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**Collaborative Allied Health and Nursing Interprofessional Health Education: Beginning
the Journey**

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Collaborative Allied Health and Nursing Interprofessional Health Education: Beginning the Journey

Abstract

The Allied Health and Nursing Departments within the College of Nursing and Allied Health Professions at the University of Louisiana at Lafayette have begun a journey towards interprofessional health education (IPE) with the vision of offering multiple IPE courses for the allied health and nursing students. The need for interprofessional education in the health professions has been recognized for many years. In 1998, the Pew Health Professions Commission identified the need for interdisciplinary teams as an endeavor to strive for in the 21st century. A variety of terms have been used to describe this pedagogic practice including shared learning, interprofessional training, multidisciplinary education, and multiprofessional education. Research shows that there are several benefits to IPE such as raising awareness of the roles and responsibilities of other healthcare professionals, facilitating communication, increasing cultural sensitivity, and improving perceptions and attitudes of healthcare professionals to name a few. There are also several barriers to implementation of IPE in colleges and universities. The increased emphasis on IPE by various accrediting agencies for higher education has created more interest in implementing IPE. Examples of various programs currently being used will be reviewed as well as specific courses at the University of Louisiana at Lafayette.

Keywords: education; health informatics and information management (HIIM); multidisciplinary courses; health information management; curricula; interprofessional

Introduction

The Department of Allied Health is located within the University of Louisiana at Lafayette's College of Nursing and Allied Health Professions (CONAHP) and offers three undergraduate programs: Health Information Management (HIM), Health Services Administration (HSA), and Pre-dental Hygiene. It exists alongside the Department of Nursing which offers undergraduate and graduate nursing programs. The faculty members within the college share a congenial working atmosphere and there are some shared research efforts. However, in the past year there has been an increased interest in interprofessional education (IPE) between the two departments. The nursing and allied health students have similar course offerings within their respective curricula making IPE a logical choice for certain knowledge domains. Legal aspects of healthcare is one such shared domain. Prior to selecting the first IPE course, the faculty researched the history, benefits, and challenges of IPE.

Interprofessional Education

The need for interprofessional education (IPE) in the health professions has been recognized for many years. In the early 1900s, the idea of IPE was introduced to mission hospitals in India (O'Hara et al, 2018). According to Pecukonis, Doyle and Bliss (2012) "The notion of collaborative, interprofessional education and service provision is far from novel. Interprofessional teams were utilized as early as the 1960s where collaboration at the level of the community health center provided comprehensive care to underserved populations" (p. 417). In

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1998, the Pew Health Professions Commission identified the need for interdisciplinary teams as an endeavor to strive for in the 21st century (O’Neil, 1998). This commitment to IPE in academia was further demonstrated by the formation of the Interprofessional Education Collaborative (IPEC) in 2009 (Zorek & Raehl, 2012) with the mission “to promote, encourage and support efforts to prepare future health professionals so that they enter the workforce ready for interprofessional collaborative practice that helps to ensure the health of individuals and populations” (IPEC, Vision and Mission, 2019).

IPEC is comprised of over 20 member associations that are dedicated to healthcare education (IPEC, Membership, 2019). In 2015, The National Academy of Medicine (formerly the Institute of Medicine of the National Academies), urged health care organizations to re-examine the siloed health care professions of nursing, public health, pharmacy, social work, and medicine to utilize interprofessional teams that would ensure better patient outcomes (Derouin et al., 2018). Indeed, IPE opportunities have increased in the new century. Angelini (2011) states “Interdisciplinary and interprofessional education (IPE) have been touted as the hope for the future, moving all disciplines toward collaborative efforts” (p. 175). She continues “It is often postulated that IPE can introduce shared learning and pave the way for students to embrace the collaborative working model” (p. 175). Internationally, IPE is recognized as one of the “most effective methods of improving healthcare delivery” (O’Hara et al., 2018, p. 1242). IPE is actually decades-old outside of the United States and shaped by organizations invested in educational policy. These include The Network: Towards Unity in Health, The European Interprofessional Education Network, the Centre for the Advancement of Interprofessional Education, the Canadian Interprofessional Health Collaborative, and the International Association for Interprofessional Education and Collaborative Practice (Zorek & Raehl, 2012).

