Review Article

DOI: http://dx.doi.org/10.21088/ijsn.2277.467X.8119.5

Interprofessional Education: An Approach to Improve Health Outcomes

IJSN
Volume 8, Number 1

Pramilaa R

Abstract

As the complexity of knowledge and skills required for quality patient care continue to progress and number of individuals involved in the management of a single patient accordingly increases, effective team functioning becomes consecutively more important. Interprofessional education (IPE) and practice deliver team based care that fortifies health systems and improves health care 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. Interprofessional education and collaborative (IPEC) has published four competencies to exercise into practice. They are values and ethics; roles and responsibility; interprofessional communication and; team and team work. The framework for action on IPE is discussed as i) IPE, ii) collaborative practice and iii) health education and system. IPE is shaped by the mechanism of a) educator and b) curriculum. Collaborative practice level mechanisms are a) institutional support, b) working culture and c) environment. Health and education system deals with the ways services are provided in a) health care delivery and b) patient safety. This paper further encompasses benefits of IPE, and factors affecting the implementation of IPE. It also augments the results of research evidences in highlighting numerous activities that ultimately improves health outcomes.

Keywords: Interprofessional Education; Collaborative Practice; Team Work; Health Outcomes.

Introduction

The National League for Nursing (NLN) believes that contemporary educational approaches must encompass opportunities for students to engross in interprofessional education (IPE) and interprofessional practice (IPP). IPE and IPP convey team based care that amplifies health systems and ameliorates health outcomes. There is a unanimity that health care professionals should have the competency to work in teams to render safer, quality care to multiple populations in different health care settings [1]. Acknowledging that nurse is fundamental and essential in the delivery of team based, patient-centered care, the NLN confronts nurse educators to amalgamate with other health professions to ensue meaningful IPE and IPP openings for students.

Author Affiliation: Principal, Chirayu College of Nursing, Bhopal, Madhya Pradesh 462030, India.

Corresponding Author: Pramilaa R, Principal, Chirayu College of Nursing, Bhopal, Madhya Pradesh 462030, India.

E-mail: pramilaravi@yahoo.com

Received on 05.03.2019, **Accepted on** 15.03.2019

IPE is a noteworthy pedagogical approach for conceiving health professions' students to render patient care in an integrated team environment. The charming premise of the IPE is that once health care professionals start to work together in a combined manner, patient care will escalate. Interprofessional team strengthens the quality of patient care, lower costs, brings down patients' length of stay and keeps medical errors on the decline. There are few international organizations that have communicated support to IPE such as World Health Organization (WHO), National Academics of Practice, and American Public Health Association and so on [2]. Most significantly, the Institute of Medicine (IOM) proclaimed that health professionals should be educated to render patient-centered care as participants of an interdisciplinary team [3].

As the entanglement of knowledge and skills involved for good patient care persist to get bigger and the number of individuals required in the management of a single patient proportionately grows higher, effective team functioning becomes progressively more significant. Physicians and nurses are the most dynamic members in this team. In a hospital setting, however, it is evident

that their endeavors in patient care are not always harmonious and recognition of this fact has led to fattening national concern [4].

Background of interprofessional education

In the early 1970s, IOM recognized the necessity for and the impact of team based patient care on patient safety and amalgamated interprofessional communication (IOM1972; 2001; 2003) [3]. In 2009, IOM and Institute of Health care Improvement (IHI) demands team based care. Six National associations of health professions schools built Interprofessional Education Collaborative (IPEC) to advance and heighten interprofessional learning experiences to produce future health professionals to render team based care [5].

Need for interprofessional education

It is presumed that if members of varied professions learn with, from and about one another, they will associate and work better together to headway in their professional field as well as they will render upgraded services to the patients ensuing in enhanced clinical outcomes and quality of care being given to the patients [6]. The fragmented way in which health care is being provided to the patients and detachment between different professions occupied in patient care are often cited as obstacles in providing best health care to the patient [7]. Accreditation standards and guidelines from health care professions have also communicated that collaborative approach in education is inevitable [8].

Interprofessional communication and collaboration for revamping patient health outcomes focuses on IPE as a central competency for patient centered care. Part of document states that 'IPE enables the baccalaureate graduate to enter the workplace with baseline competencies and confidence for interactions and communication skills that will improve practice, thus yielding better patient outcomes'. IPE optimizes opportunities for the development of respect and trust for other members of the health care team [9].

