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Interprofessional Collaborative Care Educational Program for Nurses

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This is to certify that the doctoral study by

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2017

Abstract

Interprofessional Collaborative Care Educational Program for Nurses

by

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MN, University of Windsor, 2007

BScN, Lakehead University, 2003

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Interprofessional collaboration and collaborative patient and family-centered practice is increasingly advocated as a means of improving patient outcomes and the cost effectiveness of health care. The Canadian Interprofessional Health Collaborative and Registered Nurses Association of Ontario identified best practices and competencies required for interprofessional collaboration and collaborative practice. Despite the widespread dissemination of these competencies and best practice guidelines there remains a gap in nursing practice regarding nursing knowledge about the core competencies required for interprofessional collaboration. The purpose of this project was the planning of an education program for nurses on interprofessional collaboration and collaborative care. The education project was guided by a model of instructional design. At the project facility, the interprofessional practice team planned an education program for nurses to promote interprofessional collaborative practices. The education program included a handout and a PowerPoint presentation describing the contents of the handout and clinical application of the competencies in nursing practice. The PowerPoint will be retained by the organization to present to nursing staff at the organization. Process evaluation included a team member questionnaire assessing leadership, participant involvement and meeting facilitation. Members of the interprofessional practice team agreed on the success of the process and involvement in the overall project. Increasing nursing knowledge about interprofessional collaboration and collaborative practices would represent positive social change to improve nursing practices and as a result, health outcomes for patients and their families.

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Acknowledgements

"Tell me and I forget, teach me and I remember, involve me and I learn."

Benjamin Franklin

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Section 1: Nature of the Project

Interprofessional collaborative care and practices are important in learning and practicing as a health care professional. The College of Nurses of Ontario (CNO, 2008) supports interprofessional practice of health care providers and "believes that interprofessional collaboration (IPC) is an essential prerequisite for effective and efficient patient and family-centered care" (p. 3). The Interprofessional Education Collaborative (IPEC, 2011) identified core competencies needed by health professionals to provide integrated, quality care. Despite the widespread dissemination of these core competencies to health professional schools, there remains a gap in nursing practice regarding nursing knowledge about the core competencies required for interprofessional collaboration. The Canadian Interprofessional Health Collaborative (CIHC) framework and competencies for IPC can be used to inform both education and practice by building on the learner's existing IPC knowledge and skills (Bainbridge, Nasmith, Orchard, & Wood, 2010).

Problem Statement

A knowledge deficit exists for nurses about competencies related to patient-centered, interprofessional collaborative practice. Effective collaboration does not happen without effort. IPC learning opportunities need to be developed to bring teams together and build on the competencies related to knowledge, skills, and attitudes necessary for collaboration (American Association of Colleges of Nursing, 2011). Summerfeldt (2013) claimed that for nursing influence to shape the interprofessional world in health care, nurses "need to engage in that world and be prepared to articulate to others what nursing actually is and what it is not" (p. 519). Through purposeful learning about IPC and

guided by the interprofessional collaborative practice competencies, nurses will acquire needed knowledge, skills, and ability to communicate the role nurses have in interprofessional practice environments. Senior nursing leaders at the project site recognized many benefits of an interprofessional care environment as evidenced by research and best practices. Interprofessional collaboration as a team-based approach has been proven to improve patient care and meet the demands health systems are facing (Bainbridge et al., 2010).

Purpose, Goals, and Objectives

The identified gap in practice was nursing knowledge about the core competencies required for interprofessional collaboration. The clinical question being explored in this project was how can an evidence based program regarding interprofessional collaboration for experienced nurses be planned? The purpose of the project was to plan an educational program for nurses regarding IPC and collaborative care. The program goal was to increase nurses' knowledge about the competencies required for effective collaboration within an organization. As a result, nurses gained knowledge to shape the judgments essential for interprofessional collaborative practice (CIHC, 2010). With an interprofessional approach to health care, there is enhanced patient- and family-centered care, a reduction of duplicate services, and a decrease in service delivery gaps (Alidina, 2013). The project objective was to develop the resources needed for this educational program on IPC and collaborative care.

Nature of the Doctoral Project

The research and literature used in this project focused on the development of an educational program for nurses that incorporates interprofessional learning including IPC competencies, team-based care, and leadership. With this new knowledge, nurses would be better equipped to provide leadership and lead interprofessional teams in the organization. In this project, discussion occurred with senior nursing leaders regarding the competency framework, competencies, and evidence-informed practices based on IPC. The National Interprofessional Competency Framework for interprofessional collaboration speaks to all health professionals and provides a foundation to help plan content for an IPC education program (CIHC, 2010). I met with key stakeholders, senior nursing leaders, and an interprofessional council within the organization to determine what types of resources were present and what needed to be incorporated into the interprofessional collaborative care education program for nurses.

