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Transformation in Teaching-Learning: Emerging Possibilities with Interprofessional Education

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Abstract

As the global community continues to face increasing mobility, rising healthcare costs, and decreasing or inaccessible healthcare resources, healthcare providers must be able to work together effectively in addressing the needs of progressively older and diverse persons and populations. In this column, the notion of interprofessional education (IPE) is explored and a model proposed for implementation in an institution offering graduate programs in nursing and occupational therapy. While the proposed model was developed for two disciplinary programs in a specific institution, the recommendations offered may easily be adapted for use in academic institutions offering varied and unique healthcare professional programs.

Keywords

coordinated healthcare, interprofessional education, nursing, occupational therapy

"*Alone we can do so little; together we can do so much.*"

Helen Keller (as cited in Lash, 1980, p. 489)

Preparing future healthcare professionals to provide safe effective healthcare in increasingly complex healthcare systems presents a daunting challenge to faculty across healthcare disciplines. Much has been written about teaching-learning within specific healthcare disciplines, such as happens regularly in this column focused on teaching-learning in nursing. However, one modality that continues to gain more attention and prominence is the notion of creating shared educational experiences across disciplines where students learn about, from, and with each other. If future healthcare professionals are to be prepared to lead and work in collaborative, person-centered healthcare systems, it is essential to change the way students are educated. While formidable faculty members across disciplines are accepting the challenge, is it really possible to change the teaching-learning culture within healthcare disciplines?

Interprofessional education (IPE) has been suggested as a means of enhancing interprofessional collaboration and thus the wellbeing of persons seeking professional healthcare assistance (Reeves, Perrier, Goldman, Freeth, & Zwarenstein, 2013, p. 1). Reeves and colleagues (2013) noted that "while uniprofessional education remains the dominant model for health and social care professionals" (p. 6), IPE continues to become more prevalent, as recognition emerges that healthcare professionals must work together with persons to meet healthcare needs and expectations. The World Health Organization (WHO, 2010) concluded that "after almost 50 *years of enquiry . . . there is sufficient evidence to indicate that effective interprofessional* education enables effective collaborative practice" (p. 7). WHO further identified that "interprofessional collaboration in education and practice [is] an innovative strategy that will play an important role in mitigating the global health workforce crisis" (p. 7). While changing the teaching-learning culture across professional healthcare disciplines will be challenging, the gauntlet has been thrown and faculty members must consider effective models for accepting the challenge without loss of the unique perspective and knowledge contributed by each discipline.

Definition of IPE

Reflecting on IPE in the teaching-learning endeavor and exploring possible models to develop a program in a particular institution, it became apparent that a clear definition must

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be provided to assure those involved share a common understanding. According to WHO (2010), IPE is defined as occurring "when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes" (p. 13). Within this definition is the belief that recognition is explicit of the inherent uniqueness of each discipline and the value each contributes in addressing healthcare needs of persons and communities seeking healthcare.

Potential Risks and Challenges

According to the American Occupational Therapy Association (AOTA, 2015), IPE prepares students for interprofessional collaborative practice, which is grounded in the values of parity and respect for diversity of providers needed to offer comprehensive quality healthcare services. In concert with this notion, Fawcett (2014) warned about the risk of the loss of disciplinary distinctiveness if IPE is approached from a fully integrative perspective where the distinctive values, beliefs, knowledge, and roles of the unique disciplines are blurred or eliminated.

Another warning emerges from Hall and Zierler's (2015) discussion on preparing faculty for teaching-learning in IPE. Hall and Zierler noted that an effective IPE program requires the full support at all levels of an institution to assure IPE is viewed as a priority, with adequate resources, including time, money, and personnel, to assure success. Without adequate resources, full support of the institution, and clarity of the perceived value of IPE in preparing future healthcare professionals, IPE is likely to become just one more thing that must be done in the increasingly demanding work of teaching-learning, likely leading to ineffective experiences or failure to follow through.

Professional Standards for IPE

Institutional support, a culture of trust, a shared vision, and a spirit of collaboration are necessary for developing and sustaining IPE (Greer & Clay, 2010). IPE initiatives are often guided by the Core Competencies for Interprofessional Collaborative Practice recommended by the Interprofessional Education Collaborative (IPEC) Competencies (IPEC, 2016). The four core IPEC competencies that guide IPE include "(a) [working] with individuals from other professions to maintain a climate of mutual respect and shared values; (b) [using] the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations; (c) [communicating] with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention of the treatment of disease; and (d) [applying] relationship-building values and principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable" (IPEC, 2016, p. 10).

Students that are afforded interprofessional learning experiences demonstrate increased autonomy, understanding of their unique role on an interprofessional team, and confidence with coordinated care (Rogers & Heck, 2017). There is a growing body of literature that supports the integration of IPE across health profession preparation programs (Brandt, Lutfiyya, King, & Chioreso, 2014) and many professional accreditation bodies require or endorse the inclusion of interprofessional professional competencies in prelicensure preparation programs (IPEC, 2016).

