

NLN

VISIONSERIES

TRANSFORMING NURSING EDUCATION
LEADING THE CALL TO REFORM

Interprofessional Collaboration in Education and Practice

A Living Document from the National League for Nursing

NLN Board of Governors

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Mission: Promote excellence in nursing education to build a strong and diverse nursing workforce to advance the health of our nation and the global community.

Core Values: Caring, Integrity, Diversity, Excellence

INTRODUCTION

The National League for Nursing believes that current educational approaches must include opportunities for students to engage in interprofessional education (IPE) and practice (IPP). IPE and IPP deliver team-based care that strengthens health systems and improves health outcomes. There is consensus that health care professionals must have the competency to work in teams to provide safer, quality care to multiple populations in varied health care settings (Thibault, 2013).

Because team training in educational programs lags behind the actual practice of working in teams, a gap exists between the realities of practice (IPEC, 2011) and the utilization of teamwork skills to deliver patient-centered care. As a result, today's graduates from well-intended, accredited institutions are not prepared for the practice environments in which they will work (Speakman & Arenson, 2015).

Recognizing that the nurse is integral in the delivery of team-based, patient-family centered care, the NLN challenges nurse educators to collaborate with other health professions to develop meaningful interprofessional education and practice opportunities for students.

BACKGROUND AND SIGNIFICANCE

Over the past decades, health care leaders, educators, and funders have called for a collaborative, team-based, practice-ready health care workforce.

- › In the early 1970s, the Institute of Medicine (IOM) identified the need for and the impact of team-based patient care on patient safety and improved interprofessional communication (IOM, 1972; IOM, 2001; IOM, 2003).
- › The IHI Triple Aim Initiative (Institute for Healthcare Improvement, 2008) describes a framework to optimize health system performance through team collaboration among multiple health disciplines. The triple aim – improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of health care – entails ambitious improvement throughout the system.
- › In 2009, sparked by the IOM and IHI calls for team-based care, six national associations of health professions schools (American Association of Colleges of Nursing, American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, American Dental Education Association, American Association of Medical Colleges, and Association of Schools and Programs of Public Health) formed the Interprofessional Education Collaborative (IPEC) to advance and promote interprofessional learning experiences to prepare future health professionals to provide team-based care (Lutfiyya, Brandt, Perchacek & Cerra, 2015)
- › IPEC published four core competencies as a framework for interprofessional education and collaborative practice (Interprofessional Education Collaborative Expert Panel, 2011):
 - Values & Ethics: Work with individuals of other professions to maintain a climate of mutual respect and shared values.
 - Roles & Responsibility: Use the knowledge of one's own role and those of other professions to assess and address the health care needs of the patients and populations served.
 - Interprofessional Communication: Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to health maintenance and the treatment of disease.
 - Teams and Teamwork: Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable

In response to this publication, a cascade of new accreditation standards and health profession curricula redesigns have emerged (Brandt, 2015).

- › The World Health Organization Framework for Action on Interprofessional Education and Collaborative Practice (WHO, 2010) identified interprofessional education as the way health care professionals learn with, from, and about one another to improve collaboration and the quality of care for individuals, families, and communities. WHO further defined collaborative interprofessional practice (IPP), stating that it occurs when multiple health workers from different professional backgrounds work together with patients, families, care-givers, and communities to address the local health care need to deliver the highest quality care.
- › The Future of Nursing: Leading Change, Advancing Health (IOM, 2011) recommended that nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States. Interprofessional education and practice also align with report recommendations to expand opportunities for nurses to lead and build an infrastructure for the collection and analysis of interprofessional health care workforce data.
- › In 2012, the National Center for Interprofessional Practice and Education was established to lead, coordinate, and study the advancement of collaborative, team-based, health professions education and patient care as an efficient model for improving quality, outcomes, and cost. The center brought national prominence to the need for team-based care in the United States and solidified the value of interprofessional education and practice.
- › Measuring the Impact of Interprofessional Education and Collaborative Practice and Patient Outcomes (IOM, 2015) recommended that future research focus beyond the classroom and address the impact of Interprofessional education and practice on such issues as patient safety, patient and provider satisfaction, quality of care, health promotion, population health, and the cost of care.

FACTORS AFFECTING THE IMPLEMENTATION OF INTERPROFESSIONAL AND COLLABORATIVE PRACTICE IN HEALTH PROFESSIONS EDUCATION

- › Teaching Differently for a Team-Based Health Care System
Most clinicians, trained as silo providers, were neither educated nor practiced in an interprofessional, team-based environment. Consequently they are ill-prepared to implement a new learning paradigm that includes students from various professions. The logistics of merging silo-based curricula within the academic setting further complicates the integration of IPE. Competing issues such as different schedules and calendars, lack of meeting space, and incongruent curricula plans and pedagogies

are often cited when IPE and IPP initiatives fail to be created or implemented. This failure is related to the traditional planning models used to create learning experiences for students from multiple professions. Developing models with increased team-based learning experiences requires educators to re-think, revise, and reframe delivery of IPE and IPP educational programs within traditional curricula structures (e.g., standard 15-week semester courses, “like” experiences for all students).