Interdisciplinary and interprofessional education has been publicized as the hope for the future moving all disciplines toward collaborative efforts (Angelini, 2011). The term *disciplines* implies an academic branch of knowledge such as medicine, nursing, respiratory therapy, and physiotherapy. *Interdisciplinary* means that two or more disciplines work or learn together to solve a problem or gather information. *Interprofessional* is used to describe the relationship between various disciplines as they purposely interact to work and learn together to achieve a common goal. For example, if a client has trouble swallowing, nurses, speech language pathologists, and dieticians need

to work together as a team to figure out what is wrong and how to help the client (St. Joseph's Care Group, 2016). The term *interprofessional* is the updated version of older terms such as *interdisciplinary*, *cross-disciplinary*, and *trans-disciplinary* (O'Brien, 2013). The intent of defining these terms is to give a clear understanding of what is meant by interprofessional collaboration for the purposes of this project.

Significance of the Project

Interprofessional collaborative care and practice is increasingly recognized as a means of addressing the challenges in today's health care environment, such as patient safety issues, human resource shortages, and populations with complex health care needs (Bainbridge et al., 2010; Chan & Wood, 2010; Green & Johnson, 2015; IPEC, 2011). Teamwork comes together with a shared focus and with better connected and flexible processes to improve the overall experiences within an organization. Such improvements will produce greater job satisfaction and higher staff retention rates (Green & Johnson, 2015). Key stakeholders in this project included senior nursing leaders and nursing staff. This project enabled strategic discussions with senior leaders on the introduction of IPC and alignment with the organization's strategic vision to provide a collaborative interprofessional environment for patients and their families. Fostering a culture of IPC and collaborative care necessitates the integration of evidence-based practice, research, and competencies to improve patient outcomes and quality of care. Senior nurse leaders and nursing staff were committed to several issues during the project. The first was to improve patient outcomes with quality initiatives, and the second was implementation of

evidence-based practices with increased collaboration. Lastly, nurses were committed to working within a team environment to ensure best possible outcomes for patients and families. Providing nurses with education on IPC may create the social change needed for nurses to learn and practice as leaders in collaborative, team-based environments to provide quality, safe, patient-centered care. Nurses, regardless of title, have the potential to contribute to and become leaders of change. The knowledge gained by the nursing staff may lead to success in improving patient flow through the health care system with good results for the patient, the care providers, and the organization. The nursing profession is a key contributor to primary health care. Nursing practice environments today are more interprofessional, which "challenges nurses to examine and adjust to increasing complexity and interdependency in healthcare" (Summerfeldt, 2013, p. 519). For nurses, educators, clinical preceptors, clinicians, managers, and researchers, knowing the competencies for IPC is essential for current and future practices in health care (Bainbridge et al., 2010).

Summary

This project focused on IPC and collaborative care education for nurses in the project site organization. This project was essential in supporting the organization's vision of creating a collaborative, interprofessional environment for patients and families. The CIHC (2010) competency framework for interprofessional collaboration provided the basis for the interprofessional collaborative care education program for nurses in this organization.

Section 2: Background and Context

The clinical question explored in this project was how can an evidence-informed program regarding interprofessional collaboration for experienced nurses be planned? The purpose of the project was to plan an education program for nurses on IPC and collaborative care. The program goal was to increase nurses' knowledge about the competencies required for effective collaboration within an organization. The project objective was to develop the resources needed for this educational program on IPC and collaborative care. In this section, I reviewed the concepts, models, and theories used in the development of this doctoral project. I describe the relevance to nursing practice through the use of scholarly research, strategies, standard practices, and current evidence-based practices on IPC and collaboration care. The organizational setting is described in detail. In addition, the role of the DNP student and motivations for this project are discussed.