Occupational Therapy Perspective

Including occupational therapy practitioners in interprofessional initiatives is critical for improving outcomes for clients and reducing hospital readmissions (Rogers, Bai, Lavin, & Anderson, 2016). The AOTA (2015) affirms the importance of patient-centered care and supports the inclusion of IPE in entry-level preparation programs for the purpose of students gaining the necessary knowledge and skills for collaborative practice. In 2015, the AOTA adopted a position statement and emphasized the connection among IPE, quality client experiences, and healthcare outcomes. Further, AOTA asserted that all entry-level preparation programs should include IPE opportunities. Educational standards related to IPE have been guiding occupational therapy education for many years (AOTA) and the Accreditation Council for Occupational Therapy Education (ACOTE, 2017) has established specific requirements. For example, ACOTE requires that pre-licensure programs prepare students to "effectively communicate, coordinate, and work interprofessionally with those who provide services to individuals, organizations, and/or populations in order to clarify each member's responsibility in executing components of an intervention plan" (ACOTE, 2017, Standard B.5.21, p. S48). In addition to the ACOTE standards that specifically mention interprofessional collaboration, several other standards require that occupational therapists be prepared with the knowledge and skills to act adeptly in healthcare environments and assume care coordination leadership positions (Moyers & Metzler, 2014).

Nursing Perspective

Early in professional nurse education, students generally are introduced to the necessity of collaboration and communication with professionals from multiple healthcare disciplines. Recognizing the value of interprofessional communication and collaboration, faculty are called upon to provide diverse opportunities for students to learn how to effectively

function across disciplines in working with persons seeking professional healthcare assistance. However, according to IPEC (2016), it is equally imperative that all disciplines within the healthcare team maintain their unique identity, area of knowledge, and expertise. Therefore, before nursing students can function effectively in interdisciplinary settings and teams, they must have the opportunity to build a solid foundation in the theory, knowledge, values, and skills of nursing. A solid foundation in the theories and science of nursing is essential for future nurses to participate as full and respected partners of a healthcare team (Parse, 2016).

During the initial professional nurse education program, most students are introduced to a curriculum that provides a foundation for IPE (Quality and Safety Education for Nurses, QSEN, 2017). Focused on explicitly recommended nursing skill sets, attitudes, and knowledge for students to gain during prelicensure education, QSEN identified teamwork and collaboration as one of the six essential core competences. However, QSEN further identified that these competencies must continue to be developed through advancing levels of nurse education.

The National Organization of Nurse Practitioner Faculties (NONPF, 2017) provided faculty with a set of nurse practitioner (NP) core competencies. Among these core competencies are several that suggest the importance of providing NP students with opportunities to bring their solid foundation and expertise in the discipline of nursing to varied experiences in learning with students across healthcare disciplines. One of the six leadership competencies identified that NPs "provide(s) leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care teams" (NONPF, 2017, pp. 3-4). NONPF further articulated that NPs must "collaborate in planning" (p. 11) healthcare and analyze "the implications of health policy across disciplines" (p. 10). The curricular recommendations suggested by NONPF to support these competencies reinforce the notion that incorporating multiple opportunities for interprofessional and collaborative learning experiences is essential for nurses pursuing advanced education in nursing.

This is further supported by the American Association of Colleges of Nursing (AACN, 2015). AACN developed a list of essentials for Doctorate in Nursing Practice (DNP) programs that must be incorporated into the curriculum. The sixth essential articulated by AACN indicated that graduates must demonstrate mastery in interprofessional collaboration to function across disciplinary boundaries in meeting healthcare needs of individuals and populations. Clearly, across all levels of professional nurse education, faculty must provide students with a solid theoretical and knowledge base in nursing science, while also seeking diverse opportunities for students to engage in IPE. Although the task is formidable, this challenge must be embraced by faculty if future nurses are to be prepared to function effectively as professional nurses, respected and valued as colleagues for the unique contributions of nursing in increasingly complex healthcare systems.

Developing a Model for IPE

The goal of IPE is to produce a workforce that is poised for collaborative practice (WHO, 2010). Developmentally sequenced and intentionally placed opportunities for IPE during the course of a professional preparation program have the potential to prepare students to meet the complex healthcare needs of people in an effective and efficient way (Reeves et al., 2013). Providing opportunities for IPE early and throughout the entire curriculum may help to dispel one of the common barriers to interprofessional collaboration, which involves misconceptions about the roles and responsibilities of other healthcare providers (Arvin, George-Paschal, Pitonyak, & Dunbar, 2017).

