

Interprofessional Practice and Education (IPE): A Primer

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Background

The knowledge and skills needed to provide high quality patient care in today's world are increasing. This increase is partially due to the fact that health care itself is becoming more complex. There are many new health-related conditions and diseases and many others are becoming chronic, especially as populations around the world are aging. Identifying best practice and solutions for complex health problems is not always possible when one is working alone. Accordingly, the number of healthcare professionals needed to manage one patient is increasing. These healthcare teams need to be able to work together. For nursing faculty, it means that we not only need to prepare our students as nurses, but we also need to prepare them to be effective inter-professional team members.

The World Health Organization (WHO) 2010 document entitled, "*Framework for Action on Interprofessional Education (IPE) & Collaborative Practice (CP)*" recommends a twofold solution for today's health problems/challenges, stating that all health professionals must be able to: 1) collaborate with others, and 2) function in teams¹. They highlight that these two skills are needed to deliver high quality patient-centered care. In other words, today's health professions students need to learn together so they are able to work together after they graduate. This is what the WHO highlights as being collaborative practice-ready (Figure 1).

Framework for action on interprofessional education and collaborative practice

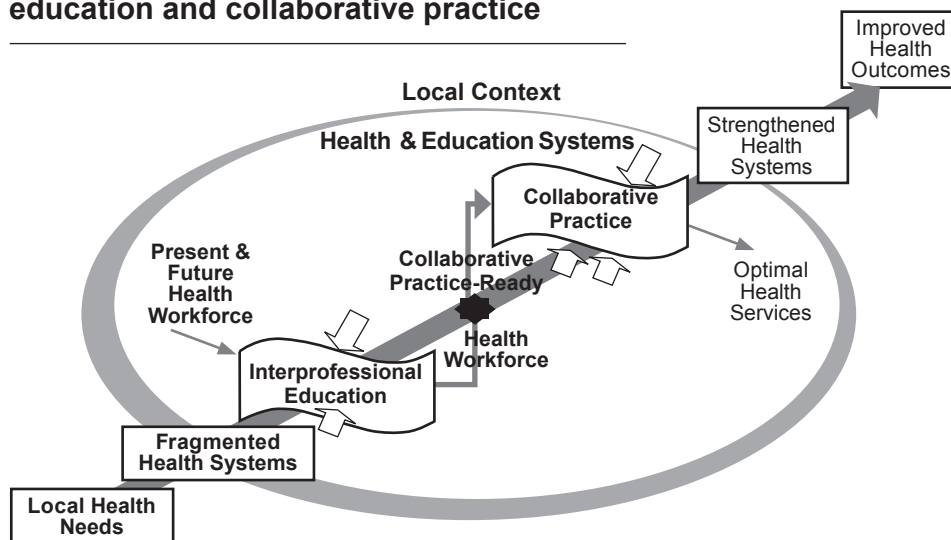


Figure 1. WHO Framework¹

Interprofessional Education (IPE) / Collaborative Practice (CP)

The terms interprofessional education and collaborative practice were first defined as separate concepts. Interprofessional education (IPE) focused its attention on enhancing student (learner) outcomes within the university setting. IPE is understood to occur when students from two or more health professions learn with, from, and about each other. In contrast, collaborative practice (CP) focused on enhancing patient (individual/family/community) outcomes at practice sites. CP is understood to occur when two or more health professionals from different professions work together to achieve a common goal. The current movement is to combine these two terms to emphasize they are part of a continuum. The new IPE acronym now combines the former acronyms - IPE and CP - to become Interprofessional Practice and Education.

IPE is quickly becoming important in our modern healthcare system. When healthcare professionals are able to work together on

interprofessional teams and provide patient-centered care, not only do patient outcomes improve, but patient complications and medical errors decrease; there is also increased responsiveness to epidemics, infectious and non-communicable diseases (NCD). Equally impressive are the decreases in conflict among healthcare professionals and staff turnover. The bottom line is that the secret to improving patient care may well be to work together on teams, ganging up on the patient's health problems, instead of on each other.

One of the best examples of stellar teamwork was the rescue of the Thai boys' soccer team and coach from the flooded Tham Luang Nang Non cave in Chiang Rai Province. It has been reported that an estimated 10,000 people contributed to the rescue effort, including a team of over 100 divers from five different countries. The most enduring image from the rescue is the simple communication board that began with "We're here 4 the same purpose..." and ended with "We're only one team" (Figure 2).