Theoretical Frameworks and Conceptual Models

IPC is considered a high priority in terms of patient safety, health and human resources, shortages, and efficiencies in delivering health care (Bainbridge et al., 2010). A competency framework for IPC using evidence-informed literature that describes the competencies for collaborative practice was developed by the Interprofessional Education Collaborative (IPEC). The IPEC comprises six national associations of health care professionals who set out to advance team-based care and organizations. One of the associations is the American Association of College of Nursing (ACCN). The IPEC was established in 2012 to develop core competencies for interprofessional collaborative

practice that would serve as guidelines for creating programs or curriculum aimed at driving IPC among health care professionals. The ACCN "Essentials" document requires that these competencies be integrated into content and clinical opportunities (Sullivan, Kiovsky, Mason, Hill, & Dukes, 2015). Development, application of IPC collaborative practices, learning about the competencies, and having a healthy workplace setting are essential to improve the quality and best practices for patient care (ACT Government Health, 2014; Canadian Interprofessional Health Collaborative, 2010; Registered Nurses Association of Ontario, 2013). Summerfeldt (2013) discussed the importance of communicating nursing knowledge and roles to others during interprofessional interactions as being a nursing competency as well as an interprofessional one. The benefits of IPC and collaborative care are also significant because collaborative practice guidelines are now being required for accreditation for health care organizations (Fewster-Thuente & Velsor-Friedrich, 2008).

IPC remains a significant challenge for educational institutions, health care organizations, and those who work as health care professionals. The 2011 Institute of Medicine (IOM) report suggested that major changes are needed in nursing education and in the practice setting to learn about IPC before and after individuals receive their professional licenses. An educational foundation built with teamwork and collaboration is essential for a patient-centered, coordinated, and effective health care delivery system (IOM, 2011). A number of organizations, groups, and scholars have developed competencies for IPC to be used in the curriculum of health care professionals (Bainbridge et al., 2010; CIHC, 2010; IECEP, 2011; WHO, 2010). There are many

similarities and differences in these frameworks. The interprofessional groups creating IPC competencies agree about the inclusion of specific care concepts including communication, collaboration, patient-centered care, and teamwork (Reeves, 2012).

The national interprofessional competency framework developed by the CIHC (2010) provides an integrative approach to describing the competencies required for effective IPC (see Figure 1). The six nationally defined IPC competencies considered essential for effective collaboration in the framework are interprofessional communication, patient/family and community-centered care, role clarification, team functioning, collaborative leadership, and interprofessional conflict resolution. "The set of competencies in this framework allows students and practitioners to learn about the competencies and apply the competencies no matter what their level of knowledge, skill or type of practice setting" (CIHC, 2010, p. 9). The ability of students and practitioners to collaborate is developmental. Each of these competencies develops over time as the individual's professional career begins from novice to expert within a practice or learning situation (CIHC, 2010). Competency-based education has become increasingly the norm in Canada and accepted in health professional education, and the importance of defining competency in interprofessional practice has been recognized and is believed to improve professional relationships, increase coordination, and improve patient safety and health outcomes (Curran, Health, Kearney, & Button, 2010).

