SOCIAL INNOVATIONS Journal

INTERPROFESSIONAL EDUCATION/PRACTICE AND TEAM BASED CARE
Policy Action Paper

Samar A. Ahmed
Toyese Oyeyemi

Contributions by:
John H. Gilbert
Barbara Maxwell
Tony Claeys
Ciraj Ali Mohammed

ABSTRACT

According to the Framework for Action on Interprofessional Education and Collaborative Practice, the World Health Organization recognizes interprofessional collaboration in education and practice as an innovative strategy that will play an important role in mitigating the global health crisis.

The purpose of this policy action article is to synthesize and provide background and useful, practical recommendations for how local change agents can design and deliver interprofessional education (IPE) that supports the development of collaboration-ready practitioners who can effectively meet the needs within their local context.

The article concludes that now is the time for mass scale planning for phased change in education and practice that starts by building institutional capacity to host sustainable IPE programs and trace their impact on healthcare improvement. The article provides 5 recommendations for regional and global leaders as concrete steps for adoption and implementation in their local communities.

The article serves as the beginning point of a toolbox for Academic Training Institutes (and the community in which interprofessional collaboration occurs) to adopt and implement interprofessional standards into their practices, with the intent of moving student-learning from the classroom into the field where patients and the interprofessional team – i.e. clinicians, cleaning personnel, community health workers – are.

CONTEXT

The World Health Organization (WHO) and its partners recognize **Interprofessional Collaboration** in education and practice as an innovative strategy that will play an important role in mitigating the global health workforce crisis. According to the World Health Organization (Godinhu, Murthy, & Ciraj, 2019), interprofessional education is an “experience that occurs when

students, or members from two or more professions, learn about, from, and with each other to enable effective collaboration and improve health outcomes and services."

Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, and communities to deliver the highest quality of care. It allows health workers to engage any individual whose skills can help achieve local health goals. Collaborative practice strengthens health systems and improves health outcomes. Integrated health and education policies can promote effective interprofessional education and collaborative practice.

Alignment with the recommendations of organizations such as WHO and Interprofessional Global require an understanding of the settings in which IPE is taught. There is often a commitment to implementing IPE but a lack of knowledge about how to best design and deliver IPE in local contexts.

Policy is critical in creating an infrastructure that supports the success of IPE and collaborative practice. Accreditation will support educators in successfully implementing IPE into regulatory standards that would subsequently support programs in the development of their IPE practices. In practice, regulatory and payment policy changes can support the practice of interprofessional teams by removing barriers to collaboration.

While there are many initiatives and models working towards institutionalizing the interprofessional culture and practice, there is always a need for guidelines to help leaders in healthcare and health professions education settings to transition their institution and practice into the interprofessional culture.

PRIMARY RESEARCH QUESTIONS

The following includes the non-exhaustive list of primary research questions driving our review of the need for interprofessional education and collaborative practice, and a recommended path for integration with health and education policies:

- What models exist to build interprofessional collaborative practices regionally and nationally in health care providers (i.e. supportive management practices), academic institutions (i.e. curricula), and/or government (i.e. appropriate legislation)?
- How can we build models that are endorsed and adopted by regional and national healthcare providers, academic institutions, and/or the government?
- What are the recommended research-informed, best-practice approaches to building collaborative practices for healthcare providers?

METHODOLOGY

To explore the primary research questions, the development of this policy action paper included the establishment of terminology; a thorough review of literature; integration of expert lectures and case studies via the TUFH (Towards Unity For Health) Interprofessional Education/Practice and Team Based Care Institute; and content from interviews with global content experts.

ANALYSIS/FINDINGS

Literature Review

A key finding indicates that the majority of IPE programs have not been guided by theoretical or conceptual frameworks (Institute of Medicine, 2015; McNaughton, 2018). Additionally, without focused professional development to support teaching and learning in IPE, faculty, staff, preceptors and facilitators will not have the necessary knowledge, skills and attitudes to develop and deliver IPE curricula to facilitate learning between learners from various professions (Khalili et al., 2019). These findings suggest the need for interprofessional learning standards in order to support functional communities of IPE learning and practice.

Another important finding is the role of other disciplines – such as anthropology, sociology, economics, and political science – as partners in research initiatives. A 2008 international environmental scan of interprofessional education practices captured current interprofessional activities at a global level. Findings from a survey of 396 respondents representing 42 countries indicated that of those who received interprofessional education at their institutions, showed improved achievement.

Designing IPE within education is not an easy task and is quite an organizational challenge for many partners. Creating the educational setting for IPE requires a great deal of commitment from the programmes involved. However, the setting that is created for teaching IPE is crucial and must meet a number of conditions that can still be explored today.

Despite all the efforts done, the culture needs to be built gradually. Although it would have been easier to play the ball in policy makers' field, it goes without saying that the change in culture will take years of continuous dedication.

Initiatives are not lacking in this domain; a more strategic view is needed to help direct initiatives towards specific timed strategic objectives. In doing so, a number of strategic imperatives have been identified.

