Building Interprofessional Bridges in Graduate Nursing Education:
Preparing Graduates for Leadership in Collaborations that Improve Mental Health Outcomes
APNA 27th Annual Conference
October 9, 2013

Learning Gap
This workshop will address the need for knowledge and skills related to designing new graduate nursing learning experiences that will facilitate collaborative teamwork and leadership in interprofessional education and practice.

Interactive Panel
Carole A. Shea, PhD, RN, FAAN
California State University, Dominguez Hills
Pamela Lusk, RN, DNP, FPMHNP-BC
Brandman University
Susan Adams, PhD, APRN, PMHCNP, CNS-BC, FAANP
Vanderbilt University
Marian Farrell, PhD, PMH-NP, BS CRNP
Scranton University
Brenda Marshall, EdD, NP-BC
William Paterson University

Learning Objectives
1. Describe two exemplars of graduate nursing faculty engaged in collaborative interprofessional teaching and practice.
2. Discuss the issues and strategies involved in learning to lead a collaborative interprofessional team.
3. Develop a plan to redesign the graduate curriculum to incorporate the advanced leadership skills needed to improve

DISCLOSURE
- The speakers have no conflict of interest to disclose.
- This session will be recorded and available on the APNA eLearning Center.

Workshop Overview
- Introduction
- Four Panel Presentations
- Q & A/Discussion
- Curriculum Re-Design Activity
- Wrap Up and Evaluation
Interprofessional Education

- **Why now?**
  - Quality and Patient Safety (QSEN, IOM)
  - Federal Programs and Policies (ACA, SAMHSA)
  - New Funding Resources (HRSA, GNE)
  - Professional Initiatives (APNA, AAN, AACN, NLN, DNP Essentials, APRN)
  - Accreditation (CCNE, NONPF, NLNAC, The Joint Commission)

Goal of Interprofessional Learning:

- “To prepare all health professions students for deliberatively working together with the common goal of building a safer and better patient-centered and community/population oriented U.S. health care system.”
  
  (Core Competencies, 2011, p. 3)

Definitions

- **Interprofessional education:**
  
  “When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes”
  
  (WHO, 2010)

Incentivizing Forces for Nursing

- Changes in the healthcare workforce
  - IOM report, *Future of Nursing*
- Need for better teamwork & team-based care delivery
- Accreditation requirements (CCNE, NLNAC)
- New primary care initiatives (Medical Home concept, ACA)
  
  (IOM, 2011)

Definitions

- **Interprofessional collaborative practice:**
  
  “When multiple health workers from different professional backgrounds work together with patients, families, care [givers], and communities to deliver the highest quality of care”
  
  (WHO, 2010)

Challenges

- Aging nursing workforce and faculty
- Competition for clinical sites/preceptors
- Different curricula, professional standards & accreditation requirements
- Logistics - time and place issues
- “Tight Money” situation
- Conflict from diversity of expertise areas & professional abilities
Challenges

- Lack of:
  - Letting go of old stuff to make room for new content
  - Leadership at all levels
  - Faculty development
  - Assessment and evaluation tools
  - Positive reinforcement

Interprofessional Competencies

- Four Domains of Core Competencies:
  #1 Values/Ethics for interprofessional practice
  #2 Roles and responsibilities
  #3 Interprofessional communication
  #4 Teams and teamwork

Panel Presentations

- A. Collaborative Courses - Pam Lusk
- B. Collaborative Practice - Susie Adams
- C. Collaborative Conference - Marian Farrell
- D. Collaborative Leadership - Brenda Marshall

Leadership Re-considered

- Every graduate nurse has leadership knowledge and skills training
- Psych nurses excel in communication and relationship-building
- Leadership is based on expertise and value added in a specific situation
- Authority is based on professional expertise, not status or power

Curriculum Re-Design

- Building Your Bridge Worksheet
  1. Overarching Goal?
  2. Structure - What and Who?
  3. Process - How and When?
  4. Outcome - Which Metrics?

Let’s Get Started!

