

## Creating Your Ideal Primary Care Practice: Innovative Interprofessional Learning Activity

Interprofessional education is a core competency for nursing, medicine, pharmacy, dentistry, and public health (Interprofessional Education Collaborative Expert Panel, 2011). This article describes an innovative experiential exercise for postlicensure learners—adult and family nurse practitioner students and medical resident physicians.

The aim of this interdisciplinary activity was to trial an educational strategy that provided a structured opportunity for diverse learners engaged in primary care practice to learn with, from, and about one another.

First, learners participated in an experiential brainstorming session that focused on the interdisciplinary aspects of primary care, then they were asked to create an idealized primary care practice. Working in interdisciplinary dyads, adult or family primary care nurse practitioner students and first-year medical resident physicians were asked to frame an idealized primary care practice in the context of a patient-centered medical home. The Agency for Healthcare Research and Quality (n.d.) defines a patient-centered home as a model where care is comprehensive, coordinated, patient centered and easily accessible, and that incorporates a systems-based approach to quality and safety.

Learners were prompted to consider provider and staff mix in a primary care setting, systems of care, patient population, services offered, how income is generated, traditional and integrative care models, and geographic setting. Each dyad spent 30 to 45 minutes creating its ideal practice and presented these practices to the larger group of learners. The learners then engaged in a reflection exercise that focused on the process used to develop the practice and the implications for interdisciplinary primary care practice. Presentations were illustrated with drawings and pictures and were verbally narrated.

This exercise was part of a longitudinal interprofessional education program that included 38 learners—18 nurse practitioners and 20 resident physicians (Hanyok, Walton-Moss, Tanner, Stewart, & Becker, 2013). Participants and faculty were enthusiastic in their reflections about this brainstorming exercise. Faculty were impressed with the engagement and creativity of the learners. Most learners chose to draw or create a collage of their ideal practice on large pieces of white paper and provided a narrative summary to the group. Each dyad had a clear vision on how to create and improve interdisciplinary patient-centered primary care practices.

Participants described how they gained insight into each profession's unique and shared attributes and focused on how to best care for the patient in an interdisciplinary setting, and they reflected on their common misconceptions. Some participant comments were:

- "It's so important to understand the others' roles/training/skill set."
- "We should recognize each others' strengths and utilize them and be inquisitive with each other."
- "We share a common interest, and that's the patient."
- "We are all working for the well-being of the patient."
- "Mixing MDs [physicians] and NPs [nurse practitioners] should be a mandatory practice."
- "This is a nice break from classes and clinical, and I miss just talking to people about issues in health care."

Interprofessional education is a core competency for nursing, medicine, pharmacy, dentistry, and public health students (Interprofessional Education Collaborative Expert Panel, 2011). The concept, to learn with, from, and about one another, implies an educational strategy that is process driven and experiential in approach. A developmental quality exists to this strategy that relies heavily on learning by doing.

The "doing" is the process in which the students or learners interact, and it is this process that allows for social inter-

actions among the professions. Through these social interactions, learners begin to "experience ways of seeing the world that is different from their own" (Clark, 2006, p. 580) and to begin to understand the cognitive and normative maps that define other health disciplines (Clark, 2006).

Primary care nurse practitioner students and medical resident physicians share many attributes. Each are postlicensure learners who have been socialized into their respective professions, each is engaged in direct patient care, and each has chosen their role as primary care clinician out of genuine interest and concern for patients. Creating an ideal primary care practice provided an experiential learning activity that engaged learners in a fun, insightful, brainstorming session that provided a foundation for future, more challenging interprofessional work.

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