Introduction to the Special Issue on Interprofessional Collaborative Practice and Education

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Abstract: These narratives describe how interprofessional relationships, communication and collaboration improve client care and enhance community health and well-being. Much research in this area focuses on the health care field is and limited within the education field. Research shows that health professionals work collaboratively, quality and efficiency improve, there are better client outcomes, and professionals are more satisfied. Research on interprofessional education (IPE) indicates that IPE promotes positive interactions and improves attitudes towards other professions. When students learn together they develop an appreciation for one another's role in health care and develop trusting relationships.

Keywords: interprofessional education; collaborative practice; Interprofessional Education Collaborative; community health; well-being; knotworking theory; relationships

Welcome to the special section on interprofessional collaboration in practice, research and education! We have been working on this issue for about a year now and are excited to share the narratives that have been crafted by several professionals. About five years ago the two of us met on campus at Rhode Island College. Our deans brought us together because of our mutual interest in Interprofessional Education. The timing was perfect. Shortly after we met to discuss how social work students could be involved in simulation, we were invited to be part of a team charged with developing an interprofessional curriculum for healthcare students. This grant-funded alliance brought us together to think about how we educate our social work and nursing students to work collaboratively. We were part of a larger workgroup consisting of faculty from three universities (both public and private) and practitioners from the community. We were fortunate to have much support from leadership and other professional schools in the State of Rhode Island.

Our work began shortly after the Interprofessional Education Collaborative (IPEC) published core competencies delineating interprofessional competencies that are expected of the next generation of healthcare providers. We used these competencies to frame our Interprofessional Simulations and to measure self-efficacy of learners before and after working together in a simulation. We had to face several challenges, however. As we muddled through to figure out how to actually "teach" interprofessional concepts, we found that there were hardly any narratives/stories that we could read and get a good sense of the how this work is being done (particularly in the field of social work). Most of the work was in nursing in collaboration with medicine and pharmacy. Much of the literature for social work's involvement is from Europe or Canada, with only a few from the USA (Charles, Barring, & Lake, 2011; Nimmagadda & Murphy, 2014; Pecukonis et al., 2012; Sims, 2011; Smith & Anderson, 2008; Villadsen, Allain, Bell, & Hingley-Jones, 2012).

These narratives describe how interprofessional relationships, communication and collaboration improve client care and enhance community health and well-being. Much research in this area focuses in the health care field and is limited within the education field. Research shows that when health professionals work collaboratively, quality and efficiency improve, there are better client outcomes, and professionals are more satisfied (Kyrkjebo, Brattebo et al., 2006; Hicks, Bandiera et al., 2008). Research on interprofessional education (IPE) indicates that IPE promotes positive interactions and improves attitudes towards other professions (Thistlethwaite, 2012). When students learn together they develop an appreciation for one another's role in health care and develop trusting relationships.

We use two theories: activity and knotworking theory (Engeström, 2005), from social science to

frame our discussion of the articles. Knotworking theory's central tenet is that collaboration involves ever changing combinations of individuals over a period of time (Varpio et al., 2008). Utilizing this framework, the authors urge that just as in a knot there are different threads, in the knot of healthcare/K-12 education, each thread represents a particular profession, and people may come in and go out of the knot based on client needs at a given point in time. The interprofessional team is fluid, requiring that members communicate effectively with one another and the client, adapting to the circumstances to support client-centered care. When the collaboration is effective, the team forms a closely woven support structure, which Engeström (2005) describes as a 'strategic alliance.' The narratives in this section describe each author(s) experience with interprofessional groups.

Two themes emerge from these articles – those of relationship building and trust. Dr. Netting from Professor Emirata, Virginia Commonwealth University shares her experience in collaborating with professionals from social work, public health and veterinary medicine. Using the principle of the central importance of human relationships, the author explores how an early not-so-positive interview at a humane society job led her to connect with colleagues from public health and veterinary medicine, and how she embarked on a project to connect animals from shelters to older adults. To achieve this goal, the colleagues had to have deep respect for each other, have knowledge about each one's roles, listen to each other and problem solve. As a result of this collaboration, a tenure-track social work faculty was hired by the School of Veterinary medicine to help teach students the importance of human relationships in the practice of veterinary medicine.