If we are teaching as we were taught, then we’re preparing students for a health care system that no longer exists!

(Durham and Harris, 2013)

So let’s get creative!!
Objective:

Describe an example of graduate nursing faculty engaged in interprofessional teaching

The Gap:

There is a gap between current graduate nursing curricula and the knowledge and skills that are essential to engage in collaborative interprofessional practice.

The Essentials of Doctoral Education for Advanced Nursing Practice (2006)

VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes

AACN  The DNP Graduate needs to be prepared to:

- Participate in effective communication and collaboration throughout the development of practice models, peer review, practice guidelines, health policy, standards of care, and other scholarly products (AACN 2006).
- Analyze complex practice or organizational issues through participation in and leadership of interprofessional teams.
- Act as a consultant to interprofessional teams to implement change in health-care delivery systems (Chism, 2013. p. 17)
APNA 27th Annual Conference  
Session 1014: October 9, 2013

DNP Curriculum

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DNPU 704</td>
<td>Evidence-Based Thinking for Scholarship and Practice III</td>
<td>3</td>
</tr>
<tr>
<td>DNPU 703</td>
<td>Leading Through Innovation</td>
<td>3</td>
</tr>
<tr>
<td>DNPU 706</td>
<td>Transforming Healthcare Through Outcomes Management</td>
<td>3</td>
</tr>
<tr>
<td>DNPU 705</td>
<td>Health Communication</td>
<td>3</td>
</tr>
<tr>
<td>DNPU 707</td>
<td>Clinical Residency I (255 clinical hours)</td>
<td>3</td>
</tr>
<tr>
<td>DNPU 708</td>
<td>Application of DNP Clinical Scholarly Project</td>
<td>3</td>
</tr>
<tr>
<td>DNPU 709</td>
<td>Clinical Residency II (255 clinical hours)</td>
<td>3</td>
</tr>
<tr>
<td>DNPU 710</td>
<td>Seminar in Evidence-Based Thinking for Scholarship and Practice</td>
<td>3</td>
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</tbody>
</table>

Implications for our future courses:

- What the students told us about the experience of having faculty with business health expertise and real life experience in business of health systems.
- Future courses will assign teams — comprised of different professional students.
- Goal: Improving Health Outcomes for Patients & Populations.

Faculty:

Judith Connell MPH, DrPH - business development and management in behavioral healthcare agencies. Teaches MHA - Health Care Administration students.

Mary Mays PhD - Teaches Biostatistics and MHI - Health Care Innovation Students

Pam Lusk, DNP, RN, PMHNP-BC - Teaches in the DNP program, PM & BSN

Lessons Learned:

- How course content fits into the clinical scholarly project – course artifact
- How course develops an understanding of influencing systems and organizations
- How the faculty and students from business administration, healthcare innovation and graduate nursing learn from each other

References:

Building Interprofessional Bridges in Graduate Nursing Education: Preparing Graduates for Leadership in Collaborations that Improve Mental Health

Collaborative Practice: The VPIL Experience

Susie Adams, PhD, PMHNP/CNS-BC, FAANP
Professor & Director PMHNP Program
Vanderbilt University School of Nursing

Vanderbilt Program in Interprofessional Learning: The VPIL Experience

- Developed in 2010
- Interprofessional Partners:
  - VU School of Nursing
  - VU School of Medicine
  - Belmont University School of Pharmacy
  - Lipscomb University School of Pharmacy
  - Tennessee State University School of Social Work
  - Professional architects from Nashville volunteered design time to the VPIL teams to re-design clinic settings based on interprofessional assessment to enhance patient-centered care.

Interprofessional Practice: Appreciating Differences in Professional Perspectives

VPIL Interprofessional Team

- 8 teams / 4 students (NP, MD, Pharmacy, Social Worker)
- 4 sites / 2 teams per site
  - Comprehensive Care Clinic (HIV/AIDS community clinic)
  - United Neighborhood Health Services Clinic
  - Vanderbilt Pediatric Medicine Clinic
  - Vanderbilt Internal Medicine Clinic
- 2 year student commitment
- 1 day/wk in clinic x 3 wks, then 1 day/wk seminar ongoing
- Faculty from each of the 4 professions engage their student team in clinic and seminar guided discussions

Interprofessional Learning

As early as 1988 studies found that interprofessional health care teams of students learning together improved healthcare outcomes.