Figure 1: The National Competency Framework

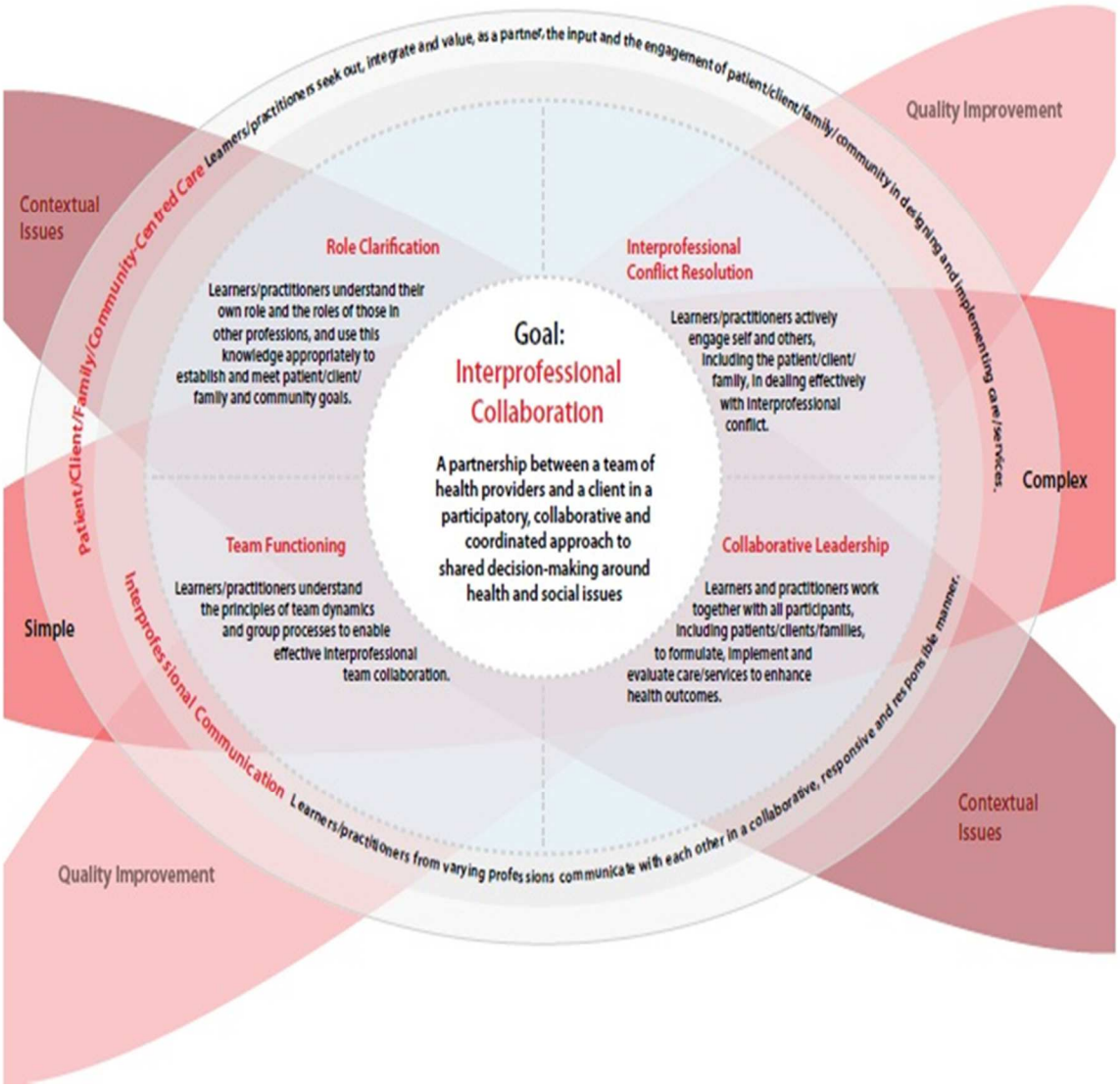

Figure 1. "The national interprofessional competency framework". From Canadian Interprofessional Health Collaborative, 2010, p. 11. Reprinted with permission (Appendix A).

Interprofessional communication refers to communicating in a collaborative, responsive, and responsible way with persons from other professions (CIHC, 2010). Patient/family and community-centered care refers to both the valuing of and the active

involvement of patients as partners designing and implementing care (CIHC, 2010). Role clarification refers to understanding a person's role and the roles of persons in other professions and being able to use this knowledge to establish and achieve common goals (CIHC, 2010). Team functioning refers to the understanding of the principals involved in the dynamics of team work and the processes that enable IPC (CIHC, 2010). Collaborative leadership refers to the understanding and the ability to apply leadership principles in support of a collaborative, responsive and responsible manner with persons of other professions (CIHC, 2010). Interprofessional conflict resolution refers to the active engagement of all involved in a positive, constructive, and timely manner to address disagreements (CIHC, 2010). The ability of health care professionals to collaborate is considered developmental so the each of the competencies develops over the health care professional's career.

The application of the Analysis, Design, Development, Implementation, and Evaluation (ADDIE) model in instructional design has been used for simulation in nursing education improving clinical performance in graduate nurses (Robinson & Dearman, 2013). Hsu, Lee-Hsieh, Turton, and Cheng (2014) found the ADDIE model to be an effective framework to develop and educate nursing staff. The ADDIE model (see Figure 2) can be used as a model to develop and evaluate education programs.

Figure 2. The ADDIE model.

The ADDIE model's phases represent a dynamic, flexible guideline for building effective training and performance support. Consequently, it is the most common model used by instructional designers and content developers to create instructional course materials. At the center of the model is the evaluation phase. Evaluation takes place at every phase during the development of the project and is intended to keep the training project on course to achieve the desired goals. The other phases of the model are interdependent, and the processes within these phases can be intercepted by the design team at any given point based on the nature and scope of the project. The first phase requires the developer to analyze the audience, the task(s) to be learned, and the desired result(s). The second phase refers to the design and focuses on the development of a

detailed project plan and training approach. The third phase involves the creation of the training materials with the fourth phase leading to the implementation of the training materials or system. In the current project, I used the ADDIE model as a planned approach to address the knowledge gap with respect to IPC and collaborative care for nurses identified in the analysis phase. When the proposed learning product has moved through the design phase, it is ready for the development phase in which training materials and assessment materials are developed to address the knowledge gap.

