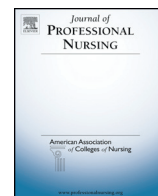




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Translating interprofessional theory to interprofessional practice

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ABSTRACT

Although interprofessional collaborative activities for health professions students have demonstrated increased knowledge of professional roles, interprofessional attitudes and confidence, and team skills; traditional professional role patterns and lack of professional role understanding are still prevalent among health professions students and may continue into professional practice. Between 1 and 10 years after they completed their undergraduate studies, practicing community/public health education professionals and registered nurses who participated in an interprofessional patient home-visiting curriculum as undergraduates were surveyed. Most reported current positive attitudes and perceived collaborative abilities regarding interprofessional collaboration. On their perceived interprofessional collaborative abilities, however, community/public health education participants scored significantly higher ($t(143) = -2.53, p = 0.01$) than registered nurse participants. Although it is difficult to generalize the findings from this study to other interprofessional curriculum models, it seems that this curriculum that concentrated on teamwork behaviors and abilities may have contributed to participants' positive translation of interprofessional theory to interprofessional practice.

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Introduction

Interprofessionalism, including interprofessional collaborative patient-centered practice and team-based care, is the practice of working with practitioners from different disciplines as well as the patient/family in a collaborative relationship to deliver coordinated healthcare. Effective healthcare teams and re-organized systems of care can assist in improved patient health outcomes. The [World Health Organization \(2010\)](#) and many national organizations recognize the need for not only interprofessional collaboration but also interprofessional education. Interprofessional collaborative patient-centered practice can reduce duplication of efforts and reduce healthcare costs as well as improve patient outcomes and intervention effectiveness. By working closely together, constantly communicating, and offering differing perspectives on a health issue, interprofessional healthcare teams enhance holistic healthcare ([Chan & Wood, 2012](#)).

Interprofessional collaboration also enables patients to become active in their care plan by receiving feedback and choosing among recommendations from various health professionals ([Interdisciplinary Teamwork in Health Care, n.d.](#)). Specifically, in chronic disease, emergency, and mental health management, positive health outcomes

were demonstrated using patient-centered, team-based care practices ([Reeves, Perrier, Goldman, Freeth, & Zwarenstein, 2013](#)). In the primary care setting, collaborative attitudes, skills, and behaviors were enhanced through just a short-term interprofessional education program ([Robben et al., 2012](#)). After healthcare professionals received training in interprofessional practice, team members improved their patient-centered practice approaches to assessments ([Andrew & Taylor, 2012](#)). While the educational training program did improve interprofessional teamwork practice, the use of interprofessional teamwork education was only beneficial if the workplace culture was supportive of this approach ([Andrew & Taylor, 2012](#)).

Nursing, community/public health education, and interprofessional education and practice

Participation in interprofessional education curricula and activities with multiple professions intentionally learning and working together helps students develop interpersonal and group communication skills, improve their knowledge of others' professional roles, and increase their perceptions of the importance of teamwork ([Chan & Wood, 2012](#)). Most nurses work as part of a patient clinical care team in healthcare facilities to provide and coordinate care and education for patient and family as well as administer medications and create care plans ([Bureau of Labor Statistics, 2016a](#)). Nurses working within interprofessional teams in the work setting recognized the significance of team collaboration and communication. Nurses' relationships with

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other members of the team were directly associated with how other members of the team understood the nursing role (Mills et al., 2010) and how nurses also understood others' roles.

For nursing students, an integrative review noted increased interprofessional knowledge and skills, roles and responsibilities, and teamwork collaboration among those participating in interprofessional education programs (Hudson, Sanders, & Pepper, 2013). For example, nursing graduates of universities providing interprofessional education perceived healthcare leadership was an important educational goal, and they were better prepared to collaborate with other professions than nursing graduates from universities lacking interprofessional education (Wilhelmsson, Svensson, Timpka, & Faresjo, 2013). Interprofessional education encourages shared leadership and accountability if conflicts arise over team decision-making. Different professional expertise, discipline-related processes, and leadership are needed in different situations, and effective team leaders value the contributions of all professions in problem-solving (Interprofessional Education Collaborative Expert Panel, 2011).

Working in public health departments, businesses, health non-profits, and healthcare facilities, community/public health education specialists assess, plan, implement, and evaluate strategies and interventions to improve individual and population health (Bureau of Labor Statistics, 2016b). By administering behavioral change intervention programs to increase healthy lifestyles and advocating for health policy change, community/public health education contributes the concepts of population-based disease prevention and health promotion to the interprofessional approach to health professions education (Miner & Allan, 2014).