(World Health Organization, 1988)

Subsequent studies supported these earlier reports, yet health care education even today largely remains in discipline-specific silos with limited opportunity for interprofessional learning.

(Barnwell et al, 2013; Grumbach & Bodenheimer, 2004)

VPIL Guiding Principles

- Culture of Continuing Education
- Interprofessional care delivery
- Continuous Quality Improvement
- Patient as part of the team
- Aligned with the IOM’s Six Aims of Quality Care
VPIIL Student Clinic Experience

- VPIIL experience satisfied community health clinical hours.
- Patients were seen by different members of interprofessional team, then patient assessment presented to interprofessional team with the patient present to discuss care.
- Students were “debriefed” by VPIIL faculty member after each patient encounter to examine different professional perspectives regarding care.
- VPIIL faculty rotated through clinic, such that each week two different disciplines represented by faculty.
- “Team Huddle” to de-brief at the end of each clinic day.

VPIIL Project

Based on clinical experience & systematic needs assessment, collaborate with architect to re-design and develop an ideal clinic work flow and environment that fosters patient-centered, interprofessional collaborative health care services.

Let’s “Listen In” on an Interprofessional Team’s Project: Workflow & Clinic Design


VPIIL Student Reflections

- Valued listening and learning about different perspectives from other disciplines regarding patient care.
- Integrating the patient in decisions regarding his/her care.
- Importance of communication in collaborative decision-making.
- “Hand-offs” of care are dependent on timely and complete communication.
- Additional time necessary for interprofessional communication regarding patient care.
- Designing space that facilitates interprofessional communication while being sensitive to HIPAA requirements.
- Designing cost-effective work flow and multipurpose use of different spaces.

Transfer of VPIIL Learning from School to Professional Practice

- Patient-centered care:
  - Put yourself in the patient’s ‘shoes’ – what would you want your health care experience to be?
  - Respectful / courteous
  - Collaborative
  - Time efficient
  - Cost-effective

“The patient’s experience of care needs to be the priority.”

Anya Snyder, MSN, PMHNP-BC, VUSN 2012

Six Aims of Quality Care (IOM)

- Safe: Care should be as safe for patients in health care facilities as in their homes;
- Effective: The science and evidence behind health care should be applied and serve as the standard in the delivery of care;
- Efficient: Care and service should be cost effective, and waste should be removed from the system;
- Timely: Patients should experience no waits or delays in receiving care and service;
- Patient centered: The system of care should revolve around the patient, respect patient preferences, and put the patient in control;
- Equitable: Unequal treatment should be a fact of the past; disparities in care should be eradicated.

Institute of Medicine, To Err is Human, 2000; Crossing the Quality Chasm, 2000

Transfer of VPIIL Learning from School to Professional Practice

- Leadership:
  - Knowing that you can rely on and learn from other team members at an agency even though you are a novice
  - Confidence in seeking and identifying resources when there are gaps in care
  - Entrepreneurial spirit
  - Risk-taking
  - Creative approaches

“If you can envision it (practice model), you can create it.”

Anya Snyder, MSN, PMHNP-BC, VUSN 2012
Transfer of VPIL Learning from School to Professional Practice

- Balancing entrepreneurial and pragmatic PMHNP practice:
  - Opting to develop a private practice for prenatal and postpartum women with eating disorders
  - Seeking an interprofessional practice setting supportive of practice goals (The Nesting Place, Nashville, TN)
  - Developing referral base through interprofessional network
  - Accepting part-time teaching position in undergraduate nursing program (psych)