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Definitions of IPE

A variety of terms have been used to describe this pedagogic practice (Sittig & Hazelwood, 2018). Some of these include *shared learning*, *interprofessional training*, *multidisciplinary education*, and *multiprofessional education* (Angelini, 2011; Illingworth & Chelvanayagam, 2007). Pecukonis, Doyle and Bliss (2012) state “Terms such as shared learning, collaborative, interprofessional, and multiprofessional are used interchangeably and without general agreement to meanings” (p. 419).

According to Buring et al. (2009). “Interprofessional education involves educators and learners from 2 or more disciplines who jointly create and foster a collaborative learning environment (p. 59). Mcpherson, Headrick and Moss (2001) consider IPE as “when healthcare professionals learn together, learn from each other, and/or learn about each other’s roles in order to facilitate collaboration”(p. 47ii). Gilbert (2005) differentiates between multidisciplinary and interdisciplinary education; he defined *multidisciplinary* as “when students from many disciplines learn the same subject at the same time” (p. 89). He indicated that *transdisciplinary* implied interaction “between, among or across disciplines” (p. 89). According to the World Health Organization (2010), IPE occurs “when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes” (p.8). Anderson, et al (2019) states that “The premise of interprofessional education (IPE) is that students from different health science backgrounds actively engage together early in their training to develop skills necessary to collaborate successfully” (p. 2). This collaboration among students/professionals may occur in a variety of settings, both clinical and non-clinical.

Benefits of IPE

Several studies have documented the benefits of IPE, which include the following:

- Raising awareness of the roles and responsibilities of other healthcare professionals;
- Creating a better understanding of the contributions of all healthcare team members to patient care and outcomes;
- Facilitating interprofessional communication;
- Preparing students for dealing with the complexities of teamwork;
- Providing patient-centered care;
- Providing support and treatment for patients;
- Increasing cultural sensitivity;
- Improving perceptions and attitudes of all healthcare professionals;
- Networking between departments;
- Achieving shorter hospital stays;
- Decreasing hospitalizations;
- Decreasing morbidity;
- Increasing patient satisfaction;
- Decreasing recovery times for patients; and
- Allowing health professionals to strengthen their identities (Angelina, 2011; Kramer-Jackson et al., 2017; Parsall & Bligh, 1999; Parsall, Spalding & Bligh, 1998; Kim et al., 2018; Reeves & Freeth, 2002).

Barriers to IPE

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Although studies have shown the benefits of IPE, there are still barriers to implementation. There are logistical barriers including scheduling of courses, available space, and large numbers of health professions' students, as well as problems with faculty buy-in, turf issues, workload additions, and administrative support. Time constraints is identified by Stanley and Stanley (2019) as one of the major factors that prevents collaboration among disciplines. They also discuss lack of shared values and respect as a determining factor. O'Hara et al (2018) cite different accreditation standards and professional requirements as other obstacles to IPE support. Standards dictate what should or should not be included in a program's curricula and there may not be additional time to include interprofessional courses (Gilbert, 2005).

Gilbert (2005) also states "Developing IPE courses is an extremely complex and complicated process involving many people in committee work in which fundamental structural barriers have to be addressed... These barriers include funding of courses and recognition of faculty members who teach them" (p. 100). He adds "A major barrier to effecting these changes is that there are not established models for funding. A model is needed that might pay release time to the home department of a faculty member participating in teaching an interprofessional team-taught course" (p. 100). Bond, Dehan, and Horacek (2018) suggest "Preconceived negative stereotypes and prejudices within health professions may act as barriers to interprofessional collaboration, thus creating a detrimental clinical outcome for patients and practitioners" (p 144). Pecukonis, Doyle and Bliss (2008) believe that the very culture of the various professions are barriers to IPE and state

It is not surprising that most health disciplines do not acquire interprofessional cultural competence and avoid cooperative training opportunities with the classroom or clinical setting. Thus, an important educational goal should be to train healthcare providers to

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transcend their professional biases that limit integrated and comprehensive patient care (p. 421).

Stanley and Stanley (2005) agree and state “The values, beliefs, attitudes and behaviours of individuals within an organization or community defines their culture” (p. 68).

Gilbert (2005) indicates that many interprofessional programs may not be sustainable after the initial offering but adds “every health and human service program must recognize ultimately that IPE forms a small but permanent part of its curriculum – that IPE is not an add-on, but an integral and necessary component in the education of health and human service professionals, regardless of discipline” (p. 101). As accrediting agencies become more invested in IPE, these obstacles become more easily surmountable.

