



Introducing Interprofessional Education in Nursing Curricula



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ARTICLE INFO

Keywords:
Interprofessional
Collaboration
Curriculum
Education

ABSTRACT

Promoting positive outcomes is a primary focus of providers when treating patients in all health care settings. Interprofessional education is an integral and necessary practice that must take place to ensure that positive outcomes are achieved and to promote patient safety. The American Association of Colleges of Nursing, the Institute of Medicine, and the National League of Nursing have prioritized interprofessional collaboration as a crucial component of education necessary to improve the quality of health care in the United States. Curricular development in nursing is a principle setting where interprofessional education can be developed.

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Background

Interprofessional collaboration has been identified by the Institute of Medicine (IOM) as a crucial component for health care professionals to improve the quality of health care in the United States (IOM, 2011). Research demonstrates that adverse or sentinel events can occur as a result of poor collaboration and communication (Laschinger & Smith, 2013; Riggall & Smith, 2015; Sullivan, Kiovsky, Mason, Hill, & Dukes, 2015). As a result, nursing programs have been encouraged to include interprofessional education (IPE) content in their curricula.

IPE has been defined in numerous nursing journals as the collaboration of two or more professions that learn together to stimulate effective teamwork (Feather, Carr, Reising, & Garletts, 2016; Hudson, Sanders, & Pepper, 2013). Different types of learning should occur, and participants should take on leadership roles and reflect on the learning activity and process. Courses must be developed and become standard practice in nursing schools that include other health professions in some manner.

The Interprofessional Education Collaborative (IPEC) established four core competency domains as a structure for IPE. They are value and ethics, roles and responsibility, interprofessional communication, and teams and teamwork (IPEC, 2016). These competencies have been adapted toward the initiation of IPE in educational settings.

Curricular Integration of Core Competencies in Nursing Programs

More than four decades ago, the IOM promoted the establishment of interdisciplinary-based education as a means to improve patient safety and to foster interprofessional collaboration (IPEC Expert Panel, 2011; National League of Nursing, 2015). Currently, a preponderance of the literature describes IPE associated with academic health centers or university systems that offer multiple health care degrees. Sullivan et al. (2015) described several action coalitions of interprofessional collaboration being implemented by state universities and councils, health care networks, health foundations, and health education centers, whereas other authors describe simple processes that can be used to apply the four core competencies to nursing curricula that may not have access to large interdisciplinary networks.

Values and Ethics

Intertwining the values and ethics competency domain in educational activities with multiple health care professionals is a necessary curricular component that will allow students and professionals from diverse health-related educational fields the opportunity to interact and experience the different perspectives associated with patient care. Based on a literature review by Hudson et al. (2013), sharing information about this domain allowed students to make more appropriate patient-centered decisions. Nurse educators can use this competency when considering which values and ethics nursing students should prioritize when encountering patient-care situations involving various cultural or social norms.

Smit and Tremethick (2013) described the development of an interdisciplinary course for the establishment of cultural competence

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and collaboration. Students from multiple educational disciplines including nursing, health education, biology, Spanish language classes, and childhood education programs participated in a study-abroad project in the Honduras. Participants in the project experienced service-learning based on their educational discipline and established direct relationships with community partners located in country. Results of the study indicated that the strategy of a study abroad program could be used to prepare nursing students to effectively care for members of various populations and cultures (Smit & Tremethick, 2013). A potentially effective model could be implemented in nursing curricula when study abroad options are not viable.

Cultural representation is varied among nursing and nonnursing student populations. Campus nursing organizations could host cultural meet and greet socials where students are invited to bring food associated with their culture. Impromptu discussions of cultural values and ethics could occur among the nursing students and the guests. Nursing students could report their findings back to the class in either a group presentation format or as a discussion board topic. Faculty would develop objectives for the assignment directed toward evaluating interdisciplinary cultural competencies from a group presentation or discussion board dialog.

Nursing students must also consider how they and other health care professionals may make decisions based on their own set of values and ethics. Use of experiential learning using self-paced on-line modules (Wiener, Weaver, Bell, & Sansom-Daly, 2015) and case study and scenario development using concepts from the humanities (Hall, Brajtmann, Weaver, Grassau, & Varpio, 2014) could also be effective teaching modalities used to explore the values and ethics domain of IPE. Development of courses that examine ethical or health care issues could be offered at the beginning of a program and examine topics of interest to students of multiple disciplines. Such courses could be developed by faculty members and offered to students enrolled in medicine, nursing, psychology, pharmacology, radiology, physical therapy, nutrition, social services, paramedic licensing programs, or other disciplines. Classroom discussions focusing on case studies that involve multiple disciplines and an ethical patient situation could promote discussion about how each health care profession may interact in a different manner. In addition, a chaplain or organ-harvesting team member or someone in palliative care could present a lecture on a topic that can be recorded and used again in other classes.

