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**National League
for Nursing**

Interprofessional Education and Collaborative Practice

Creating a Blueprint
for Nurse Educators

ELIZABETH SPEAKMAN

EdD, RN, CDE, FNAP, ANEF

Editor



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Edited by:

Elizabeth Speakman, EdD, RN, CDE, FNAP, ANEF

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Dr. Speakman is the recipient of the Dean's Faculty Achievement Award for excellence in teaching, research and service and the prestigious Louise McManus Medal for distinguished service from Teachers College, Columbia University. Dr. Speakman has served as Johnson and Johnson and a Jonas Foundation Faculty Mentor and in 2014 was inducted into the Hall of Fame, at Teachers College, Columbia University. Dr. Speakman served two consecutive 3-year terms as a Board of Governor for the National League for Nursing and serves as both an editorial board member as well as a peer review member for several publications that focus on nursing education, interprofessional education and collaborative practice. Dr. Speakman serves as a consultant to many national organizations aiding them in implementing interprofessional education and collaborative practice initiatives.

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Under her leadership, UTA's College of Nursing and Health Innovation has been named a National League for Nursing Center of Excellence in Nursing Education, one of only 12 nursing schools in the nation to earn the designation this year. Dr. Bavier earned an undergraduate nursing degree from Duke University, a Master of Nursing degree from Emory University, and a doctoral degree from Duquesne University.

In addition to her experience in higher education, she worked as a program director in the National Institutes of Health's National Cancer Institute and as deputy director of the agency's Office of Research on Women's Health. She is president of the National League for Nursing and has authored or coauthored numerous publications on nursing education, professional development, and oncology nursing.

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Chelsea Gorman Lytle, BSN, RN is a perioperative nurse at Vanderbilt University Medical Center. She first encountered the concepts of interprofessional education (IPE) and collaborative practice while attending Thomas Jefferson University's Jefferson School of Nursing. During her time at Jefferson, she worked with other health professions students to establish Jefferson Students for Interprofessional Education (JSIPE) and developed and implemented an extracurricular interprofessional initiative to improve the clinical relevance of IPE. After completing her bachelor's degree in nursing in 2015, Ms. Lytle moved to Nashville, where she works as a perioperative nurse at Vanderbilt University Medical Center.

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Catherine Mills joined the Jefferson Center for Interprofessional Education (JCIPE) team in 1997 as their administrative assistant. At the JCIPE, she supports the codirectors of the program, the assistant director, the education coordinator, and the program assistant. Besides her other duties, she coordinates the biannual conference for the center, which has nearly 150 participants. Prior to joining the JCIPE, Ms. Mills began her career in the Department of Family and Community Medicine at Thomas Jefferson University in 1990. She supported three family medicine physicians. In 1995, she became the fellowship coordinator for the directors of the faculty development, geriatric medicine, and sports medicine fellowships in addition to her administrative assistant duties for the department.

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Foreword

Although there is growing support for interprofessional education (IPE), implementation of collaborative training programs across the continuum of health professions education has generally been slower and more uneven than many advocates would like. Common explanations include the lack of purposeful integration of education with healthcare systems; the absence of well-tested conceptual models linking IPE to learning, health, and system outcomes; and the relative lack of guidance on the design, execution, and evaluation of IPE programs. Indeed, students and their teachers may be poorly prepared for collaborative learning. And the learning environment, especially the clinical workplace, may be less than conducive to collaboration across professions.

As suggested by its title, this book provides a blueprint for adopting IPE and addressing the major opportunities and barriers to the implementation of collaborative practice. The central focus is nursing programs, but medical and allied health disciplines will find much to value as well. Indeed, the messages conveyed have broad utility for all health professions and broad applicability to the wide spectrum of institutions struggling with the implementation of interprofessional learning programs.

The development, execution, and evaluation of interprofessional curricular efforts are covered, with emphasis on the practical considerations that so often bedevil efforts at innovation. Exemplars of success are presented throughout, providing not only models to emulate but also thought experiments for divergent design efforts by others in the future. Interprofessional competency frameworks, conceptual models for evaluating outcomes, evaluation principles, and different venues for interprofessional activities—including classroom, simulation, and experiential opportunities (in traditional, community-based and service-learning sites)—are included. The seminal importance of institutional mobilization, project champions, and faculty development are repeatedly emphasized.

The failure to appropriately value IPE as a key learning modality for the health professions may ultimately stem from a skewed vision of health as being dominated by episodic diagnosis and treatment rather than a lifelong effort aimed at disease prevention and sustaining wellness. Ultimately, achieving “health” is an interactive process among providers, individual persons, families, and communities. As such, it is impossible to get away from the central tenet of IPE—the development of collaborative learning and team care models that support the well-being of individuals and communities alike. Advancing collaboration and teamwork by providing practical wisdom is the goal of this book—a goal that the authors readily achieve. More books like this one will be equally welcome.