“Growing a practice requires patience.”
Anya Snyder, MSN, PMHNP-BC, VUSN 2012

The VPIL Experience

- Most interprofessional programs start “too big” – attempting to engage the entire cohort of students from each professional discipline. This historically has resulted in logistical challenges: scheduling, seminar or classroom availability, and sufficient number of clinical sites for large numbers of students.
- 2005-2006 VUSN & VUSM engaged all 1st & 2nd year medical students with all 2nd year NP students and MD/NP faculty co-leadership for groups of 10 students. Bi-weekly large classroom presentations by different faculty interprofessional teams were followed by small, MD/NP faculty facilitated case discussions groups of 10. Logistics and cost in faculty time were barriers to sustainability.
- VPIL was developed to start with a small student cohort to learn how to best deliver this interprofessional learning experience. The second and third waves of 8 new teams annually will gradually expand over time.

Take Home Messages

- Identify partners motivated to create interprofessional learning experiences for their students.
- Develop a pilot project to identify barriers and facilitators.
- Identify clinic settings that are supportive to student learning.
- Frame interprofessional learning within context of developing a Quality Improvement Project (CQI) that benefit clinics.
- Provide consultation / guidance on how to measure outcomes of CQI.
- Focus on Institute of Medicine six aims of quality care.
- A brief learning experience of high quality can have lasting impact on learners rather than a poor quality experience.

Using Technology to Support Interprofessional Education

- Marian Farrell, PhD, PMH-NP, BC, PMH-CNS, BC, CRNP
- University of Scranton
- Scranton, Pa.
- marian.farrell@scranton.edu
What Is Interprofessional Learning?

- To prepare all students in the health professions using the common goal of building a safer and better patient-centered and community/population oriented U.S. health care system by deliberatively learning together


Interprofessional Education

- When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes

World Health Organization, 2010

Interprofessionality

The process by which professionals reflect on and develop ways of practicing that provides an integrated and cohesive answer to the needs of the client/family/population...

D'Amour & Oandasan, 2005

Interprofessional Education at a Regional Level Utilizing Technology

- In 2008, faculty members located in northeast and central Pennsylvania formed the Northeast/Central Pennsylvania Interprofessional Education Coalition (NECPA IPEC)

- Meetings are held monthly, in person and via phone/computer networks

Interprofessionality

Is the development of a cohesive practice between professionals from different disciplines

D'Amour & Oandasan, 2005
Interprofessional Education at a Regional Level Utilizing Technology

- The mission of the NECPA IPEC is to “provide vision and leadership to foster and support interprofessional education in health care.”
- There are currently 11 academic institutions participating in the coalition which represents 30 health professional programs.

Interprofessional Education at a Regional Level Utilizing Technology

- The 4th annual NECPA IPEC Collaborative Care Summit was held on March 20, 2013, concurrently at seven locations in northeast/central Pennsylvania.
- 700 students participated.

Interprofessional Education at a Regional Level Utilizing Technology

Educational Objectives:
1. Discuss the importance of working in cooperation with healthcare providers and others who contribute to or support the delivery of health services.
2. Compare and contrast the roles and responsibilities of other healthcare providers and how interprofessional teams work together to provide safe and effective patient care.

Educational Objectives (continued):
3. Reflect upon individual interpersonal communication skills, such as, active listening, encouraging ideas and opinions of team members, and respect for others.
4. Describe the roles and responsibilities of effective interprofessional teams.
5. Recognize the importance of patient-centered care.

Prior to the summit, each facilitator:
- views an online asynchronous presentation intended to enhance facilitating skills.
- reviews a detailed guide to the case intended to facilitate discussion of the case.