For students, attitudes toward interprofessional collaboration of public health student participants improved when exposed to an interprofessional health course (Addy, Browne, Blake, & Bailey, 2015). After an interprofessional home respite program for both nursing and healthcare administration, participating students improved their attitudes toward interprofessional practice (Temple & Mast, 2016). For community/public health education, there is a need for expanded interprofessional training in preparation programs as well as in practice settings like health departments (Miner & Allan, 2014). A non-clinical perspective grounded in a systems and policy approach to health and healthcare, community/public health education needs to be included more often in not only interprofessional clinical training but also in the research agenda (Thibault, 2015).

Translating interprofessional education to practice

Introducing interprofessional education early in the health profession curriculum, emphasizing it during internship and fieldwork experiences, and continuing it into the work setting as continuing education and professional development opportunities offer the best way to address the challenges of patient safety issues, complex health problems, and increasing healthcare costs (Chan & Wood, 2012). Thus, interprofessional education for all health professions students that incorporates competency-based domains (values/ethics, roles/responsibilities, interprofessional communication, and teamwork) in addition to current workforce re-training in patient-centered care, evidence-based practice, and interprofessional care teams has been recommended (Interprofessional Education Collaborative Expert Panel, 2011). Although reviews have described improved collaboration and attitudes toward other professions of interprofessional education participants, professional accreditation mandates make it difficult to evaluate if interprofessional learning occurs as a student develops one's interprofessional practice (Thislethwaite, 2012). Accreditation standards for individual professions include interprofessional education but not specific outcomes. The addition of common, collaborative competencies inclusive of all professions, though, should help lead to quality improvement that can be evaluated (Interprofessional Education Collaborative Expert Panel, 2011).

Health professions have addressed interprofessional competencies as part of students' professional development. The Interprofessional Education Collaborative Expert Panel (2011) included six organizational sponsors in developing core competencies (from the professions of nursing, pharmacy, dental, public health, and medicine.) Health professions have included expectations in programs of study, including interprofessional communication and education, as part of curriculum and clinical practice (American Association of Colleges of Nursing, 2008; Council on Education for Public Health, 2011; Interprofessional Education Collaborative Expert Panel, 2011).

Health profession program accreditation mandates and processes are important for the promotion of interprofessional education because institutions are driven by these guidelines. Many health professional degree accreditation documents lack interprofessional statements and standards. When nursing and public health professions' accreditation requirements were examined for relevant interprofessional statements, 57 nursing and only eight public health statements were documented as possessing interprofessional relevance. Nursing graduates may be more prepared for interprofessional education and practice; however, in general, health professions graduates may not be well-prepared based on lack of a common mandate (Zorek & Raelh, 2013). Even when language mandating interprofessional education is included, operationalizing interprofessionalism in practice and performance is still difficult.

Limited research exists on the long-term relationship between interprofessional education participation as a student and interprofessional performance in the practice setting, leading to a gap between health professions education and public health/health systems practice (Cox, Cuff, Brandt, Reeves, & Zieler, 2016). In a longitudinal study, health professions student graduates who participated in an interprofessional collaborative campus-community partnership program were more likely to seek employment in an area that promoted interprofessional teamwork within their practice and were often members of multiple multidisciplinary teams. The graduates also reported more familiarity with community decision-making and resource availability (Goodrow, Scherzer, & Florence, 2004). Up to eight years post-interprofessional leadership training, health professions student participants rated use of interprofessional skills higher than non-participants (Margolis, Rosenberg, Umble, & Chewing, 2012). Specifically for nursing and community/public health education, limited numbers of studies have been conducted to determine the effects of interprofessional education on post-graduation practice (Hudson et al., 2013). In general, though, it seems interprofessional education as a student may improve future interprofessional and role understanding (Derbyshire & Machin, 2011) as well as prepare students for interprofessional collaboration in the work setting (Wilhelmsson et al., 2013).

Meleis (2016) summarized the historical growth of interprofessional education and discussed additional barriers to moving from interprofessional education to practice. Nursing students, faculty, and staff historically encountered a power differential in working with physicians. A second barrier, "profession-centrism," develops when a profession's identity is developed in a silo, promoting exclusivity. Interprofessional professionalism promotes the care of populations instead of focusing on the development of a profession. The Institute of Medicine (2011) discussed the role of interprofessional education in preparing students to work effectively in future patient-centered teams. Students in health professions, such as public health, nursing, medicine, and others, receiving interprofessional education are expected to better collaborate in providing services, solving problems, and improving future job satisfaction.

Purpose

Although interprofessional collaborative activities for health professions students have demonstrated increased knowledge of professional roles, interprofessional attitudes and confidence, and team skills (Reilly et al., 2014; Vari et al., 2013), traditional professional role patterns and

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