The organization where this project was developed has used the ADDIE model and instructional design for other projects. The clinical and corporate educators for the organization received education and training on ADDIE application, and the corporate educator has become the subject matter expert within the organization in regard to the ADDIE model. Through the culture of lifelong learning and development especially in terms of professional growth and development, staff are encouraged to continue their quest for knowledge. This may be in the form of completing an academic program, taking courses offered within and outside of the organization, attending workshops or conferences in a relevant specialty, and sharing the knowledge acquired with others. The organization's nursing practice and professional practice councils recently merged to form an interprofessional collaborative practice council (IPCC) that reports to the senior nursing leader (chief nurse executive) in the organization. The senior leadership team requested that this new council as part of their journey be the conduit and support for IPC and collaborative care initiatives in the organization.

Relevance to Nursing

Nursing is a profession that is patient centered and collaborative. Nurses are involved in every aspect of the health care system. Nursing impacts the availability, cost, and quality of health care. Nurses also have the ability to use theoretical knowledge to provide patient care; promote health; and enhance the well-being of patients, families, and the community. In terms of this project, an education program was designed to help nurses gain theoretical knowledge about IPC and IPC competencies. A competency is defined as the "knowledge, skill, ability and judgment required for safe and ethical nursing practice" (CNO, 2014, p.4). Nurses can apply these competencies in their clinical practice setting no matter their level of skill or type of practice setting (CIHC, 2010). Ideally, each of the competencies and knowledge gained develops over an individual's professional career path. There is a growing need for IPC in health care. The complexity of the health needs of patients and their families often requires the expertise of an interprofessional collaborative team (Bainbridge et al., 2010; Canadian Nurses Association [CNA], 2011; Zaccagnini & White, 2011). The CNA suggests that specific structural elements are put in place to support and sustain IPC. Examples of specific elements include planning; recruitment; workplace and interprofessional education that supports human resources; long-term funding allocations; and information technology requirements. These elements enable all health care professionals to work at their full scope of practice and engage in decision-making processes (CNA, 2011).

Bankston and Glazer (2013) discussed the relationship between nursing, education, and IPC suggesting it is much easier for those entering the profession to

develop positive attitudes about collaboration than for those who have known only practice environments in which interprofessional collaboration is nonexistent. A successful transition to collaborative practice begins with the socialization of students in the health care field to a collaborative environment, "building trusting relationships between students/members of differing professions, progress to understanding and valuing each disciplines' unique contribution to healthcare, and culminate in practicing together as partners to provide quality care" (Bankston & Glazer, 2013, para.9). The IOM (2011) recommended that opportunities be expanded "for nurses to lead and diffuse collaborative improvement efforts," (p. 2) which highlights the need to foster interprofessional collaboration among health care providers. Current nursing students have the advantage of being exposed to and learning about IPC.

The Registered Nurses Association of Ontario (RNAO, 2013) developed a best practice guideline to foster healthy work environments and to identify attributes of interprofessional care that will optimize quality outcomes for patients/clients, providers, teams, and the organization. This RNAO guideline outlines system-wide recommendations for leaders and leadership in the following settings; governments, academic institutions, regulatory bodies, professional associations, and/or practice-based organizations to collaborate and make interprofessional care a collective strategic priority (RNAO, 2013). Organizations must have operational supports to promote interprofessional and collaborative care which include establishing human resource plans. This will allow dedicated time and coverage for nursing staff to participate in interprofessional activities, and a means to establish effective communication processes

(RNAO, 2013). Supportive work environments require communication, mutual respect, and collaboration between the various providers, as well as between providers and patients (Bankston & Glazer, 2013). Healthy work environments for nurses which support IPC and collaborative care require transformational change with interventions that will bring about that change. Developing an educational program for nurses to gain knowledge about IPC and collaborative care not only creates positive outcomes for patients and their families, it also creates a healthier work environment. This benefits nurses, patient and families and other members of the health care team. A healthy work environment is defined by RNAO (2013) as, "a practice setting that maximizes the health and well-being of nurses, quality patients/clients outcomes, and organizational performance and societal outcomes" (p. 13). Not only is a healthy work environment important to nurses, the benefits of IPC can affect the way in which nurse's practice.

