Preparing a Collaborative, Practice-Ready Workforce

The creation of a collaborative, practice-ready health care workforce is necessary to provide the safe, timely, effective, efficient, equitable, and patient-centered care that is required to meet the complexities of chronic illness. One model that informs the work of the current article’s author, who serves as an Assistant Director for Interprofessional Education at the University of Colorado Anschutz Medical Campus, is the Framework for Action on Interprofessional Education & Collaborative Practice (World Health Organization [WHO], 2010). This framework was developed with the understanding of the current fragmentation that exists in many health systems throughout the world. Within fragmented systems, health care professionals are challenged to provide care that addresses increasingly complex health issues. The WHO framework presents a trajectory by which health care and educational systems collaborate to provide interprofessional education opportunities and systems that support collaborative practice to strengthen the health care system and improve health outcomes for patients.

A collaborative, practice-ready workforce consists of health professionals who have had the opportunity to engage in interprofessional education, which “occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010, p. 10). The Lancet Report (Frenk et al., 2010) provides context concerning the content of interprofessional education and espouses the following vision: “All health professionals in all countries should be educated to mobilize knowledge and to engage in critical reasoning and ethical conduct so that they are competent to participate in patient and population-centered health systems as members of locally responsive and globally connected teams” (p. 1924). The report described three generations of educational reform during the last century. The first reform consisted of the conversion to a science-based curriculum, which was promulgated after the publication of the Flexner Report. The second generation of reform involved the incorporation of problem-based learning techniques that were developed mid-way through the last century. The proposed third generation of reform involves the adoption of a systems-based curriculum. A mandate for interprofessional education and collaborative care requires collaboration at multiple levels among disciplines and organizations.

Waibel (2010), a program officer for the Online Computer Library Center, developed a collaboration continuum, beginning with contact and progressing through the phases of cooperation, coordination, collaboration, and convergence. Contact is the introductory phase when individuals and groups meet to establish dialogue. Cooperation occurs when these groups work together on an informal basis. When these meetings become more formalized and require an infrastructure for efficiency, coordination is required. Collaboration is a process of shared creations through which groups create new shared understanding or knowledge that requires a collective effort to form. Waibel stated that “incorporating collaboration into the underlying work culture is foundational to realizing that institution’s potential and achieving its mission. When ideas, data, and service flow freely, new solutions emerge, and new knowledge is created” (pp. 4-5).

Waibel (2010) continued by describing two kinds of collaborations—one based on common interests and one based on common values. Collaborations based on common interests involve a group of motivated individuals or institutions working together on an issue that would have been difficult to solve independently. Although these collaborations are beneficial, as they bring together individuals of differing expertises to solve complex problems, they tend to require a great deal of management with regard to organizing, monitoring, and reporting on the work.

Collaboration based on common values is driven by a shared vision, which allows an entire community to respond to challenges in a consistent manner. In this context, the emphasis shifts from managing the collaboration to addressing shared values. The challenge with these collaborations is that the institutional benefit is less tangible, as the results promote all partners without providing advantages to individuals or institutions. The WHO Framework for Action (2010) espouses a shared vision, resulting in improved patient outcomes and taking into account a continuum of learners within the practice setting. However, although educational and clinical settings currently partner or collaborate to meet learning needs, more is needed to achieve a different reality. What is now needed to create a collaborative, practice-ready workforce is movement toward the final stage of the
continuum: convergence. Convergence is a transformative process that will eventually change behaviors, processes, and organizational structures; in addition, it leads to fundamental interconnectedness and interdependence among partners. Convergence transforms the infrastructure so that activities are ingrained and become normalized parts of the way business is conducted. In team-based care, an example of convergence might be the patient-centered medical home. In this model, the patient’s needs dictate the type of services required. Convergence is required to shift the infrastructure such that an integrated staffing model is provided and payment reforms occur so that financing models shift from a fee-for-service to an episode-of-care approach.

In thinking about the collaboration continuum, it is clear that the implementation of interprofessionalism and the creation of a collaborative, practice-ready workforce requires convergence on at least two levels. First, convergence is required at the team level. Efforts to create patient-centered medical homes where team members practice to the top of their scope are an initial movement in this direction. Second, at a more macro level, convergence of the education and practice systems is required. At the same time, health care environments are experiencing transformational change: “Educational reform must incorporate practice redesign, and delivery system change must include a central educational mission if we are to achieve enduring transformation” (Cox & Naylor, 2013, p. 22). To create the health workforce of the future, the nursing profession needs to move beyond the notion of students as guests within clinical environments and think about the range of lifelong learners who are brought together to engage in patient care.

What would the educational process look like if all health professionals were assumed to be part of a continuum of learners? Could a shift from students as guests in the clinical environment to learners as part of the continuum possibly occur? How might this philosophy create new and different systems learning activities available to nursing students?

The creation of a collaborative, practice-ready workforce requires the convergence of learning health centers and educational programs. Transformational partnerships between education and health systems organizations will provide health professions students with authentic learning activities to create the workforce of the future—regardless of whether students are part of an academic medical center. Creativity will be required to push for educational reform based on systems-level practice. Are nurse educators ready to transcend the current silos to facilitate a healthier future?

References


Amy J. Barton, PhD, RN, FAAN
Professor and Associate Dean for Clinical and Community Affairs
College of Nursing
University of Colorado
13120 E. 19th Avenue, MS C288-5
Aurora, CO 80045
Amy.Barton@ucdenver.edu

The author has disclosed no potential conflicts of interest, financial or otherwise.
doi:10.3928/01484834-20140619-10