

Rx for
DeansInterprofessional Dedicated
Education Unit
An Academic Practice Partnership

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Teamwork is the ability to work together toward a common vision—the ability to direct individual accomplishment toward organizational objectives. It is the fuel that allows common people to attain uncommon results.

—Andrew Carnegie

The need for the development of interprofessional education competencies is a significant topic in nursing education discussions today.¹ The Institute of Medicine (IOM) called for common competencies in 2003 with use of interprofessional teams named as a *core competency*. However, teaching students from diverse health professions programs in joint core classes or constructing shared clinical experiences for multiple professions is challenging. Creating such a teaching-learning environment affords students opportunities to appreciate the knowledge/skills of various professionals in advancing quality patient care while learning as members of a team. The expectation is that students from multiple professions who are taught simultaneously will more easily work in teams upon graduation.

Improving the quality of healthcare delivery continues to receive increased and ongoing attention.² Evidence suggests that highly competent interprofessional teams result in better coordinated, higher-quality patient care, and better patient outcomes.³ This article describes how 1 academic-practice partnership and nursing leadership forged new territory by creating an interprofessional dedicated educational unit (IDEU) and used that unit to educate students from multiple professions, including nursing.

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A Partnership as a Foundation for the IDEU

A partnership refers to an arrangement where parties agree to cooperate to facilitate mutual interests.² In nursing, academic-service partnerships are most often defined as strategic relationships established to advance their mutual practice, education, and research interests.¹ One example of such a partnership is a dedicated education unit (DEU). A DEU refers to a unit within a hospital or other healthcare facilities dedicated to providing optimal patient care while simultaneously offering clinical education, such as nursing education.⁴

The national Veterans Administration (VA) system began explicitly encouraging partnership development between its healthcare systems and academic institutions through funding of VA Nursing Academy (VANA) across the United States. Despite not being federally funded as a VANA, the VA Boston Healthcare System (VA BHS) forged a relationship with 6 schools of nursing in 2007 and called this the Northeast Region VA Nursing Alliance (NERVANA). Its mission, derived from the VA's parent mission, is to "employ an innovative educational model to expand and enrich nursing students and faculty, to educate nursing students in the care of veterans, and to expose nursing students to the advanced model of medical informatics, patient safety, quality improvement, and integrated systems of care employed by the VA's national healthcare system."⁵

The academic partners comprising this partnership include Boston College, Northeastern University, Regis College, Simmons College, the University of Massachusetts–Boston, and the University of Massachusetts–Lowell. This partnership capitalizes on "economies of scale" for creating shared learning opportunities across partners (eg, preceptor workshops), allows individual schools to forward specific initiatives (eg, DEUs for clinical experiences), and creates new pedagogical models. The IDEU is one of the pedagogical projects contained within NERVANA.

A long-term working relationship with NERVANA fostered discussions between Northeastern University's School of Nursing and the VA BHS about how to build on experiences with DEUs to create an IDEU. With nursing taking the lead, department heads and division chairs at the VA BHS and Northeastern University's Bouvé School of Health Sciences

(NU BSHS) quickly offered support. Key supporting individuals included the deans/chairs and program directors of participating NU BSHS units and the associate chief of staff for education, affiliation coordinator for nursing, chief of staff, and nurse executive at VA BHS. The next step in developing relationships involved clinicians and faculty who potentially would know if an IDEU was feasible. This decision to create an IDEU did not come from the top-down but instead was one made with all parties engaged in the pilot's dialogue, planning, and implementation. From the onset, VA BHS educational, clinical, and administrative personnel and directors and key faculty from 4 programs in the NU BSHS: nursing, medicine, pharmacy, and physician assistants, were involved in the IDEU's development.

A collaborative practice model provided the base for the IDEU pilot. Common providers committed to a shared goal of delivering individualized, integrated quality patient care. Interdisciplinary rounds and case study discussions were conducted to help students and VA healthcare team members understand healthcare providers' roles from disciplinary perspectives, thus creating more open communication and experiential learning. The IDEU program also provided mechanisms for monitoring patient outcomes based on established clinical benchmarks, and examined how collaborative practice could help strengthen target populations' outcomes.

Framework

The framework used in the development of the IDEU included the Interprofessional Education Collaborative Expert Panel (2011) core values and the IOM (2003) core competencies.^{1,3} Online modules were modified with permission from work funded by the Macy Foundation at New York University School of Nursing. These modules provided information about working in teams and depicted the role each team member played.

Selection of Students, Evaluation, and Implementation

Collaborative rounds helped to coordinate care. Two students from pharmacy, nursing, and physician assistant programs, respectively, were invited to participate for this pilot. TeamSTEPPS, a Self-efficacy Scale, and regular student evaluation tools measured outcomes.⁶⁻⁸ The first cohort evaluations reflected satisfaction with the rotation and a good understanding of the team process. The students' specific clinical objectives for each discipline remained unaltered, but interprofessional objectives were added to each student group. In addition to the regular clinical rotation, students met with the interprofessional team and made rounds. The students commented that they wished more disciplines had participated in the IDEU because they learned about the role each member played. Students who participated indicated they understood the importance and differences of communication and language of each specific discipline through their involvement.

Barriers

Throughout planning and implementation, a variety of structural and process barriers were addressed. These included

staffing, scheduling, and space issues across NEU BSHS and VA BHS as well as establishing clinical supervision procedures and evaluation metrics. Preliminary meetings were held where the disciplines that could be best accommodated into the proposed schedule were situated. All disciplines needed to remain tenacious to the program's ideal, but reaching consensus on program specifics was necessary for the IDEU to be realized. Use of online, low-fidelity simulation or additional experiences was adopted by each discipline to ensure that specific curricular standards were met. Clear and ongoing communication via e-mail, conference calls, and in-person meetings with participation by all stakeholders was essential for the IDEU to be efficient and longstanding.

Opportunities

Many opportunities evolved from the IDEU. The most prevailing opportunities were that students' understandings of the health professions were deepened, and their expectations significantly extended. Working within an academic-practice partnership afforded better communication about student expectations and illustrated the need to increase dialogue within practice settings. Since the outset, funding opportunities have arisen for the IDEU to expand to other professional areas, and each partner is continuing to search for ways to continue working together as a unit.

Conclusion

Opportunities abound in academic-practice partnerships for interprofessional education. The IDEU's implementation in Boston required strong leadership to envision the pilot program. It took innovators from the faculty and clinical staff to operationalize this unique clinical rotation. Future endeavors will be strengthened further by such cooperative education experiences and result in more well-prepared healthcare professionals.

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