Prior to the summit, students participate in taping brief videos to depict highlights of their professional discipline.
- The video briefs are collected into a short film and presented at the beginning of the summit to increase interprofessional awareness for participants.
Student Videos

- [http://www.youtube.com/watch?v=5D7juI_VeXs](http://www.youtube.com/watch?v=5D7juI_VeXs)
- [http://www.youtube.com/watch?v=5D7juI_VeXs](http://www.youtube.com/watch?v=5D7juI_VeXs)

Interprofessional Education at a Regional Level Utilizing Technology

- The Summit is three hours long and consists of:
  - a presentation of an overview of IPE in contemporary education and practice
  - viewing a trigger video regarding the case
  - small group discussions (multi-discipline composition)
  - a wrap up session with all of the students and facilitators

- Wrap Up Session
  Focus is on students' perceptions to the following questions:
  1. How does your educational experience prepare you to communicate with patients and family in a stressful situation as seen in the video?
  2. Discuss one new point of information you learned from another professional view today.
  3. What do you view as the benefit(s) of an interprofessional approach to patient care/management after the IPE learning event today?

Case Study

- [http://www.youtube.com/watch?v=8UTQrG0ZAB8](http://www.youtube.com/watch?v=8UTQrG0ZAB8)

Interprofessional Education at a Regional Level Utilizing Technology

- Evaluation
  - Three to four days after the summit, students and facilitators are sent a questionnaire to assess:
    - satisfaction with the program
    - future program needs

Barriers to a Regional Interprofessional Education Model

- Institutional Support
- Time
- Money
- Space
- Effective Communication
- Professional Boundaries
- Lack of Flexibility
Opportunities in a Regional Interprofessional Education Model

- Meeting other professionals within and outside of one’s own discipline
- Discussing educational goals
- Identifying common educational goals and paths to meet them

Opportunities in a Regional Interprofessional Education Model

- Developing interprofessional collaborative competencies
- Taking steps toward transforming interprofessional education
- Improving the quality and safety of health care

Interprofessional Collaboration: A Research Example

Brenda Marshall, EdD, PMHNP-BC
William Paterson University
Wayne NJ

Technology Tools

- Web conference/virtual meeting program called Go To Meeting
- Connect via web cam and display via PC through the projector on the screen
- Alternative can be a conference phone for the audio

Dr. Brenda Marshall, APN

Psychiatric Nurse Practitioner (PMHNP-BC)

Associate Professor and Coordinator of the DNP program at William Paterson University of New Jersey
Author: Becoming You
IOM-Future of Nursing

Areas Rich for Collaboration
- Research
- Advocacy
- Public Health
- Health Policy and Law
- Health Education
- Systems of health care delivery

DNP and Psychiatric Nursing

Opportunities

The Essentials

Finding Appropriate Teams
- Identify areas for greatest impact on our consumers, our systems of care delivery and on our ability to practice to the extent of our education and experience.
- Educate others on the interprofessional team about what it means to be a psychiatric nurse/psychiatric nurse practitioner.
**Martino’s Neuroimaging Visiting Fellowship**

45 Scientists, researchers and practitioners from over 25 countries. Two nurses, one pharmacist. Five days (M-F) 10-12 hours per day.

**Take Aways**

- Other disciplines, nationally and internationally, really have no clear idea of nursing's scope of practice.
- Psychiatric NPs need to be using the latest technology to test the efficacy of their therapies: both psychotherapy and psychopharmaceuticals.
- We need to be part of interprofessional teams - the group is always smarter than the individual; the more diverse the group, the richer the brainstorming.
- Testing our hypothesis is imperative. Only engage in those interventions that have the evidence of efficacy behind them.
- Push your own limits!
- PUBLISH, PUBLISH, PUBLISH!!!!

**Teams of 8-10**

- Each team was comprised of people interested in the specific topic of research.
- Our international team included the two nurses (ICU and Psychiatric) and the pharmacist, physicians, psychologists and many other disciplines.

**Thank you for your attention**

**Fair/Unfair and the PFC and Amygdala – Social Justice**

- The image on the left demonstrates the engagement of the prefrontal cortex in the upper images and the activation of the amygdala in the lower.

Questions are more important than answers... If I were a fairy godmother, my gift to every child would be curiosity.

Jeanne Bendick

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Shea, Lusk
Curriculum Re-Design

- Building *Your* Bridge Worksheet
  1. Overarching Goal?
  2. Structure – What and Who?
  3. Process – How and When?
  4. Outcome – Which Metrics?