, while embracing team interdependence, mutual respect, and collective competence. |
| Evidence-Based Patient Care Centered on Interprofessional Experience | Care is based on key characteristics of high-functioning collaborative care exemplars, research, and evidence-based IP-CLE models. |

Discussion
The intention of the NCICLE symposium was not to provide consensus or recommendations. Rather, NCICLE designed the symposium to energize and stimulate a national conversation and align other national efforts in this area, as well as to advance strategic thinking on this issue. The NCICLE IP-CLE symposium generated substantive new discussion on how to enhance the IP-CLE. As the participants envisioned how IP-CLEs would take shape over the next 10 years, it became clear that leaders of policy, regulation, and reimbursement will all need to be engaged to advance work in IP-CLEs. Enhancing the IP-CLE is a journey that will require a continual work commitment involving many sectors and stakeholders across the health care community. NCICLE is committed to continuing this conversation and supporting continued growth in the IP-CLE.

Acknowledgments
NCICLE thanks the symposium planning committee, the Josiah Macy Jr. Foundation, and ACGME staff for their support; the National Center for Interprofessional Practice and Education for their expert guidance; the NCICLE steering committee members for their tireless work; and many enthusiastic participants at the symposium for their thoughtful input.

References