Reflecting on her thirty plus year journey in interprofessional collaborative practice, Dr. Flanagan from University of North Dakota explores the changes in the field (from use of the term interdisciplinary to interprofessional, for instance). The article discusses four lessons that she thinks will be useful for us to create more effective interprofessional work – the need to appreciate one's own professional discipline, using professional hierarchies to provide structure rather than control, collaboration rather than competition and need for formalized curriculum for IPE (rather than a sporadic workshop). The essence of Dr. Flanagan's narrative concerns the trust she developed with her colleagues through dialogue and hands-on working experience.

The most common model of IPE education has involved medical students with another health care professional school. Dr. Bolin and Dr. Chapman, faculty in the social work program at Wichita State University received an invitation from the medical school to participate in IPE activities. Eight students participated, but the model was unique. Three medical students met with the standardized patient and had to go over to the social work student for a consultation. Emphasis on the physician to reach out to the social worker and present the case scenario is more reflective of practice in the real world. Working together to analyze patient needs and discuss a plan of care gives the physician and social work trainee an opportunity to learn from and trust one another.

What pushes academics towards collaborative practice is varied, as discussed in the article by Dr. Chakradhar and her colleagues (Murray State University). The initiative taken by one faculty member to connect with others to collaborate on research snowballed into a whole interprofessional collaborative practice with older adults experiencing chronic illness. Throughout this unique university-community partnership, faculty from social work, nursing, recreation, gerontology, psychology and anthropology aimed to use interprofessional practice to impact regional health status. Working together with a common goal of enhancing patient care provides the varied professionals an opportunity to learn from one another, to build rapport and to learn to trust one another.

Discussing their interprofessional experiences in the education world, Dr. Glantz and Dr. Gushwa (Rhode Island College) give us a peek into the school system and its handling of foster care children. The Education Collaboration Project was developed to bring professionals from the overlapping systems that care for these vulnerable children. The ECP model allowed for the validation of each profession, but also explored the need for a strong relationship with one another and its connection to foster kids' success in schools. Presenting their ideas at two

national conferences, the authors had an intense experience connecting with child welfare professionals who related to the "working in a silo/isolation" feeling, and felt energized by the hope of the ECP model to better serve the children. Working together with other health professionals assists with developing trust and collaboration, which builds relationships.

Forging a trusting relationship is central to establishing a collaborative practice says Diaz (New York City College of Technology/CUNY) in her narrative on her experience in working as an outside consultant with the school system. She shares her story where she was part of an effort to build a team consisting of different professionals in the educational system. This team then worked together and with kids who had social-emotional and/or academic challenges. The contexts and group dynamics that support or create barriers to this team effort is well illustrated through examples.

At the two higher education institutions in the Rochester, New York area (College of Brockport, SUNY and Nazareth College), what started as an interprofessional dialogue evolved into a full-fledged program on the university campus to help students with developmental disabilities transition into college. Faculty from the school of education, social work, communication sciences and disorders, education technology, inclusive education and the office of civic engagement came together to design a campus-based transition program for students. This group was expanded to include partners from school districts and agencies in the community and transformed into a university-community partnership. This dialogue among stakeholders led to trusting relationships, giving the team the opportunity to learn with and from one another. The common themes noted in these narratives indicate that learning together enhances relationships, trust and helps develop communication skills essential for healthcare today.

We hope that you enjoy these narratives and are inspired to initiate interprofessional collaborative practice in your institutions. Thanks to all the contributors who took time to write their story. Without their effort, this special issue would not exist. Thanks to Alicyn Murphy for her illustration of knotworking theory as we envision it: fluid, supportive and collaborative. We especially appreciate the assistance of Dr. Michael Dover and his team who patiently worked with us to effectively utilize the computerized system that manages the manuscripts.

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