Accrediting Agencies Role in IPE

Many organizations that accredit health professionals’ educational programs have included requirements for IPE in their published expectations for curricular content (Sittig & Hazelwood, 2018). Zorek and Raehl (2012) conducted an analysis of the IPCP (Interprofessional Collaborative Practice) and IPE-related accreditation standards for colleges and schools of dentistry, medicine, nursing, occupational therapy, pharmacy, physical therapy, physician assistant, psychology, public health and social work. Twenty-three accreditation documents were identified for these professions and twenty-one were analyzed. In those documents, 205 statements were found that could be relevant to IPE. They categorized these statements as accountable statements and non-accountable statements. An accountable statement was defined by Zorek and Raehl (2012) as “A directive or requirements aimed at ensuring a specific IPE or IPCP learner outcome that the accrediting body could reasonably hold the college or school

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accountable to” (p. 3). Non-accountable statements were those that were found in titles or explanatory information but not within statements that required accountability by the school or college. Sixty statements were found to be accountable. Of these, forty-six or 77% were found in the requirements of the Commission on Collegiate Nursing Education (CCNE) and the Accreditation Council for Pharmacy Education (Zorek & Raehl, 2012). Zorek and Raehl (2012) recommend “The accrediting bodies representing the US health professions collaborate to create a common IPE standard” (p. 6). Another step forward is the Commission on Accreditation for Health Informatics and Information Management’s decision, in 2017, to become a member of the Health Professions Accreditors Collaborative (HPAC). Lalani and Gibb (2018) believe that this demonstrates “a commitment to advance interprofessional education” (p. 19).

Examples of IPE in the Literature

There have been numerous articles published describing examples of IPE programs. Bridges et al. (2011) examined three exemplary models of interprofessional education – the Rosalind Franklin University of Medicine and Science, The University of Florida, and the University of Washington. A brief description of one of these programs follows. The Rosalind Franklin University of Medicine and Science offers a one-credit-hour course called HMTD 500: Interprofessional Healthcare Teams. Each year approximately 480 freshman are placed into 16-member interprofessional teams. The students represent allopathic and podiatric medicine, physician assistants, radiation technology, nurse anesthetists, clinical laboratory, pathologists’ assistants and psychology disciplines. A faculty member or staff member serves as a team’s mentor (Bridges et al., 2011).

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The course is comprised of a didactic component, a required service learning component, and a clinical component. The course is taught from August-March and includes a number of 90 minute group sessions covering a variety of topics including healthcare professions and collaborative patient care. Other sessions are used for case studies and role-play. As a service learning component, the students identify a partner in the community and develop some type of preventive education program. The final component is a clinical session where groups of 4 students visit various clinical sites to work as an interprofessional team (Bridges et al., 2011).

A second course, HMTD 501: Culture in Healthcare, is designed to demonstrate the importance of culture in healthcare. The same groups as in HMTD 500 identify healthcare problems that can be impacted by cultural beliefs and are asked to design educational materials for the problem. According to Bridges et al, (2011) “Student focus groups yielded positive comments that working in small groups promotes teamwork and teaches them about the communication process” (p. 4).

In 2013, Xavier University in Cincinnati, Ohio, piloted an interprofessional multi-course project for health administration, athletic training and nursing students. The program has since been expanded to include occupational therapy, social work and radiological technology students. Jutte (2018) studied a group of 238 students in the six disciplines to determine if the multi-course IP project changed the students’ attitudes towards IPE and whether the project increased the students’ knowledge of other professions. The students completed a Readiness for Interprofessional Learning Scale (RIPLS) questionnaire during week two of a 16 week course to serve as a baseline. During the course, groups produced a 5 minute video on the assigned health care profession. The videos included a description of the profession, how the professionals interacted with other health care providers and an interview with a current professional. In the

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14th week of the course, the students repeated the RIPLS. A comparison of the data from the two surveys revealed that students reported increased knowledge regarding the participating disciplines and how they might interact with them in the future. According to Browne (2018), “This study demonstrates how an IP, multi-course project can impact student’s attitudes toward IP learning, especially related to patient benefits, importance of team work, and clinical problem solving. In addition, the project improved students’ knowledge of all health care disciplines” (p. 83).