CASE STUDIES

In the quest to shed light on what can be offered to the health care community as a guide to assist in building a substantial healthcare practice, we highlight two case study experiences.

The FAIMER Faculty Development

The start of any change has to be accompanied by faculty development to endorse it. The FAIMER program was established twenty years ago with the sole purpose to improve health professions education and educational leadership in developing countries. The program has since developed more than 400 fellows around the world and 11 additional regional programs. The program is a two year fellowship program for health professionals. The main theme of the education in this program revolves around a project. The project together with the skills and knowledge the fellows gain are all done with the maximum support of the community of practice that is built within the course of the program. The program is designed to overlap a year of training and education between senior and junior batches in order to allow for expansion of the community of practice. Small groups in each batch are designed to host maximum diversity in members in terms of sex, age, country of origin and more importantly specialty.

The Program works around a number of themes, Leadership and management, Educational methods, Project management and evaluation and educational scholarship. A main feature of the program that is unique to it is that it demonstrated a medium for a hidden curriculum aspect that ran through all 12 programs. The hidden curriculum involved manifested in all stages of training curricula starting from design, implementation all the way to program evaluation. Weaving messages that target building a community practice into an interprofessional program requires planning and purposeful reflection into aspects of hidden messages in all curriculum decisions. The implication of each curriculum decision exists on strengthening the relationships between trainees and in building sustainable relationships between them.

The program is built around a concept of capitalizing on individual experiences among trainees and thus these experiences are cherished and exemplified in each step. Basing the learning experience on learner selected and designed components has helped generate a language of discussion and joint purpose between different players in the health system (www.faimer.org).

The Vives LiveLab

Another good practice of IPE in curriculum development is the Vives Livelab. VIVES University of Applied Sciences prepares students for interprofessional collaboration in the community. Interprofessional collaboration is challenging for health care workers and health educators. A shift in the way we work involves a shift in training health care students. Interprofessional internships in primary care create some real-life opportunities for students to generate interprofessional expertise. A community-based project forms a central task. Students of nursing, speech therapy, occupational therapy, dietetics and applied social studies are grouped in interprofessional teams during the first year of this project and are introduced to inhabitants of the community of Houthulst in Belgium. Teachers are assigned to the student groups and students, teachers and inhabitants work together for six months towards a common goal and follow a structured path. The path includes 5 main steps and during these steps 7 interprofessional teams collaborate in situ. Preparation for such an encounter with patients

requires first organization in interprofessional before going out into the community. In this way the interprofessional team of healthcare students, teachers and inhabitants of Houthulst work together as a team. Every actor within this interprofessional team has personal experience and knowledge specific from their context to contribute a solution for the experienced problem.

RESULTING POSITION

This group expresses our **support** for steps adopted to create functional communities of practice across professions.

Providing educational experiences that prepare graduates for today's practice reality is no longer an option; it is imperative to align health professions education with societal needs (Thibault, 2013).
We have a reconciled view regarding steps taken to push forward the practice and implementation of IPE in healthcare. We believe that the language of IPE has been successfully instilled in many parts of the world and that now it is time to start relying on a phased plan of action to start preparing institutions for IPE. This requires a large amount of directed faculty development and capacity building for institutions to accommodate the IPE direction.

For years, the direction was to commend initiatives that existed randomly all over the globe and work with a positive deviance approach to spread the wisdom in them. Now this call for action draws attention to a new phase where sporadic initiatives will no longer be sufficient to drive real change that affects healthcare directly. Current educational and clinical environments can be less than supportive of interprofessional learning interactions (Cox and Naylor, 2013). To facilitate this call to action we have developed a guide for preparing institutions and policymakers for IPE.

For each of the recommendations below, a complete set of initiatives need to be planned. This will in turn reflect on priorities for funding in specific regions with the ultimate goal of a well-synchronized timeline in all regions of the world:

1. Preparing institutions for Interprofessional Education
2. Implementation and innovation
3. Evaluation and Change Management
4. Interprofessional Education Sustainability

POLICY ACTION RECOMMENDATIONS

In review of the literature, analysis of case studies, and consulting with global expert thought leaders, this article provides the following recommendations for regional and global leaders as concrete steps for adoption and implementation in their local communities:

1) Include interprofessional standards within accreditation/regulation agencies of postsecondary education and health service providers;

2) Adopt and implement toolkits of IPE standards and practices that are guided by the principle of acceptance of individual and collective capacities;

3) Map, strengthen, and sustain communities of practice to ensure that these communities are productive during all stages of IPE development;

4) Support postsecondary education and team-based care workforce with sustained resources to implement IPE across training programs and in practice settings;

5) Institutions of higher education should collaborate with grant-funding agencies and health ministries to focus research on IPE to design evidence-based curricula and practice and support evaluation and measurement of impact.

CONCLUSION

According to the Framework for Action on Interprofessional Education and Collaborative Practice, the World Health Organization recognizes interprofessional collaboration in education and practice as an innovative strategy that will play an important role in mitigating the global health crisis.

