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Uniting Saint Louis University's interprofessional education program with organizational learning: A theory-based model to guide IP education and practice

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ABSTRACT

Background: Strengthening the bridge between interprofessional education and interprofessional collaborative practice to expand the integration of effective team-based health care requires new models within the health care system. Recent calls in the literature have asked for interprofessional research to do a better job of incorporating theories and explanatory models. We propose the use of organizational learning theory as an approach to modeling and supporting interprofessional collaborative practice.
Methods: The current paper applies the five disciplines of organizational learning to the organization of interprofessional education competencies and course objectives in a university interprofessional education program.
Results: The model also provides a guide for healthcare administrators who may utilize organizational learning theory and who support the enhancement of interprofessional collaborative practice.
Conclusion: Future research could work to evaluate these objectives and competencies of health professions graduates to see how individuals contribute to organizational learning and change once in the field.

Interprofessional education and collaborative practice (IPECP) represent an approach to education and care where learners and practitioners collaborate synergistically to provide an integrated and cohesive response to the needs of patients, families, communities, and contribute to a cost-effective system of care delivery. More specifically, interprofessional education (IPE) occurs when students from two or more professions learn, about, from, and with each other to improve effective collaboration and improve outcomes (World Health Organization).[1] IPE curriculum works to develop collaboration-ready practitioners across the health professions with the knowledge, skills, and behaviors associated with interprofessional practice. Effective team-based care and interprofessional collaborative practice (IPCP) enables health professions from different backgrounds to work effectively with patients, families, care-givers, and communities to deliver high quality care and achieve meaningful outcomes for individual patients and populations.[1,2]

In 2011, the Interprofessional Education Collaborative (IPEC) published its *Core Competencies for Interprofessional Collaborative Care Domains* report. These core competencies include: values and ethics; roles and responsibilities; interprofessional communication; and teams and teamwork. Definitions of the IPEC competencies are provided in Table 1. In 2006, prior to publication of the IPEC competencies, the Center for Interprofessional Education and Research (CIER) at Saint Louis University (SLU) established an interprofessional education (IPE) curricular framework with IPE domains that represent the unique mission of Saint Louis University. The SLU IPE domains include: interprofessional practice,

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Table 1
IPEC core competencies.

Core competencies	Definition	Example competency
Values & ethics (VE)	"Work with individuals of other professions to maintain a climate of mutual respect and shared values."	"Respect the unique cultures, values, roles/ responsibilities and expertise of other health professions and the impact these factors can have on health outcomes."
Roles & responsibilities (RR)	"Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of patients and to promote and advance the health of populations."	"Use unique and complementary abilities of all members of the team to optimize health and patient care."
Interprofessional communication (IC)	"Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health, and the prevention and treatment of disease."	"Listen actively, and encourage ideas and opinions of other team members."
Teams & teamwork (TT)	"Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable."	"Engage health and other professionals in shared patient-centered and population-focused problem-solving."

Note. Direct quotes are from[3] update; core competencies for collaborative practice pg. 10–14.

patient-centered care, wellness, patient safety and quality, and social justice (definitions provided in Table 2; Saint Louis University-Center for Interprofessional Education and Research).[4] The underlying premise of the SLU IPE domains is to develop student skills and behaviors in IPCP and patient-centered care for the purpose of improving outcomes in the areas of wellness, patient safety & quality, and social justice (disparities and inequities in care and outcomes). Upon publication of the IPEC competencies, the SLU-CIER faculty found significant alignment of the SLU IPE domains with the IPEC competencies and has continued to highlight and utilize these competencies as outcome assessments for the program.

It has become increasingly important at the institutional level for the SLU-CIER to document and demonstrate learning outcomes as a result of the IPE curriculum that has been integrated as a required component of the health profession programs. Similarly, professionals across the IPECP community are working to link interprofessional efforts in education to interprofessional efforts in practice. Additionally, both the WHO Framework for Action (2010)

Table 2
SLU IPE program domains.

SLU IPE domains	Definitions	Example domain objective
Interprofessional practice	"A collaborative, interdependent use of shared expertise directed toward a unified delivery of optimal patient care. This includes understanding the roles, responsibilities, and scope of practice of various health professions, and skills at collaborative decision making and team-based communication."	"Discuss the unique contribution of each health care profession, including your own, for the care of patients, families, and communities."
Integrated, patient-centered care	"The development of attitudes and skills that support patient empowerment and inclusion in care planning while demonstrating sensitivity to autonomy, culture, language, literacy, socioeconomic conditions, and patient comfort. Additionally, the integration of evidence-based practice, informatics, self-management support, and care coordination to provide the best patient care and health outcomes."	"Demonstrate the ability to adapt and practice skills with patients of different cultures that include their perspectives on health/wellness/ illness."
Wellness	"The integration of evidence-based prevention guidelines and development of patient education skills enabling a system change from "sick-care" to wellness and prevention. Students across professions will demonstrate an understanding of an ecological model for determinants of health and program components that support community/ population health."	"Recognize the effect of the social determinants of health and take steps to alleviate these factors in personal and community health."
Patient safety & quality care	"The ability to demonstrate personal and systems quality improvement processes and communication skills across professions that lead to reduced errors and adverse outcomes and improved quality of care."	"Participate in developing and implementing models for continuous quality improvement at a personal and systems level."
Social justice	"The ability to recognize one's responsibility to act for the good of others and apply knowledge and skills in helping the most vulnerable. This includes understanding and working to eliminate health disparities, and developing skills for advocacy, policy change, and community development."	"Identify the role of health professional collaboration in alleviating the inequitable distribution and improve quality of health services."

Note. All direct quotes are from SLU-CIER, 2015, retrieved from ipe.slu.edu.