Zaccagnini and White (2011) suggest that benefits of collaboration can address concerns such as nursing shortages, job satisfaction, nursing retention and recruitment issues. "These issues are particularly relevant to nursing practices" (Zaccagnini & White, 2011, p. 240). "Nurses need to address fundamental issues about practice that negate collaboration and patient-centred care" (Orchard, 2010, p. 248). Nursing standards identify collaborative practice as necessary for quality patient care yet many nurses are reluctant to participate in interprofessional teams (Reeves, Zwarenstein, Beales, Kenaszchuk, & Conn, 2008). Orchard (2012) addresses what changes are needed for nurses to become more collaborative by suggesting nurses need to "re-socialize themselves as part of collaborative teams" (p. 251). Nurses should also be able to

articulate their own roles, share knowledge and skills with others to gain an understanding of where there are shared roles, across their own and other health providers, and finally, to learn how to work in collaborative teams. Even though IPC has been taught in education and practice for over three decades, the literature remains sparse regarding the potential benefits and challenges of IPC associated with each role (Alberto & Herth, 2009).

As early as 1988 studies found that interprofessional health care teams of students learning together did improve healthcare outcomes (WHO, 1988). Subsequent studies supported these earlier reports yet health care education today, largely remains in silos with limited opportunity for interprofessional learning (Barwell, Arnold, & Berry, 2013; Grumbach & Bodenheimer, 2004). Orchard (2010) suggests there is a gap between an expectation of interprofessional team practice and the preparation for it in most nursing education programs. Orchard (2010) goes as far as saying this gap is also widened by the failure of new staff orientation programs on IPC, collaborative care as a practice expectation and development of teamwork within an organization or agency. "Formal preparation for health providers to work within teams has been neglected in most education and orientation programs" (Orchard, 2010, p. 250).

The Canadian Nurses Association's Report," *Optimizing the Role of Nurses in Primary Care in Canada*" (2014) reported there is in fact evidence to support nursing roles within interprofessional team-based models of primary care. In this report nursing participants commented on the importance of developing a competency framework, gaining a better understanding of collaborative competencies, understanding more about

the scope of services that a team offers and how teams can work more collaboratively (CNA, 2014). Virani (2012) identified five potential interprofessional collaborative care models that involve a substantive role for nurses: interprofessional team, nurse-led, case management, patient navigation and shared care. However, Virani (2012) also states there is insufficient evidence to determine which the best model is; model selection should be dependent on the patients, providers and practice setting contexts. Sadly, the reality is that most health professionals are educated separately with limited access and knowledge to another discipline's specific knowledge (Rose, 2011). Rose (2011) suggests for true collaboration to take place, all disciplines within the health care team must be considered equal partners.

Local Background and Context

The organization where this project was developed has mission, vision and value statements which focus on patient and family-centered care and exemplary interprofessional and collaborative care. The organization's leadership team aspires to promote strategic goals and principles of patient and family-centered care, quality and safety, high patient satisfaction and employee engagement. The strategic planning process was led by the hospital's board of directors. The planning process involved input and participation from the board, its committees, hospital advisory panels, staff, professional staff, volunteers, community health service providers and the public. In addition, feedback was received from physician and staff engagement surveys which contributed to the development of eight strategic goals and principles. One of the goals of the project organization is the development of a plan to advance an interprofessional

collaborative model of care. The executive team selected the chief nursing executive as the executive sponsor to lead the implementation of an interprofessional collaborative model within the project organization. To chief nursing executive and her teams within the organization (interprofessional practice, organizational development, occupational health, human resources, and nursing services) assisted in the planning process. The planning of an interprofessional collaborative model requires the knowledge of what IPC and collaborative care is and what this looks like in an organization. Wilhelmsson, Svensson, Timpka, & Faresjo (2013) and Pollard, Meirs, & Rickaby (2012) found in their studies nurses who were trained from an interprofessional approach in education during their undergraduate education were far better prepared to work with other professions. The chief nurse executive and senior nurse leaders determined that the plan and learning about IPC and collaborative care was under the auspices of the interprofessional practice and organizational development departments.

Post graduate study and continued professional development are essential tools for all health professionals to acquire new knowledge to improve practice. Funding, policies, educational opportunities and organizational supports are needed to ensure health care professionals undertake studies to learn and improve their knowledge about interprofessional collaboration (Pullon & Fry, 2005). Historically, professional cultures have contributed to the challenges of effective interprofessional teamwork (Hall, 2005). Health care professionals need to learn from each other and come together as part of a collaborative team. Shared decision-making, creativity and innovation allow health care professionals to learn from each other and enhance the effectiveness of their collaborative

efforts (CNA, 2011). Learning about other professions is an important first step towards collaborative care.