To promote IPE and IPP, educators must see themselves, not as profession-centric practitioners, but as interprofessional faculty charged with inspiring students to embrace and champion an interprofessional team-based health care system. Institutional support is critical for innovative programs to succeed. Brasher, Owen and Haizlip (2015) conclude that “the complexity of implementing interprofessional education and practice strategies that extend across the learning continuum requires that institutions create a structure to support effective and organized coordination among interested administrators, faculty and staff” (p. 95).

- › Faculty Workload

The addition of IPE and IPP curricula is often perceived as contributing to an increased faculty workload. Faculty often ask for a template to ease the burden of “adding” IPE and IPP when updating the curriculum. Yet the reality is that IPE and IPP objectives and learning experiences complement quality and safety outcomes rather than add content. Developing newer educational models with more longitudinal team-based experiences will lead to greater opportunities for students to build relationships with patients, families, faculty, and other clinicians (Cox and Naylor, 2013).

- › Providing Adequate Opportunities for All Levels of Students

Finding purposeful collaborative practice environments remains a challenge especially for nursing programs who may have limited opportunities to engage with medical, pharmacy, and other health care students. These real challenges should not preclude active engagement with students from varied health professions (e.g., respiratory, PT, OT), as well as students from other professions (e.g., counseling, social work, and arts and sciences) to find meaningful learning opportunities.

Using the IPEC core competencies as a framework for students to practice team-based approaches to patient-centered care is fundamental to creating a collaborative learning environment. The key is for students to practice being both team members and team leaders and to engage students to learn with, from, and about one another.

- › New Roles and New Focus on Health

Health care redesign around primary care, prevention, and building a culture of health (RWJF, 2015) and the growth of emerging practice roles (e.g., nurse practitioners, physician assistants, clinical pharmacists, informatics specialists) have moved the focus of health care reform to consideration of the “right worker partnering with

patients, families and communities at the right time for the right care” (Brandt, 2015, 13). This requires a new emphasis on social determinants of health by integrating the services of multiple professional groups beyond the hospital to post-acute environments and communities.

This paradigm shift welcomes all types of health care providers, including ancillary and supportive paraprofessionals, who serve on the front lines of health care delivery. Finding the right mix of IPE in the right setting is critical; turf wars can complicate a smooth transition to team-based care.

CALL TO ACTION

Current educational and clinical environments can be less than supportive of interprofessional learning interactions (Cox and Naylor, 2013). The NLN urges the nurse educator community to work with peers in other professions to provide students with learning opportunities that acknowledge a profoundly changed health care environment. To facilitate this call to action, the NLN has created a toolkit, [A Guide to Effective Interprofessional Education and Collaborative Practice Experiences in Nursing Education](#). Providing educational experiences that prepare graduates for today’s practice reality is no longer an option; it is imperative to align health professions education with societal needs (Thibault, 2013).

RECOMMENDATIONS

For Deans, Directors, Chairs of Nursing Programs

- › Secure leadership buy-in and resources for IPE and IPP initiatives.
- › Conduct an assessment of the nursing program’s IPE readiness.
- › Provide faculty development opportunities to prepare faculty to create and implement IPE and IPP initiatives.
- › Maximize educational capacity by establishing partnerships or consortia among Practice colleagues and health professions schools/programs around innovative curriculum design, program evaluation, and creative use of information technology to build collaborative initiatives.
- › Support institutional and faculty research that examines the effect of IPE and IPP on student behaviors, attitudes, and patient outcomes.
- › Establish post-doctoral research centers with interprofessional faculty to build the science of IPE and IPP.

For Faculty

- › Pursue interprofessional development opportunities.
- › Use the IPE core competencies as a framework to develop systematic plans that help students meet the IPEC competency domains in varied educational settings (e.g., classroom, clinical and simulation-learning environment).
- › Examine curricula content and traditional approaches (e.g., scheduling) to determine bias and messaging that impede interprofessional practice approaches and subsequent health care delivery.
- › Inspire nursing students to seek out teamwork training and collaborative practice opportunities.
- › Thread interprofessional education throughout the program of learning as an essential program outcome to foster IPP.
- › Implement courses and learning opportunities that prepare graduates to focus on patient-family centered care in interprofessional teams.
- › Provide opportunities for students to work on interprofessional research teams and service-learning activities.
- › Develop new clinical models of interprofessional education that strengthen the links between education, practice, and research and draw upon nursing expertise in knowledge generation and translation of research.

For the National League for Nursing

- › Offer faculty development programs to prepare faculty to teach in team-based, care-focused educational programs including how to teach the collaborative practice skills necessary to mentor a new generation of graduates.
- › With other nursing and health professional organizations, develop model curricula for undergraduate and graduate programs that integrate IPE and IPP.
- › Develop leadership programs for nurses, from both education and practice, to co-create positive organizational cultures that promote collaborative IPP.
- › Work with policy makers to advocate for funding for schools to deliver educational and practice models that foster greater collaboration among the professions.
- › Seek research funding to investigate linkages between educational approaches for collaborative practice and health care outcomes.

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