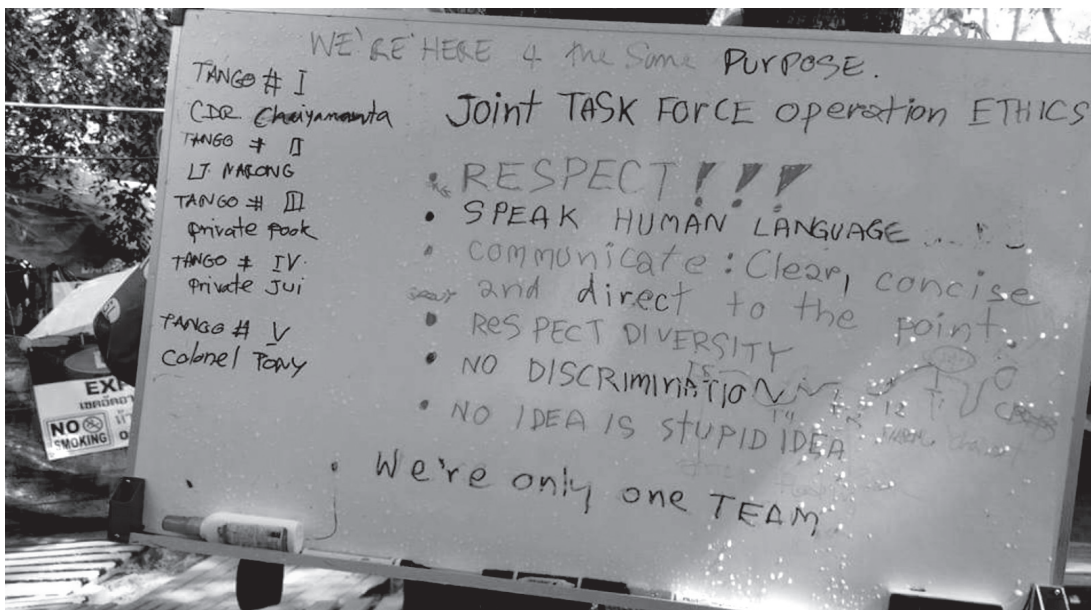


Figure 2. Team Communication Board²

While this message was for an international rescue team, it might just as well be

the perfect guide for any interprofessional healthcare team.

The WHO has already put faculty on notice with their mandate that all health profession students need to be collaborative practice-ready when they graduate. This mandate requires a shift in how and what we teach while students are still in universities because how care is delivered turns out to be just as important as what care is delivered. In other words, faculty not only need to teach their content areas, but they also need to ensure their students learn team skills.

IPE means expanding what we teach and changing how we teach

In short, developing interprofessional, team-based learning experiences requires that faculty rethink, revise, and reframe their long-standing traditions and approach to education. Faculty need to see themselves not only as individual nurses (or physicians, traditional medicine practitioners, pharmacists, etc.) but also as interprofessional faculty charged with inspiring students to embrace and champion team-based care. Pre-existing educational silos and practice-based hierarchies need to be eliminated and replaced with collaborations that allow students to learn with, from, and about each other. Students need to acquire the knowledge and skills to work together, as they learn patient care, learning how to share each professions' wisdom while gaining from the wisdom of others.

While most faculty can see the advantages, implementing such changes can seem overwhelming. It is important to remember that even the smallest of steps can make a difference. For example, there are many different ways to integrate interprofessional team-based learning activities. At Mahidol University, the Faculty of Nursing took the lead in developing an IPE elective course focused on patient safety. The two-week intensive was the product of a year-long collaboration between nursing, medical, and Thai traditional medicine faculty. Based on its success, this course may well become a required foundational course for all

health professions students. Other universities, such as Oregon Health & Science University (OHSU) in Portland, Oregon, require all first-year health professions students to participate in a year-long IPE course, which also focuses on patient safety. Their course engages over 600 interprofessional students and 100 faculty in guided small group activities during the second week of each term. All programs must free up their students to participate. OHSU also offers a series of IPE elective courses that provide unique opportunities for interprofessional students to interact across curriculum on shared topics, including:

- Culinary Medicine – *IP students buy, prepare, & eat different patient diets*
- Narrative Medicine – *IP students learn how to hear and respond to patients' stories of illness and healing*
- Conversations in Global Health – *IP students learn how to collaborate across borders on health-related issues*

However, faculty do not always need to develop an entirely new IPE course. Instead, they can start small, collaborating on a single shared activity with another profession or integrating a single intensive seminar during a clinical practicum. Others might start with rethinking an existing activity already embedded in a course or clinical rotation to include other health profession students. For example, at Mahidol University, the faculty responsible for delivering a first-year health promotion course are working to revise an existing activity so that it requires nursing students to engage other health profession students. The key element for any and/or all IPE endeavors is that they must always involve students and faculty from two or more professions and provide the opportunity for students to learn with, from, and about each other.