IPEC published four core competencies as a framework for IPEC practice (2011)

1. *Values and ethics*: Work with individuals of other professions to sustain a climate of mutual respect and shared values.
2. *Roles and responsibility*: Use the knowledge of one's own role and those of other professions to assess and communicate the health care needs of the patients and populations served.
3. *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.
4. *Team and teamwork*: Apply relationship-building values and the principles of team dynamics to discharge effectively in different team roles to plan and render patient-centered care that is safe, timely, efficient, effective and equitable.

Framework for action on IPE and collaborative practice

The framework for IPE and collaborative practice [11] as designed by World Health Organization is shown in Fig. 1:

A) IPE is shaped by mechanisms that are classified into:

- Staff responsible for developing, delivering, funding and managing IPE – educator mechanism
- Interprofessional curricula – curricular mechanism

i) Educator mechanism:

Developing IPE curricula is a complex process and may require staff from different faculties, work settings and locations

Retaining IPE can be equally complex and involves:

- Support institutional policies and managerial commitment
- Good communication among participants
- Enthusiasm for the work being done
- A shared vision and understanding of the benefits of introducing a new curriculum
- A champion who is responsible for coordinating education activities and recognizing impediments to progress

For most educators, teaching students how to learn about, from and with each other is a new and challenging experience.

ii) Curricular mechanisms:

Varied types of educators and health workers add a remarkable layer of coordination for

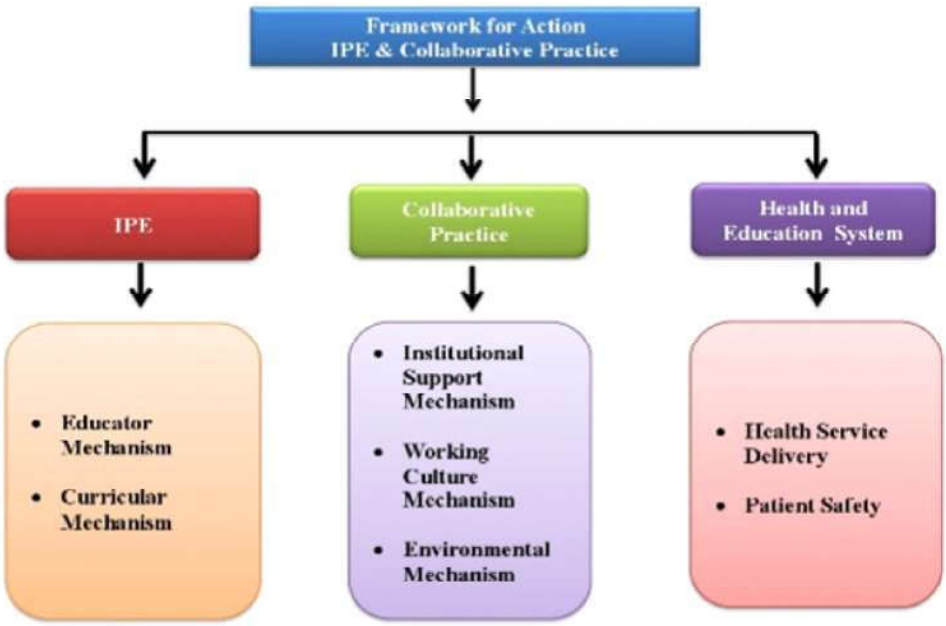

Fig. 1: Framework of interprofessional education and collaborative practice

interprofessional educators and curriculum developers.

Research designates that IPE is more effective when:

- Principles of adult learning are used
- Learning methods reflect that real world experiences of students
- Interaction occurs between students

Effective IPE pivots on curricula that associate learning activities, expected outcomes in terms of knowledge, skills and attitude, and assessment of what has been learned.

B) Collaborative practice: achieving optimal health services

Practice level mechanisms are:

i) Institutional support:

Institutional mechanism can configure the way a team of people work with unity, creating synergy instead of fragmentation.