Roles and Responsibilities

The second competency of roles and responsibilities is vital for health care professionals understanding of the different roles and how each role is essential to providing safe, competent care. Nursing programs, with limited time for completion, are focused on nursing responsibilities for patient care. IPE activities may perhaps advance learning about different roles and responsibilities of a team of providers without the tunnel vision approach that many students may have upon graduation. Clark and Greenawald (2013) reported qualitative research examining collaboration between nurses and physicians at a Level 1 trauma center using a six-question interview guide. Their study reinforced data that nurses and physicians have inadequate awareness of roles and responsibilities of the other.

Simulation clinical experiences offer the most common example of IPE activities that could involve interdisciplinary collaboration. Kelly, Berragan, Husebo, and Orr (2016) examined medical and nursing student collaboration with simulated case scenarios. The individual simulations involved care of multiple patients, including those who had postoperative, psychiatric, and trauma issues. IPE activities examining the roles and responsibilities of a multidisciplinary team could easily be expanded using clinical simulation

experiences. Disciplines representing paramedics, radiology, laboratory personnel, unlicensed assistive personnel, surgical assistants, physicians, social services, pharmacy, nursing, and dietary could all be involved in simulation scenarios that were developed with the need for interdisciplinary collaboration.

Interprofessional Communication

Interprofessional communication is the third IPE competency domain and was measured the least according to the literature review by Hudson et al. (2013). According to Chaharsoughi, Ahrari, and Alikhah (2014), over 60% of deadly hospital events were because of ineffective communication between health care professionals. Communication is a key component and should have research to support its implications in IPE. Perhaps utilizing a standard instrument such as the Situational Background Assessment Recommendation communication tool would improve skills and, ultimately, quality outcomes for patients. A simulation environment with role playing would be advantageous for the development of interprofessional communication. Using the Situational Background Assessment Recommendation, students could call simulation facilitators posing as physicians or other nurses and provide appropriate information regarding test results to physicians or hand off reports to other nurses.

It should be noted that the interprofessional communication domain suggests that interaction among the patients, families, communities, and health professionals be based on a team approach that supports positive outcomes and appropriate treatment of disease. Turnbull, Royal, and Purnell (2011) identified information literacy skills as a potential issue for students needing to locate reputable and appropriate information that can be used in patient care. One suggestion by the authors includes consultation with a librarian to aid in instructing students on appropriate methods for information retrieval. Frequently, students use outdated textbooks or rely on the Internet to obtain information. Collaboration with a librarian for the development of a learning module, lecture, or tutorial for identifying appropriate sources of Internet information may be useful in helping students identify evidence that supports best practices (Turnbull et al., 2011).

Teams and Teamwork

Last, teams and teamwork is the fourth domain, and IPE can be an effective tool to promote teamwork among various health care professionals (Ekmekci et al., 2013). Nursing students may learn how to work as a team in simulation or in clinicals with other nursing students, but it is unlikely they will get to “practice” with other health care professional students prior to graduation. IPE should be integrated into not only nursing programs but also medical schools and other allied health programs to improve teamwork skills and eliminate stereotypes health care providers may have about other professions. Examples of IPE activities involving the competency of teams and teamwork include role playing in simulation, shadowing, and grand rounds. In addition, a panel review of a case study involving physicians, nurses, pharmacists, dietitians, physical therapists, social workers, and other members of the health care disciplines could be developed as a continuing education program presented on a monthly or quarterly basis. Nurse educators could take the lead in developing and organizing such programs and solicit participation from local health care-related agencies. In addition, and in a broad sense, a disaster drill, involving multiple disciplines and the community, could be a culminating project that highlights the teamwork of interdisciplinary care as an IPE activity.

Conclusion

Evidence supporting collaboration and IPE principles is part of the accrediting process associated with nursing programs in the United States. Inherent in developing IPE activities are key challenges facing nursing faculty—the need for administrative support, faculty development, and collaborative committees. Administrative support is necessary to provide adequate release time to faculty charged with creating functional IPE activities. Furthermore, faculty development is an important component, and training is often necessary to ensure successful development of IPE activities. The American Association of Colleges of Nursing, the Accreditation Commission for Education in Nursing, and the National League of Nursing support the use of IPE activities in nursing curricula and provide useful information and exemplars in publications such as the *Core Competencies for Interprofessional Collaborative Practice* and the *Guide to Effective Interprofessional Education Experiences in Nursing Education*. Committees should be developed with representation from both the academic faculty and the health care community to ensure development of robust and effective IPE activities that address the four core competency domains established by the IPEC. Initiating and growing relationships with faculty from various health care programs is a critical task for educators when establishing committees and working on improving IPE and, ultimately, patient outcomes.

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