

INTERPROFESSIONAL EDUCATION WITHIN A NURSE MANAGED CLINIC FOR THE MEDICALLY UNINSURED

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Interprofessional education (IPE)

Education occurring “when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010, p. 30).

Interprofessional collaborative practice (IPCP)

develops when “multiple health workers from different professional backgrounds work together with patients, families, careers, and communities to deliver the highest quality of care” (WHO, 2010, p. 33).

Historical perspectives:

IOM, 1972 “Educating for the Health Team” initiated discussion of IPE.

Pew Health Professions Commission, 1998 recommend expansion of IPE.

IOM, 2000, 2001 called for developing effective teams and redesigned systems to deliver “effective, efficient, and equitable care.”

AHRQ, 2008 supported retraining to build interprofessional teamwork and team-based care.

AACN integrated interprofessional collaboration criteria into its “Essentials” for baccalaureate (2008) master’s (2011) and doctoral education for advanced practice (2006).

Core Competencies for Interprofessional Collaborative Practice published (American Association of Colleges of Nursing, American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, American Dental Education Association, Association of American Medical Colleges, and Association of Schools of Public Health, 2011) .

Interprofessional education collaboratives (IPEC) developed by six national health professional education associations to describe partnerships that form for the sole purpose of supporting and sustaining the efforts of IPE (2009).

Specified four competency domains:

Domain 1: Values/Ethics for Interprofessional Practice:

Work with individuals of other professions to maintain a climate of mutual respect and shared values.

Domain 2: Roles/Responsibilities:

Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients/populations served.

Domain 3: Interprofessional Communication

Communicate 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.

Domain 4: 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.

Specific competencies within each domain function as guidelines capable of adaptation to the individual profession and the clinical setting.

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Framework for Action on Interprofessional Education and Collaborative Practice (WHO, 2010)

provided a framework evolving from global experience to implement IPE and IPCP within a current context.

Two themes provided the basis for developing and delivering IPE:

- Educator Mechanisms (academic staff, institutional support, managerial commitment, educational outcomes).

- Curricular mechanisms (scheduling, content, attendance, shared objectives, learning principles).

- Setting:** primary care clinic that serves the medically uninsured in an economically disadvantaged region in Northwest Indiana.

- Clinical rotations:** vary by academic structure and length. All disciplines rotate concurrently at least three times annually with several disciplines in rotation throughout the academic year.

- Students/discipline:** Senior Pharm D, MSN FNP, dietary, MS counseling, and BSN community health students.

Program Objectives:

- Create and deliver a community-based IPE learning experience.

- To meet the operational definitions of IPE.

- Enhance interprofessional communication and collaboration.

- Collaboratively develop a comprehensive plan of care based on the individual needs of patients and families.

Qualitative findings:

What were the strengths of participating in this IPE experience?

- Increased communication among professions.
- Increased understanding of various professional roles and responsibilities.
- Increased confidence to serve as a member of an interprofessional team.
- Improved confidence when consulting with various professions.
- Increased respect for other professions and their contributions to patient care.
- Greater recognition of improved patient care with an interprofessional team approach.
- Improved understanding of “holistic” patient care.

What were the weaknesses of this IPE experience?

Weakness cited by students:

- Lack of initial knowledge of roles and responsibilities of other professions.
- Scheduling conflicts.
- Reserving time during clinical day for interprofessional conference.
- Coordination of clinical experience with other disciplines; time with individual patient and family.

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