Staff partaking in collaborative practice needs governance models, structured protocols and shared operating procedures. They require gaining insight of management supported teamwork and believes in sharing the responsibility for health care service delivery among team members. Adequate time and space is entailed for such collaboration and implementation of care. Simultaneously, personnel policies need to recognize collaborative practice and offer fair and equitable remuneration.

ii) Working culture:

Collaborative practice is effective when there are openings for shared decision making and routine team meetings. Structured information system, effective communication strategies, strong conflict resolution policies and shared decision making processes plays a dominant role in constructing a good working culture.

iii) Environment:

Effective collaborative practice can be raised by built environment, facilities, and space design. Physical space should not contemplate a hierarchy of positions. Added to it, considerations include expanding a shared space for healthier communication.

C) Health and education systems: achieving improved health outcomes

i) Health services delivery: The way in which health and education services are financed, funded, commissioned, capital planning and remuneration models have an effect on the success of IPE and collaborative practice.

ii) Patient safety: By lodging IPE and collaborative practice in legislation, accreditation requirements, registration criteria, policy makers and government

leaders can be the torch-bearer of interpersonal collaboration.

Benefits of IPE

Educational benefits:

- Students will function in practical conditions and will encounter real world experiences
- Teaching faculty from varied professions will propose contributions for program development and implementation bringing in comprehensive range of experiences
- Will reinforce mutual respect and trust among the professionals involved
- Will provide opportunities to develop competencies to work as team and expand leadership qualities
- Understanding of professional roles
- Enhanced communication and negotiation skills and professionalism
- Students will learn about the modalities and skills of other professional streams too

Health policy benefits:

- There will be better workplace based practices
- Improved patient centered care and quality enhancement
- Clinical and patient outcomes will be upgraded
- Staff confidence, self esteem and morale will be boosted
- With collaborative and team based work culture, patient safety will be refined
- Health care will be more cost effective
- Emergency patient care and disaster management will be enhanced

IPE and collaborative practice for improved health outcomes

Research evidence has shown a number of results. Collaborative practice can improve [12] can decrease [13] and bring changes in community settings [14] as shown in Fig. 2.