In the 1990's, Grant et al. (1995) outlined common barriers and challenges to interprofessional collaborative practice. These barriers and challenges were summarized into three categories: organizational barriers, barriers at the team level and barriers faced by individual team members. Grant et al. (1995) suggested in order to overcome all of these barriers, a "clear understanding of others is the basis for respect which underlies all successful collaborative endeavors" (para. 4). The need to establish the trust and respect of other team members derives from a central feature of collaboration. Prior to this project, the project organization focused on IPC and patient/family centered care. All staff were required to complete an eLearning on "trust" in the workplace. No individual staff member is responsible for all aspects of the patient's care, and therefore each member must have trust and confidence that other team members are capable of fulfilling their responsibilities (Grant, Finnocchio & the California Primary Care Consortium Subcommittee on Interdisciplinary Collaboration, 1995). A major challenge facing interprofessional teamwork is to provide opportunities for team members to learn collaborative skills and tools for effective teamwork (Hall, 2005). An education program for nurses on interprofessional collaborative care has tremendous potential and transferability to become an education program for all healthcare professionals in an organization.

Health and social welfare is well documented internationally (Willumsen, Ahgren, & Ødegård, 2011). Present and future health workforce are tasked with

providing health services in the face of increasingly complex health issues. Evidence shows that as these health workers move through the system, opportunities for them to gain interprofessional experience and education are needed to in order to become part of a collaborative practice-ready health workforce (WHO, 2010).There is still insufficient knowledge however, that exists about interprofessional collaboration, and the need to develop adequate approaches for exploring collaboration between organizations, professionals and health care consumers (Willumsen, Ahgren, & Ødegård, 2011).

Role of the DNP Student

The DNP has a major role in program development. To work on interprofessional teams, nurses need to articulate the role they play in improving patient care. Other health care professionals do not always recognize the work of nurses and this creates confusion about who nurses are and what they do. Zaccagnini and White (2011) believe the first step to understanding the role nurses have is "getting our voices heard to identify who we are and call ourselves at all levels" (p. 244). The DNP role and involvement in this project brought forward a nursing perspective about IPC into the health care organization. DNPs are effective collaborative team members, who have scientific knowledge, skills, and abilities. DNPs also contribute to quality improvement and outcome evaluation processes, policy and leadership (Zaccagnini & White, 2011). Thus, a DNP prepared nurse plays a central role in the development of an educational program for nurses, in establishing interprofessional teams, participating in the work of the team, and assuming leadership of the team (Zaccagnini & White, 2011).

In 2012, when I began the DNP program, I was employed in the project organization as the Director of Interprofessional Practice. This title changed in 2015 and became known as the Director of Interprofessional Collaborative Practice and Student Relations. Part of the new responsibilities and role as the Director was to be the chair person for the newly formed Interprofessional Collaborative Practice Council. The importance of IPC and collaborative care as part of my new role, responsibilities and linkage to the strategic plan for the organization led to the motivation and my involvement in this doctoral project. As a DNP student in clinical practicum settings, I was able to further develop my professional growth and development in leadership, knowledge of IPC and Patient Family-Centered Care (PFCC). Both of my clinical practicum sites provided first-hand experiences alongside teams who had implemented IPC hospital-wide and in the community (Community Palliative Care Consultation Team).

Despite my recent retirement from the organization, continued collaborative care to fruition in another organization through a consultative role. By giving the nurses knowledge about IPC and collaborative care, nurses can adapt evidence-based competencies and practices to care for patients and families in the organization. From my own personal experience, I have experienced and witnessed, exemplary interprofessional collaboration and collaborative care in my clinical practicums and in a hospital setting, as the parent of child with a rare immune disorder. IPC is the provision of comprehensive health services to patients by multiple health care professionals who work collaboratively to deliver the best quality of care in every health care setting (Health Force Ontario,

2015). My vision as a DNP student, nurse leader and health advocate aligns with the project organization's own strategic plan, mission, and vision.

Role of Project Team

Members of the interprofessional collaborative practice council provided input to guide this DNP project along with the chief nursing executive. The corporate educator (who is a member of the council) is a subject matter expert for the ADDIE model and helped provide resources for nurses on IPC and collaborative care. The idea of receiving continual or formative feedback using this model while instructional materials are being developed was key to the development of the program. The stakeholders (corporate educator, interprofessional collaborative practice council members) provided direct input to the program and resource materials. The project was led by myself, in a consultative role and the corporate educator. The corporate educator and I had worked together on many projects prior to my retirement [i.e. eLearning program for nurses, orientation training and Accessibility for Ontarians with Disabilities Act (AODA) courses for all staff].