The University of Kansas Medical Center offers an opportunity for doctoral nursing, dietetic, occupational therapy, pharmacy and health information management (HIM) students to participate in a simulation scenario where each interprofessional team member contributes to the care of the patient as well as to the education of their peers (Lalani & Gibbs, 2018). The HIM students evaluated the documentation acumen of the healthcare professionals and pointed out ways in which reimbursements and clinical decisions could be improved by good documentation. Lalani and Gibbs (2018) also examined an interprofessional research study in the Department of Nursing at the University of Southern Indiana. Students from radiology technology, nursing and health informatics worked together to build an academic patient electronic health record. According to Lalani and Gibbs (2018), “The participants increased their knowledge, skills and abilities with informatics systems as well as applied strengths of each discipline to develop a patient-centered plan of care” (p. 20). They conclude that “students augmented their understanding about data entry, analysis, and application through their interprofessional exercise” (Lalani & Gibbs, 2018, p. 20).

These examples as well as others (Anderson, et al., 2019; Derouin, et al., 2018; Madigosky, et al., 2018) led faculty in the Health Information Management program (HIM) at

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the University of Louisiana at Lafayette to explore working more closely with the Department of Nursing in the College of Nursing and Allied Health Professions (CONAHP). The HIM program is located in the Department of Allied Health within the CONAHP.

University of Louisiana at Lafayette: A case study

Several years ago the HIM program offered its first quasi-interprofessional/multidisciplinary course, HIM 361, Medical Terminology. The university's medical terminology course was open to any student at the university who successfully completed the human anatomy and physiology prerequisite. This course was very popular among dietetic, nursing, and premed students. The course was embedded in the Health Services Administration (HSA) curriculum in 2013 and in the kinesiology curriculum in 2017. While true interprofessional interaction was limited in this course, it acted as a fore-runner to subsequent courses.

Health information technology courses are becoming a staple in many academic programs outside of health information and informatics management (HIIM). Due to the increase in healthcare jobs focusing on health information technology and informatics, many other professional and pre-professional programs have recognized the need to include traditional HIIM courses within their existing curricula. The HIM program's curriculum includes a course offering on the fundamentals of healthcare information systems. The course was adopted both by the HSA program and the Informatics program in the Ray P. Authement College of Sciences. The course is taught by a HIM professional with 20 years administrative experience with a major healthcare system, including selection and implementation of an electronic health record system. Students benefit not only from interaction with students from other disciplines, but also from the

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instructor's firsthand professional experience with the subject matter, as well as leadership experience on an interdisciplinary team of healthcare professionals tasked with such a substantial undertaking related to health information systems.

Other essential topics in the education of any healthcare professional relates to legal, privacy, and security issues specific to healthcare. As the HIM profession has a long-standing history of ensuring the privacy, confidentiality, and security of health information, the HIM curriculum included a course dedicated to these topics. The HSA program relied on the expertise of the faculty in the HIM program when adding this course to their required curriculum. The course was also added as an elective in the healthcare concentration of the Informatics curriculum. Students enrolled in the course collaborate through team projects, presentations, online discussion forums, and even social media.

As stated earlier, faculty within the Departments of Allied Health and Nursing within the CONAHP expressed an interest in collaborating to offer a course related to legal and ethical issues in health care. The request was received just as the HIM curriculum was undergoing a curriculum transition, providing an opportunity to create a new course that would optimize interprofessional collaboration. The result was the first specifically-designated, truly interprofessional course, "Professional Values, Ethical and Legal Tenets of Healthcare." Instructors from the departments of nursing and allied health will team-teach the course, lending a wide range of expertise, as well as unique and differing viewpoints and professional experiences. An interprofessional team collaborated to overcome obstacles such as scheduling, space, workload, and accreditation requirements. Course content and course work have undergone intensive review by the CONAHP Curriculum Committee as well as by administrative representatives from both departments. Throughout the course, the instructors

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will require HIM and nursing students to work together on projects, discussion boards, case studies, and a live debate. The course will be offered for the first time in August of 2019.

Faculty are currently working on the second interprofessional course, Nursing 327, which will be offered in the fall of 2020. This course will be required of nursing and HSA students and consists of didactic sessions as well as a community-wide project. Teams of nursing and HSA students will work with healthcare organizations within the area to offer programs designed to increase health services to its constituents. The course is under review by the Curriculum Committee and is definitely a work in progress.

Conclusion

The addition of these two developing interprofessional courses can increase student enrollment, expose new students to the HIM program, and integrate core HIM courses within curricula across the university. These courses will also give HIM faculty a platform to showcase their expert knowledge outside of the traditional HIM walls, which enhances the opportunities for collaborative research and scholarly work (O'Dell, et. al, 2015). Creating interprofessional courses requires vision, administrative support, and collaboration with other programs across the university but offers unique and exciting experiences for all health care students.

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