This policy action paper provides a practical and realistic road map for local/regional entities to adopt and implement. New research questions are now generated that require continued research. Among them: *how do we increase collaboration capacity building in leadership? How do we increase sustainable partnerships between population health and the healthcare/social care professions through education?*

Continuing research and action might recommend the inclusion of currently unregulated health workforce (such as community health workers) in accreditation and regulation discussions. In addition to collaboration capacity building, further research will now need to consider the roles of technology and built environment in the context of a post-COVID-19 world, particularly as it relates to education and care delivery. The pandemic exposed weaknesses in preparedness and response as a result of deficiencies in health service.

We believe it is now time for mass scale planning for phased change in education and practice that starts by building institutional capacity to host sustainable IPE programs and trace their impact on healthcare improvement.

SOCIAL INNOVATIONS Journal

BIBLIOGRAPHY

Cox, M. & Naylor, M. (2013). Transforming patient care: Aligning Interprofessional Education with Clinical Practice Redesign. New York: Josiah Macy Jr. Foundation.

Godinhu, A., Murthy, S, & Ciraj, A. (2019). Exploring academic health policy debates for building local climate change leadership in Low-and-Middle Income Countries. Lancet Planet Health, 3(10), e407.

Institute for Medicine. (2015). Measuring the impact interprofessional education and collaborative practice and patient outcomes. Washington DC: The National Academies Press.

Khalili, H., Thistlethwaite, J., El-Awaisi, A., Pfeifle, A., Gilbert, J., Lising, D., MacMillan, K., Maxwell, B., Grymonpre, R., Rodrigues F., Snyman, S., Xyrichis, A. (2019). *Guidance on Global Interprofessional Education and Collaborative Practice Research: Discussion Paper*. A joint publication by Interprofessional Research. Global, & Interprofessional. Global. Retrieved from www.research.interprofessional.global .

McNaughton, S. (2018).The long-term impact of undergraduate interprofessional education on graduate interprofessional practice: A scoping review. Journal of Interprofessional Care, 32(4), 425-435.

Thibault, G.(2013). Reforming health professionals education will require culture change and closer ties between classroom and practice. Health Affairs, 32(11), 1928-1932.

SUPPORTING REFERENCES

Ciraj, A., Godinju, A., Murthy, S., Manapure, N., Ramadevi, N., Kinjawadekar, A., Burdick, W., Gilbert, J., Fisher, J., & Bhat, H. (2019). The built environment and health: fostering interprofessional collaboration for better policy recommendations. Journal of Interprofessional care, 4, 1-4.

Godinhu, A., Murthy, S,, & Ciraj, A. (2019). Exploring academic health policy debates for building local climate change leadership in Low-and-Middle Income Countries. Lancet Planet Health, 3(10), e407.

Godinhu, A., Murthy, S,, & Ciraj, A. (2018). Debating evidence-based health policy in an interprofessional classroom: an exploratory study. Journal of Interprofessional Care.

Godinhu, A., Murthy, S., & Ciraj, A. (2017), Health policy for health professions students: Building capacity for community advocacy in developing nations. Education for Health, 30:254-5.

Havyer, Rachel D. MD; Nelson, Darlene R. MD; Wingo, Majken T. MD; Comfere, Nneka I. MD; Halvorsen, Andrew J. MS; McDonald, Furman S. MD, MPH; Reed, Darcy A. MD, MPH Addressing the Interprofessional Collaboration Competencies of the Association of American Medical Colleges: A Systematic Review of Assessment Instruments in Undergraduate Medical Education, Academic Medicine: June 2016 - Volume 91 - Issue 6 - p 865-888 doi: 10.1097/ACM.0000000000001053

Khalili, H., Thistlethwaite, J., El-Awaisi, A., Pfeifle, A., Gilbert, J., Lising, D., MacMillan, K., Maxwell, B., Grymonpre, R., Rodrigues F., Snyman, S., Xyrichis, A. (2019). *Guidance on Global Interprofessional Education and Collaborative Practice Research: Discussion Paper*. A joint publication by InterprofessionalResearch.Global, & Interprofessional.Global. Retrieved from www.research.interprofessional.global

Kommittil, R., Hande, S., Ciraj, A., & Subramanian, B. (2016). Evaluation of a personal and professional development module in an undergraduate medical curriculum in India. Korean Journal of Medical Education, 28(1):117-121.

Majajan, R., Ciraj, A., Sharma, M., & Gupta, P. (2018). Interprofessional Education: An Approach to Improve Healthcare Outcomes. Indian Pediatrics, 55(3):241-249.

Sahoo, S. & Ciraj, A. (2018). Fostering critical thinking and collaborative learning skills among medical students through a research protocol writing activity in the curriculum. Korean Journal of Medical Education.

Shetty, S., Rai, S., Shet, S., Kotion, S., Singh, D., Mahajan, I., & Ciraj, A. (2018), Effect of Role Play Video-An Innovate Tool on Court Room Procedures to Educate Medical Graduates. Medico-Legal Update, 19(1):108