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Preface

The value of high-functioning teams for enhancing patient safety and quality care has led to a renewed interest in the interprofessional education (IPE) and collaborative practice (CP) movement across many health education disciplines. To prepare future healthcare practitioners to practice in this environment, educators need to find meaningful learning opportunities that give students the best experience practicing in teams. However, the incongruent curriculum and accreditation standards, combined with the logistics of class schedules and rotations, have long been and continue to be noted as the greatest impediments to collaborative IPE learning opportunities.

This book is a blueprint designed to assist nurse educators in developing meaningful and purposeful team-based learning opportunities for students. Each chapter, coauthored by a team of interprofessionals, presents a broad perspective of how to create, deliver, and evaluate IPE and CP learning opportunities. The benefit of IPE is that students from a variety of backgrounds and disciplines have the opportunity to practice and effectively communicate with each other. It behooves nurse educators to recognize that nurses will not be able to engage in team-based patient-centered care if they are not given opportunities to practice these skills in the learning environment as a student.

Chapter 1 describes the state of interprofessional learning and creates the context for the nurse educator. By illustrating the history of nursing, the authors help the reader to understand that nurses have always been central to the delivery of patient-centered care. In addition, the chapter highlights specific exemplars of IPE and CP that can be incorporated into nursing curricula.

In Chapter 2, the theoretical and conceptual models that govern IPE are described and placed within the context of IPE and CP. The Interprofessional Education Collaborative (IPEC) Core Competencies threaded throughout the book are discussed in detail in this chapter, giving the reader the ability to construct the “how to initiate” process of developing IPE and CP curricula.

The importance and value in creating a systematic plan to develop faculty IPE and CP expertise is illustrated in Chapter 3. This chapter offers examples that the reader can use to design a faculty development program, and it highlights a specific exemplar from the University of Washington’s faculty mentoring program.

With a student (now a graduate) as a coauthor, Chapter 4 focuses on student learning. Adult higher education literature is replete with the notion that to truly understand the impact of the learning experience, learners should describe the experience through their own eyes. This chapter describes the 8-year longitudinal Jefferson Health Mentors Program at Thomas Jefferson University, which matches each team of interprofessional students to a person living in the community with at least one chronic illness. Through a series of activities, students learn how to work to provide team-based approaches to care.

Chapter 5 concentrates on the classroom setting or “IPE didactic content.” It describes the impact of culture change that occurs with integrating IPE. Through the IVAN® story (Dr. Mary Bouchaud’s father), the reader learns how real life can create wonderful intricate IPE and CP case studies that can be used to prepare students for the experiential clinical arena. This chapter discusses how, within the confines of classroom walls, students who are given an opportunity to dialogue with interprofessional health-care professionals learn how those multiple professions would care for IVAN using the team-based approach.

In Chapter 6, the authors describe how experiential IPE and CP learning opportunities help students master the four IPEC Core Competencies. This chapter offers numerous clinical exemplars that the reader can use to develop a systematic plan to link IPE with collaborative practice (CP).

Chapter 7 explores the merit of implementing community-based IPE opportunities that promote CP while serving vulnerable underserved populations living in the community. The authors describe a community and a nonacademic health center collaboration exemplar, which provides students with a real-world scenario that develops their teamwork and communication skills and fosters a respect for cultural humility, health literacy, relational connection, and resourcefulness.

Technology and IPE is the focus of Chapter 8. In this chapter, the authors demonstrate how technology can personalize and accelerate learning, as well as support collaboration across health professions. Interspersed throughout the chapter are examples of technological modalities that have the potential to redefine IPE and CP by transforming and creating new paradigms of team-based care.

It has been well established that simulation activities allow learners to repeatedly practice requisite skills and critical decision making without risking harm to patients. In Chapter 9, the authors describe how interprofessional simulation has the added benefit of providing teams of health profession students with opportunities to problem solve through team communication and behavior. Various simulation examples are noted throughout the chapter, and the use of the TeamSTEPS® as a specific simulation technique is discussed as an exemplar.

Chapter 10 provides a conceptual framework for interprofessional and CP opportunities within the international context. The author describes international interprofessional learning, preparing students to function in multicultural environments while gaining an awareness of other health systems and perspectives in care organization and delivery.

Chapter 11, the final chapter, describes the value and need to create a robust evaluation plan when developing IPE and CP initiatives. In addition, the authors outline the need to disseminate these findings to create a repository of IPE learning activities, as well as to add to the existing IPE and CP body of knowledge and existing literature.

It is evident that the nurse’s role on the healthcare team is vital. To that end, it is imperative that nursing students be given the opportunity to engage in IPE and CP learning opportunities. Patients and their families, along with their healthcare providers, will need to work collaboratively to employ strategies that allow patients to “age in place” and be able to self-manage their own chronic and episodic care. Health care in the 21st century will need to have an even greater emphasis on prevention and

outpatient/community-based approaches versus the typical inpatient admissions/readmissions cycle. For the healthcare provider of the future, particularly the nurse, the changes in the healthcare delivery system will mean that their respective curricula will need to prepare them to work with other practitioners utilizing team-based models of care.

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