Growing our interprofessional family tree to introduce learners to the social determinants of health

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Background: The Liaison Committee on Medical Education (LCME) has embraced interprofessional education (IPE) as an important component of Medical Student preparation. They state, "the core curriculum of the medical education program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients." This stance is also reflected in current standards used to accredit medical residency programs administered by the Accreditation Council on Graduate Medical Education (ACGME). In their July 2017 program requirements, ACGME included the importance of interprofessional relationships and cited four standards that aim to strengthen the effectiveness of these relationships. We have responded to accreditation requirements with the development of a wide variety of interprofessional programs for learners within the health professions.

As our interprofessional education (IPE) has expanded over time in response to this growing demand for IPE, strategic growth of new programs has become necessary. A family-based IPE framework was developed to enable effective mapping of learning opportunities and to identify competency gaps. We aimed to:

- Provide a family-centered learning context for IPE
- Identify and document learning levels for each IPE activity
- Track and map progression and achievement of IPEC competencies
- Provide a pathway for learners to select opportunities, map individual progress and sustain engagement in IP learning

Method: We adapted a tri-level IPE framework for learning activities beginning at the *exposure* level, progressing through clinical or community *immersion* towards achieving *competence*. A '*family tree*' was then constructed within our eLearning platform (Canvas). 'Storyline' software was used to build family tree structure. Starting with the 'grandfather' (Carl in the Nexus), family members (branches) were strategically added to span four family generations. IP student teams undertake case-specific care planning for each family member and observe family member interactions, while developing IP competencies. Social determinants of health are directly linked to family health. A new family member is featured as each case-based learning module is developed to meet different levels of learning in accordance with strategic priorities.

Results: Using a 'family tree' underpinned by an IPE framework for competency development supports clinical learning across the lifespan with linkage to the social determinants of health. The 'family tree' provides opportunities for family-centered care planning and engagement of a broad range of professions.

Conclusion: Our growing, adaptive IP 'family tree' provides the necessary structure and context for IP competency development. Used in tandem with our IPE framework, program gaps can be more easily identified at each level of learning, facilitating strategic planning for IPE. Our Family Tree could be adapted for any profession's learner group on campus and beyond.