

Title:

Interprofessional Collaborative Practice Model

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Session Title:

A Collaborative Academic-Practice Interprofessional Education Model: Overcoming the Barriers and Coaching Student Teams

Slot:

D 08: Sunday, 29 October 2017: 2:45 PM-4:00 PM

Scheduled Time:

2:45 PM

Keywords:

academic practice partnerships, interprofessional clinical model and interprofessional education

References:

Berwick, D.M., Nolan, T.W., & Whittington, J. (2008). The triple aim: care, health, and cost. *Health Affairs (Millwood)* 27 (3), 759-69. doi: 10.1377/hlthaff.27.3.759

Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: Care of the patient requires care of the provider. *Annual of Family Medicine*, 12 (6). Retrieved from www.annfammed.org

Chamberlain, B., Bersick, E., Cole, D., Craig, J., Cummins, K., Duffy, M., Hasup, V. Skeahan, L. (2013). Practice models: A concept analysis. Retrieved from <http://www.njha.com/media/278946/NursingMgmt1013.pdf> doi: 10.10997/01.NUMA.0000344465.90084.eb

Abstract Summary:

Participants will be introduced to an interprofessional collaborative practice model that was implemented in primary care centers. Exemplars of how this model positively impacted students, patients and primary care providers will be presented. Participants will learn how to replicate model in their practice setting.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Discuss the benefits of using an interprofessional clinical model.	Provide exemplars of how this model has positively impacted interprofessional collaboration.
Explain the ease in which the interprofessional clinical model can be adapted to meet the needs of all interprofessional teams.	Demonstrate strategies to adapt the interprofessional clinical model to meet the needs of other interprofessional teams.

Abstract Text:

Background: Interprofessional teams who integrate the components of the Quadruple Aim, improving population health, the care experience, health care providers' work life and lowering health care costs have the potential to positively influence health care outcomes (Berwick, Nolan, & Whittington, 2008; Bodenheimer & Sinsky, 2014). The role of interprofessional teams is paramount in ensuring safe thorough patient care. By using a clinical model as the foundation upon which interprofessional care is delivered, team members better understand the roles and responsibilities of all health care team members, patient care delivery and outcomes can be positively impacted, and ultimately health care costs may be reduced (Chamberlain et.al, 2013).

The University of Southern Indiana (USI) College of Nursing and Health Professions (CNHP) was a recipient of a Health Resources and Services Administration Nurse Education, Practice, Quality, and Retention interprofessional collaborative grant. CNHP established academic-practice partnerships with community partners including three USI Community Health Centers (CHCs), and three Veterans Administration Outpatient Clinics. This interprofessional collaborative project addressed the chronic health needs and preventive care of veterans and underserved patients living in culturally diverse, socio-economically disadvantaged, and medically underserved neighborhoods. The goals of the interprofessional project were twofold: 1) to promote the health of veterans and medically underserved patients through an interprofessional care environment within the out-patient setting and 2) to increase the number and quality of interprofessional educational clinical experiences.

Model Development: The IPEC Core Competencies, TeamSTEPPS, and the Quadruple Aim serve as the foundation upon which the Interprofessional Collaborative Practice Model was developed. Collectively, these guided the development of teamwork strategies and processes so interprofessional communication was fostered, team member roles and responsibilities were clarified. The interprofessional collaborative practice model demonstrates the interwoven relationship between the patient, student teams, professional out-patient clinic staff, and the interprofessional clinical coaches at the VA and the USI-CHC sites (see Figure 1). The interprofessional relationship formed

around each patient lead to a patient specific plan of care which was used to guide each patient care encounter.

The model illustrates: the patient (highlighted in yellow) as the focus of healthcare delivery and as the pivotal link between the professional healthcare teams at the outpatient clinics (CHC highlighted in red; VA clinics highlighted in blue), and the student teams (highlighted in green). The core clinic healthcare professionals who interacted with the USI team at the CHC (highlighted in red) included the nurse practitioner (NP), office manager, and medical assistant. At the VA, the core staff included the NP or physician and nursing staff (highlighted in blue). Additional site-specific team members including social workers, occupational therapists, respiratory therapists, and nutritionists were consulted as individual patient needs presented. The USI student teams at both clinic sites consisted of graduate occupational therapy, nurse practitioner, clinical nurse specialist, and social work students and undergraduate respiratory therapy, nutrition, occupational therapy assistant, and nursing students.

The Interprofessional Clinical Coaches (ICC's) who were USI faculty, played a valuable role in helping student teams develop team-work skills, identify healthcare priorities, promote effective communication, recognize needed resources, and formulate a plan of care in collaboration with the patient and family.

Implications for Practice: An interprofessional practice model provides the necessary structure for collaborative practice projects led by a variety of disciplines. It is imperative to recognize the overlapping relationships between patients, students, and professionals. Recognizing and promoting these relationships can enhance development of policies and procedures which guide all aspects of the project including responsibilities, communication, resource utilization, care planning and coordination, and data collection and evaluation. The USI-IPCP model provides a comprehensive structure and implementation plan upon which interprofessional student teams can interface with healthcare professionals in academic-practice partnerships within the primary care setting. This model is readily adaptable to a variety of health profession students, healthcare providers, and practice settings.