Classrooms look different

One of the important differences when designing an IPE activity is that classrooms look

different. In order for students to learn to relate to each other, learning must be experiential. While many faculty are already flipping their classrooms and introducing active-learning techniques, IP classrooms involve the addition of interactive-learning techniques. These team-based learning activities should facilitate cooperation, shared responsibility, and mutual respect. Alongside learning shared responsibility, students need to learn how to share resources and rewards, as well as failures. Problem-solving activities need to involve IP team-based case studies that encourage individual & team communication, including how to give and receive feedback. While individual reflective writing activities can be effective, interprofessional, faculty-facilitated, team-based debriefings can actually model future point-of-care behavior.

A flipped classroom looks different because it is different. In a traditional classroom, faculty introduce new content using lectures, typically lasting one to three hours. This content is then reinforced afterwards through homework. In a flipped classroom, new content is introduced in homework completed before class. The new content is then reinforced in class, as faculty answer questions and facilitate active learning exercises. In the flipped classroom, faculty often provide short, focused lecturettes (~20 minutes) to supplement the homework and/or clarify difficult or complicated content areas. For the flipped 'IPE' classroom, faculty must remember that any learning activities must be interactive and team-based (Figure 3).



Figure 3. Flipped IPE classrooms look different

Interprofessional Competency Domains

According to the Interprofessional Education Collaborative (IPEC) Expert Panel, the goal of interprofessional learning is “to prepare all health professions students for deliberately working together with the common goal of building a safer and better patient-centered ... health care system”³. The emphasis on “*deliberately working together*” reflects the importance of students experiencing the positive impact of continuous interaction and knowledge sharing before they become professionals. After extensive international efforts, four core interprofessional competency domains have been identified:

- *Values/Ethics for Interprofessional Practice* - Working with individuals of other professions to maintain a climate of mutual respect/shared values.
- *Roles/Responsibilities* - Using the knowledge of one's own role and those of other professions to assess and address the healthcare needs of patients and populations.
- *Interprofessional Communication* - Communicating with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.
- *Teams/Teamwork* - Applying relationship-building values and the principles of team dynamics to perform effectively in different team roles in order to plan/deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

Each domain provides faculty with guidance toward establishing the ideal interprofessional classroom and/or practicum environment, one that helps students develop mutual respect and shared values, knowledge of each other's roles and responsibilities in patient care, effective communication, and teamwork.

In the past, health professions students have been educated in silos, but expected to work together after graduation. Today,

universities are beginning to integrate interprofessional activities, courses, and clinical rotations that shift the focus from an individualist orientation to competencies and assessment to look both at individuals and their ability to work in teams, as well as at team performance as a whole. It will take much more than a single profession to solve increasingly

complex and chronic healthcare issues in Thailand and around the globe.

This article serves as a primer or introduction to IPE. Additional resources are provided as well as a subset of videos that provide an overview of IPE and one university's early experience implementing IPE (Table 1).

Table 1: Resources

Organizations

- Interprofessional Education Collaborative (IPEC) - <https://www.ipecollaborative.org/>
- Institute for Health Care Improvement (IHI) Open School - <http://www.ihl.org/education/IHIOpenSchool/Pages/default.aspx>

Conferences

- Collaborating Across Borders (CAB) Conference - <https://aihc-us.org/collaborating-across-borders>
- All Together Better Health Conference - <https://www.atbhix.co.nz/>

IPE Videos

- Short Overview Video - <https://www.youtube.com/watch?v=tEilgAvP9Ik>
 - HKU & PolyU Video - <https://www.youtube.com/watch?v=G04YWHjNfxU>
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Conclusion

As professionals we have a moral obligation to work together to improve outcomes. As faculty we are in a unique position to work together to prepare the next generation who are capable of doing just that. Nursing faculty are perfectly positioned to take the lead in reaching out to other professions. While we need to prepare our students to be nurses, we also need to prepare them to be effective interprofessional team members. As it was so well communicated on the shared whiteboard message guiding the rescue team earlier this year...

*"We're are here 4 the same purpose...
We're only one team"*

References

1. World Health Organization. Framework for action on interprofessional education and collaborative practice. Geneva: World Health Organization; 2010 [cited Aug 30]. Available from http://www.who.int/hrh/resources/framework_action/en/
2. Siam Sport. Team communication board [image on the Internet]. Bangkok: Siam Sport Syndicate; 2018 [updated 2018 Jul 11; cited 2018 Aug 31]. [Figure], Joint task force operation ethics. Available from: <http://www.siamsport.co.th/football/thaiotherleague/view/79718>.
3. Interprofessional Education Collaborative Expert Panel. Core competencies for interprofessional collaborative practice: report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative; 2011.