While there seems to be a generalized positive view of IPE, implementation of curricula that incorporate IPE will pose challenges (Delunas & Rouse, 2014). The Interprofessional Socialization (IPS) framework (Khalili, Orchard, Laschinger, & Farah, 2013) facilitates student's development as an interprofessional team member, while encouraging the maintenance of a distinct professional identity and allowing for discipline-specific norms, values, attitudes, and knowledge (Arvin et al., 2017). The IPS framework proposes three phases for interprofessional socialization: (a) clarifying one's own professional role and learning about the roles of other team members, (b) developing collaborative behaviors, and (c) developing a dual identity (Khalili et al., 2013). A dual identity encompasses both a distinct discipline-related identity and the identity associated with being a team member in a particular practice setting. The IPS model can serve as a framework for the intentional and developmental sequence of an IPE curriculum model. This developmental sequence begins with obtaining knowledge associated with interprofessional collaboration, developing interprofessional skills, adopting values associated with interprofessional practice, and finally, participating in supervised interprofessional practice.

The creation of communities of practice (CoPs) for IPE is one way to foster the development of a dual identity and address the IPEC competencies (Sterrett, Hawkins, Hertweck, & Schreiber, 2015). CoPs are a way to enact social learning theory and provide opportunities for students to learn about, from, and with each other. Using a CoPs model, the following proposal was developed for implementation in a private, midsized university without an affiliated major medical center and currently offering degree options in a limited number of health science disciplines. Although other health science programs may be added in the future, in the pilot IPE program, it is proposed that students from two master's degree programs, an existing NP master's program and a newly launching Occupational Therapy master's program, will form CoPs of 8-10 people with faculty members from

each of the programs during their first semester. Forming in the first year, students are enrolled in their respective preparation programs, and remaining intact until program completion, the CoPs will meet two to three times a semester during the first year for 2 hours each session. To meet the objective of the first phase of the IPS framework, various topics related to IPE will be explored and the purpose of these meetings will be to clarify the student's understanding of the unique professional role of their own discipline and to learn about others. Based on the work of Sterrett and colleagues (2015), the meetings will include the following sessions: (a) introduction to CoPs and IPE; (b) interprofessional communication skills, roles, and responsibilities; (c) values and ethics of IPE and practice; and (d) teams and teamwork.

During the first semester of the second year of the program, students and faculty will continue to meet in their CoPs for three 2-hour long sessions. The focus of these sessions will be aligned with the second phase of the IPS framework and target the development of collaborative behaviors within the context of three different patient case scenarios. Patient case scenarios have been found to be an effective way to support the development of interprofessional behaviors (Knecht-Sabres et al., 2016; Weidman-Evan, Bigler, Murray, & Wright, 2016). The three-patient case scenarios that involve elements of simulation and the presentation of a client over the course of care and in several treatment environments will be presented. Faculty members will act as facilitators during the sessions and guide discussions with a series of predetermined questions designed to afford students from each of the programs the opportunity to contribute equally to the process. Using knowledge about their own professional role and the roles of others, students will communicate and negotiate recommendations regarding interventions, referrals, and discharge plans. Through gaining a deeper understanding of both the scope and the limits of each profession, students will explore similarities and differences in their roles and professional preparation programs.

In the second semester of their second year, students will have the opportunity to refine their collaborative behaviors and develop a dual identity (a professional in a specific healthcare discipline and an interprofessional team member) in authentic clinical situations. Masters students from the professional programs will work with faculty preceptors to deepen their dual identity and provide care to patients in a supervised interprofessional clinic. During this period, students will have the opportunity to practice the unique clinical skills associated with their distinct professional identities and work together as an interdisciplinary team. Such clinics have been identified as beneficial to the development of interprofessional skills (Vandewiele-Milligan, Najor-Durack, Schiller, & Mendez, 2016). In addition to direct patient care, students will have the opportunity to gain knowledge and skills associated with clinic management. The knowledge and skills will be focused on day-to-day clinic operations, program and special event (e.g., health fairs) development, research, funding and sustainability, and quality assurance (Rogers & Heck, 2017).

At the conclusion of the graduate programs in nursing and occupational therapy, it is hoped the students enrolled in this programs will have developed a strong sense of their own professional identity, an awareness and respect for the professional identity and uniqueness of other healthcare disciplines, and an ability to work across disciplinary boundaries in working with persons seeking their professional assistance.

Conclusion

Although this proposed model was developed for potential use in graduate-level programs in nursing and occupational therapy in a particular institution, much of the model could be adapted for use in various types of academic institutions offering programs in multiple healthcare professions. For those institutions offering only one professional health science program, faculty might need to seek partnerships with other institutions; however, IPE is more than just a nice-to-have addition to an already packed curriculum. Faculties are called to recognize that IPE is essential for providing students with appropriate preparation to function in highly complex healthcare systems and settings. Faculty should heed the call to explore and implement IPE experiences for all health sciences students. However, equally important is the reminder that students must be immersed in the theory and science of their discipline if they are ever to be able to function as competent and respected partners in interdisciplinary settings. Failure of faculty to provide students with that solid foundation in their unique discipline will jeopardize the ability of these emerging health professionals to be able to work effectively in providing and coordinating care with persons seeking their assistance in healthcare situations.

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