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An Interprofessional Education Opportunity for Future Health Care Leaders

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Increasing emphasis on interprofessional collaborative practice to improve health care delivery quality and safety led nursing faculty in a small liberal arts university to explore a unique educational initiative with School of Business Administration faculty. While developing a master of science in nursing administration option, the opportunity to create a collaborative undergraduate health care administration concentration with the School of Business Administration developed. Common competencies and potential shared courses were identified. After launching the initiative, faculty from both schools collaborated to evaluate outcomes. Student response has been overwhelmingly positive. The ability to examine health care issues from both business and clinical perspectives broadened the views of students in both majors. Challenges encountered and lessons learned that strengthened the intercollaborative project are identified. Evaluating and strengthening the partnership using the Interprofessional Education Collaborative Expert Panel guidelines is discussed. Advice and encouragement are offered to others considering similar non-clinical collaborative opportunities.

Keywords: Interprofessional education, Nursing, Health care administration, Collaborative learning

Opportunities for interprofessional education (IPE) are often abundant in urban universities and health sciences centers, but for our small, rural academic institution the chance for collaborative study in the school of nursing (SON) seemed a remote prospect. An unexpected invitation to partner with the school of business administration (SBA) to develop and implement a health care administration (HCA) certificate program made the distant possibility an immediate reality. The purpose of this paper is to share our journey into non-clinical collaborative education.

The decision to work with the SBA was an easy one based on full accreditation by the Association to Advance Collegiate Schools of Business (AACSB) and a highly credentialed business faculty. The graduate nursing faculty included two required business courses in the administration track that added value to the MSN program. The HCA certificate program was a chance for the SON faculty to give back to their business colleagues by admitting HCA students into existing nursing courses.

After the health care administration certificate program was approved by the university and higher education coordinating board, the faculty developing the curriculum identified student competencies and outcomes, selected courses, and verified AACSB faculty qualifications. HCA competency domains were initially drawn from the state's nursing facility administrator (NFA) examination domains of management theory and practice, concepts of aging, resident care, financial management, state regulations and laws, human resources, physical plant, and legal issues (Texas Department of Aging and Disability Services, 2009). Four existing courses that conclusively addressed HCA competencies included health care informatics, health care finance, health care delivery systems, and the leadership practicum. The business faculty also suggested the role, policy, and ethics course to meet ethics and policy role competency requirements for HCAs. The nursing faculty agreed to include the course in the collaborative on a trial basis.

The next step was course preparation. The lead faculty member in the nursing administrative track, who has a terminal degree in nursing and a master's degree in human resources administration, modified course descriptions and objectives to meet the needs of the HCA students and developed a separate syllabus for each cross-listed course. Module objectives and assignments were adapted to reflect NFA competencies and core knowledge areas covered by the American College of Health Care Executives (ACHE) credentialing examination (ACHE, 2008). Course textbooks

were examined for appropriateness for the blended group of students. Required journal article reading assignments were added to HCA and MSN syllabi that targeted health care leaders in general rather than nursing leaders alone. Articles geared to nurse administrators were included in the HCA syllabi as recommended readings. During course orientation, the faculty planned to explain the collaborative nature of the course and emphasize the mutual benefits of IPE.

The first collaborative courses were offered in the summer semester of 2008 using a hybrid delivery method with 50% of the course contact taking place in the classroom and 50% completed online. Students were challenged to seek and provide explanations for new or confusing concepts during classroom or online discussions and group assignments. Group membership was determined by the faculty to ensure even distribution of HCA and MSN students. The presence of non-nursing students changed the dynamic in both learning environments. Nurses were forced to translate health care jargon and processes while HCA students helped their nursing colleagues understand business and accounting principles. Classroom and online discussions encouraged students to express personal views about health care and pushed them to consider the perspectives of another discipline.