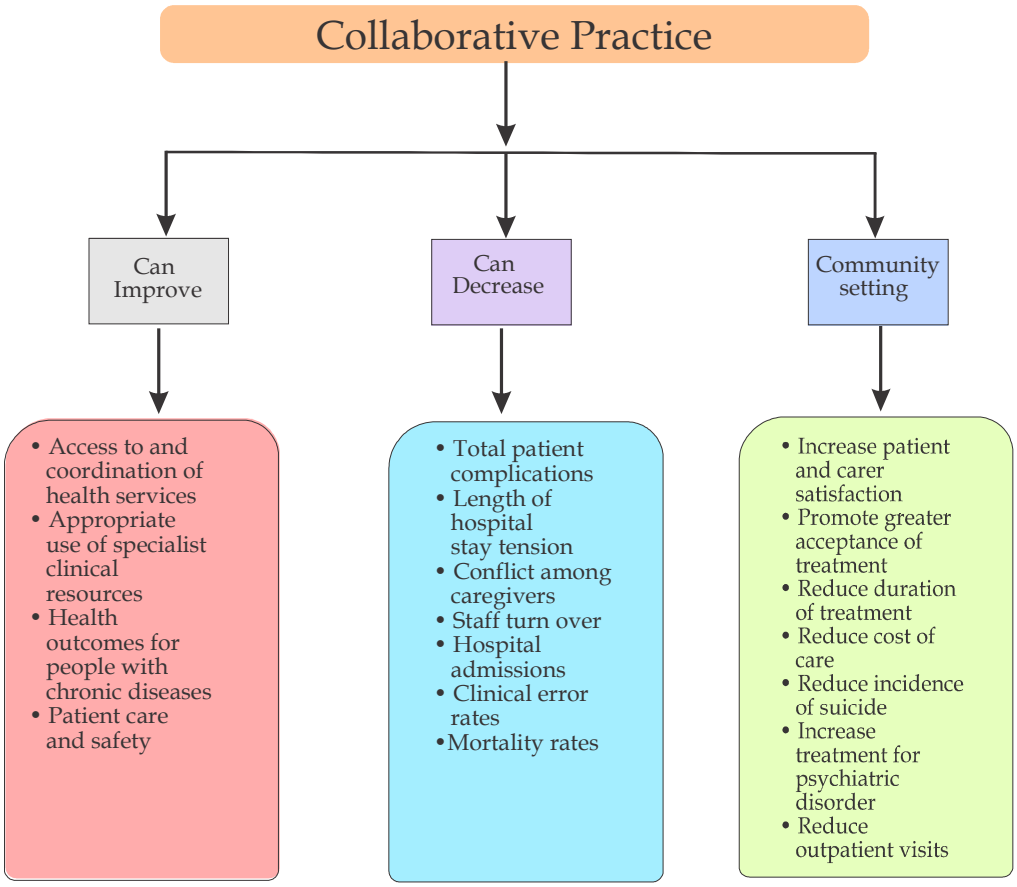

Fig. 2: Effects of collaborative practice based of research evidence

Factors affecting the implementation of IPEC [15]

- Teaching differently for a team-based health care system such as different schedules, calendars, lack of meeting space, incongruent curricular plans and so on
- Faculty workload such as developing newer educational models
- Providing opportunities for all level of students
- New roles and new focus on health eg: Nurse practitioners, Physician assistants, clinical pharmacists, informatics specialist have moved focus of health care reform
- Assessment issues: There is urgent need to develop suitable instruments to assess interprofessional competencies so as to enhance the notion of competency - based IPE.
- Lack of regulatory support- accreditation of IPE is not heard of. Bringing the regulatory bodies on board and having common regulations across all health professions involved in IPE is a big challenge.

Recommendations for faculty

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

Conclusion

IPE is an opportunity to not only change the way that we think about educating future health workers, but it is an opening to step back and reconsider the traditional means of health care delivery. IPE ideally would promote specific competencies in the learner, including teamwork, leadership, consensus building, and ability to identify and accomplish common patient care goals.

At the University of Minnesota the Academic health center mission statement includes the goal: 'Educate the next generation of doctors, nurses, pharmacists, dentists, public health professionals and veterinarians'. How exciting it would be to see something eventually like 'create expert teams of health care providers who will transform health and health care together'. IPE is not about bringing a change in educational practice but a change in the culture of medicine and health care.

References

1. Thibault G. Reforming health professions education will require culture change and closer ties between classroom and practice. Health Affairs. 2013; 32(11):1928-32.
2. Center for advancement of interprofessional education. http://www.caipe.org.uk.
3. Institute of Medicine. Measuring the impact interprofessional education and collaborative practice and patient outcomes. Washington, DC: The National Academic Press. 2015.
4. Bates, B. Nurse-physician teamwork. Medical care. 1966;4(2):69-80.
5. May Nawal Lutfiyya, Barbara Brandt, Connie Delaney, Judith Pechacek, and Frank Cerra. Setting a research agenda for interprofessional education and collaborative practice in the context of United States health system reform. J Interprof Care. 2016 Jan 2;30(1):7–14.
6. Reeves S, Fletcher S, Barr H, Birch I, Boet et al., A BEME systematic review of the effects of interprofessional education. BEME Guide No. 39. Med Teach. 2016;38:656-68.
7. Nelson S, White CF, Hodges BD, Tassone M. Interprofessional team training at the prelicensure level: a review of literature. Acad Med. 2017;92;709-16.
8. Accreditation council for pharmacy education. Accreditation standards and guidelines for the professional program in pharmacy leading to

Doctor of Pharmacy degree. 2006.

9. American association of colleges of nursing. Essentials of baccalaureate education for professional nursing practice. 2008.
10. Interprofessional education Collaborative expert panel. Core competencies for interprofessional collaborative practice: report of an expert panel. Washington, D.C. Interprofessional Education collaborative. 2011.
11. World health Organization. Framework for action on interprofessional education and collaborative practice. 2010.
12. Lemieux-Charles L. What do we know about health care team effectiveness? A review of literature. Medical care research and review. 2006;63:263-300.
13. Team work in health care: promoting effective teamwork in health care in Canada. Ottawa, Canadian health services Research Foundation. 2006.
14. Jackson G. A new community mental health team based in a primary care: a description of the service and its effect on service use in the first year. British Journal of Psychiatry. 1993;162:375-84.
15. Cox, M & Naylor, M. Transforming patient care: Aligning interprofessional education with clinical practice redesign. New York: Josiah Macy Jr. Foundation. 2013.