It all began at a cocktail party. The dean of nursing at Hunter College, Kristine Gebbie, was talking with the president of the Josiah Macy Jr. Foundation, George Thibault, about opportunities for collaboration in New York City. Before long, representatives from Hunter College School of Nursing were meeting with representatives from Weill Cornell Medical College and a public–private partnership was born. The school of nursing had experienced challenges in creating interprofessional education (IPE) opportunities for students because it was part of a public university system with limits on resources and was not connected with an academic health center. Weill Cornell Medical College was Ivy League, had closed their school of nursing associated with the medical center many years earlier, and was 2 miles away from Hunter College School of Nursing. However, interest was high, so a working group was formed to plan a joint project involving nursing, medicine, social work, and public health.

The result was a dynamic, year-long course, offered as an elective for which students applied to enroll. After 2 years in this format, faculty shortened the course to one semester to make enrollment possible for more students; currently, faculty are discussing integrating these learning activities across the curricula of professional schools. Many projects are funded, although others without funding are more slowly integrating these learning activities across the curricula of professional schools. Models vary from highly intensive (e.g., students meet weekly) to completely online, with little data to support one model over another.

A recent update from the Cochrane Database on IPE, which is limited to studies measuring patient outcomes or health care processes (Reeves, Perrier, Goldman, Freeth, & Zwarenstein, 2013), revealed that IPE produces positive outcomes in select areas (e.g., improved glycemic control in diabetics, emergency department care of abused women and patient satisfaction, and patient-centered communication) and also has a positive effect on collaborative team behavior. Some studies revealed no effect from IPE on patient care or practice environments (Brown, Boles, Mullolly, & Levinson, 1999; Hanbury, Wallace, & Clark, 2009; Nielsen et al., 2007; Thompson et al., 2000). Although many other studies report increases in self-confidence and communication skills or a change in attitudes (Mitchell, Groves, Mitchell, & Batkin, 2010; Weaver et al., 2010), the evidence for effective IPE that makes a difference in patient outcomes is missing.

What is the minimum dose that is needed to be transformative as we evolve from profession-specific education to IPE? What activities are key? What is the tipping point that makes IPE essential to any health professional curricula? To answer these questions, we must continue with rigorous evaluation to help identify the essential learning activities.

Our evaluation has provided data, both qualitative and quantitative, indicating that standardized patient simulations are the most effective for team training, increasing communication skills, and learning the roles of other disciplines. Social activities allow the students to get past their professional identities and become comfortable with students who may differ in terms of socioeconomic status, gender, or race. Students are the drivers for increasing the IPE offerings in their schools, given that they understand its importance, readily grasp its value, and increasingly demand these experiences in their training.

A recent conference report from the Josiah Macy Jr. Foundation (2013) describes the imperative that students of all health disciplines learn together to develop the skills and competencies required to collaboratively care for patients and communities. Health care today, particularly in light of delivery redesign from the Affordable Care Act (2010), is increasingly dependent on collaborative, team-based professionals, in partnership with the consumer. The educational reform being tested in many settings should be integral with practice redesign so better education for health care work-
ers is clearly linked to better outcomes for patients. The report delineates five recommendations for immediate action that would facilitate a health care system where learners and practitioners of all professions work with patients and communities to improve health and:

- engage patients, families and communities in the design, implementation, improvement and evaluation of efforts to link IPE and collaborative practice;
- accelerate the design...of innovative models linking IPE and collaborative practice;
- reform the education and life-long career development of health professionals to incorporate interprofessional learning and team-based care;
- revise professional regulatory standards and practices to permit and promote innovation...; realign existing resources to establish and sustain the linkage between IPE and collaborative practice. (Josiah Macy Jr. Foundation, 2013, p. 2)

At this time of rapid change in health care delivery systems, there is great urgency in actualizing these recommendations if we are to realistically achieve better care and better health for consumers and communities at lower costs.

What is clear from the literature to date and from the experiences in many universities is that IPE is not an option. Schools of nursing and medicine, as well as other health disciplines, must engage in meaningful discussions together to create interprofessional experiences for students. The imperative to provide patients with safe and effective care and to be cared for by teams of professionals that function efficiently with high proficiency requires IPE training. If schools of nursing have not yet created such partnerships, they must begin to do so now. Team science has demonstrated that team-based health care is an essential element in quality care, and our students must have effective learning opportunities in safe environments (Allan & Hecht, 2004; Ellington, 2002; Musson & Helmreich, 2004).

The tipping point is evident, and, as nurse educators, we must start locally to impact the culture of silo-based education. Suggestions include inviting interested faculty from other departments and schools to a discussion about IPE, talking with students about how IPE can enrich their education, or discussing with patients how IPE can improve their care. Nurse educators must engage stakeholders in strategizing ways to transform a course, clinical experience, or practice arena into an avenue for IPE.

Modeling at the local level is critical for successful IPE and, as nurse educators, we are expert in such modeling behavior. This work cannot be postponed or, ultimately, the public will suffer in the end. We have reached the point where IPE is essential if we are to prepare our students for effective team-based practice. The consumer engagement movement, with its emphasis on accountability from the health care system, is yet another impetus for linking IPE and collaborative practice. Clearly, the time for action is now.

References


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