Course instructors evaluate courses each semester. End of course reports indicated acceptable outcomes in most courses requiring minor adjustments or enhancements. However, the role, policy, and ethics course results did not meet nursing faculty expectations. Although MSN and HCA students engaged in lively ethical and policy discussions and enjoyed written assignments, neither group was informed enough about their new roles to ascertain collaborative responsibilities. Approximately one-third of the course content was originally dedicated to introducing MSN students with varying degrees of professional work experience to new role expectations and responsibilities accompanying advance education. The majority of HCA students had no health care work experience. Feedback from three different nursing faculty members suggested that HCA students needed to have a more in-depth introduction into the roles and responsibilities of the health care administrator before they could benefit from collaborative discussions. Based on instructor feedback, the role, policy and ethics course was reviewed first to determine if course expectations were being met. Representatives of both schools determined that the roles content needed to be discipline specific and removed the course from the collaborative course options. The other four collaborative courses were also evaluated and continue to work well with both groups of students as they learn with and from each other. The faculty posits that these courses are successful because the content is new to both groups of students so they are entering at the same level and their diverse work experiences enhance rather than hinder the acquisition and exploration of new concepts.

The overall IPE experience with the SON and SBA has been positive based on anecdotal comments, course evaluations, and faculty observations. One group of HCA students seemed to struggle more and voiced feeling more overwhelmed than other groups. Further investigation revealed the students struggling the most were primarily junior level students with limited work experience in general or with weak academic credentials upon entering the HCA concentration. SON and SBA faculties agreed that for all students to achieve the maximum benefit, HCA students must be classified as seniors to register for the collaborative courses.

Faculty understanding of interprofessional collaborative competencies was essential for successful IPE endeavors. The recent work of the Interprofessional Education Collaborative Expert Panel (IPEC) (2011) emphasizes the importance of a team approach for meeting the complex demands of health care in the future. Interprofessional collaboration promises to improve health care quality, cost, and safety (Institute of Medicine [IOM], 2003; IPEC, 2011; Zwarenstein, Goldman, & Reeves, 2009). The IPEC (2011) report identified 38 competencies in four domains - values and ethics, roles and responsibilities, interprofessional communication, and teams and teamwork. Sponsors of the IPEC panel included professional organizations from a variety of clinical disciplines. Health care administrators need to collaborate with clinical professionals in practice and would benefit from IPE during training. The same competencies identified by the IPEC panel for clinicians are appropriate to guide the current MSN/HCA collaborative. The systematic process used by the IPEC panel to develop their list of competencies gives us more confidence in our collaborative and helps ensure all faculty members teaching in the collaborative are using a common set of competencies.

Additional time for course preparation and faculty support were crucial during collaborative course development and implementation as even experienced faculty members reported feeling inadequate in their first exposure to IPE with non-clinically focused students (Anderson, Cox, & Thorpe, 2009; "Team Based Competencies," 2011).

Courses appropriate for interprofessional learning opportunities concentrate on the common competencies across disciplines. Extremely important and timely reports by several respected groups are now available to guide IPE initiatives (IPEC, 2011; "Team Based Competencies," 2011). Although this information was not available when we began our IPE collaboration, we are using the recommendations during course and curriculum revisions.

For IPE to be successful, collaborating faculty must identify courses appropriate for diverse health professionals. As is the case in any curriculum venture, multiple trips to the drawing board will be needed to refine the curriculum. We learned that MSN and HCA students benefit from shared learning opportunities; however, care must be taken when selecting courses that include pre- and post-professional students. Outcome evaluation and modification to meet changing needs are vital in business and clinical health care related disciplines. Discipline specific competency must be considered when designing and evaluating a collaborative curriculum.

The single greatest benefit identified in the MSN and HCA IPE collaborative is the increased opportunity for understanding the perspectives and contributions of each profession to safe, quality patient outcomes (MacDonald et al., 2010; Suter et al., 2009). Well-planned course assignments and activities create opportunities for learners to view another's world. Faculty members were thrilled to see MSN students expand their views beyond nursing. Expanded views increase understanding. Understanding brings respect; respect improves collaboration; and collaboration leads to the ultimate goal of improved patient outcomes.

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