The corporate educator for the project organization introduced the ADDIE model of instructional design and the CIHC National Interprofessional Competency Framework to the senior nursing leaders and members of the interprofessional collaborative practice council. The nursing leaders in the project organization were made aware of the plan to create the education program for the nursing staff on interprofessional collaboration and collaborative care. The Organizational Development Department partnered with the corporate educator and council members to assist with the transfer of content developed

to an eLearning platform. The organization offers many eLearning courses and programs through a learning management system. This partnership allows for future educational opportunities and broaden the scope of the program to include other health care professionals. The senior nurse leaders may use the program as a focal point for knowledge acquisition, growth and development for nursing staff when completing performance reviews during one on one conversations. Through the continued support of the leadership team, the organizational development department will further develop and tweak the eLearning platform for other health care professionals. During my clinical practicums, each practicum site focused on the introduction of IPC and PFCC to one group and then phased the learning program to include all disciplines in their organizations. IPC and PFCC learning programs became a mandatory eLearning and practice for all health care providers at the clinical practicum sites. A similar approach will be taken on by the senior leadership and organizational development department in the project site organization.

Summary

The ADDIE model of instructional design and CIHC competency framework for IPC became the tools used and foundational work to develop an educational program for nurses. This addresses the gap in nursing practice and nursing knowledge about the core competencies required for interprofessional collaboration. With this new knowledge, nurses are better equipped to provide leadership and lead interprofessional teams in the project site organization. Improving nursing practice benefits health outcomes for patients and their families. An education program provides the mechanism by which to

launch the continuation of learning for all health care professionals in the project site organization. This of course, is the future work of the senior leadership team and organizational department. It is to enhance IPC and guide collaborative practices for all of their nurses, healthcare professionals and teams.

Section 3: Methodology

A knowledge deficit exists for nurses regarding competencies related to patient-centered, interprofessional collaborative practice. IPC learning opportunities need to be developed to bring teams together and build on the competencies related to knowledge, skills, and attitudes necessary for collaboration (American Association of Colleges of Nurses, 2011). The purpose of the project was to plan an educational program for nurses regarding IPC and collaborative care. The program goal was to increase nurses' knowledge about the competencies required for effective collaboration within an organization. As a result, nurses gained knowledge to shape the judgments essential for interprofessional collaborative practice (CIHC, 2010). With an interprofessional approach to health care, there is enhanced patient and family-centered care, a reduction of duplicate services, and a decrease in service delivery gaps (Alidina, 2013). The project objective was to develop the resources needed for this educational program on IPC and collaborative care. In this section, I explain what areas of nursing knowledge and potential resources were needed with the current nursing staff in the organization and discuss sources of evidence used, the instructional design model applied to create the program, and planning of the educational program. I also discuss the evaluation of the program outcomes and an opportunity to reflect/learn from the program to improve future outcomes.

Practice-Focused Questions

The clinical question explored in this project was within an organization, how can an evidence based program regarding interprofessional collaboration for experienced

nurses be planned? The identified gap in practice was nursing knowledge about the core competencies required for interprofessional collaboration. The education program focused on the national interprofessional competency framework and IPC competencies. This framework provided the initial building blocks describing the competencies required for effective IPC. This program was designed to enhance nurses' knowledge and understanding of interprofessional care, the domains of the national interprofessional competency framework, and competencies for IPC.

As the DNP facilitator collaboratively working with the corporate educator and members of the interprofessional collaborative practice council, I provided the framework and developed the plan for the program. The planning of the program aligned with the ADDIE model, and each step was analyzed to provide the intended learning (IPC framework and competencies) that determined the goals and objectives, learning needs, existing knowledge, and other relevant characteristics. As part of the planning and analysis, I considered the learning environment, constraints, delivery options, and timeline for the project. When using the ADDIE model in the development of any program, I designed each step as part of a sequential process so that the outcome of the step would feed into the next step in guiding the development of the education program. The ADDIE process starts with the analysis phase and moves into design, development, and implementation and finishes with the evaluation phase. The "design phase" involved creating learning objectives for the educational program. The "development phase" included creation of the content and of the learning materials based on the design. Each step of the ADDIE model and activities to plan the education program was discussed at

the interprofessional collaborative practice team meetings. The implementation phase addressed the plan that was put into action. The discussion at the meetings included how training for the nurse would be provided, what materials and resources would be provided and how these would be delivered to nurses. Planning this program required education and training within the project organization, which was the work of the members of the interprofessional collaborative council team and the organizational development department.

Nurses have a critical role to play in the transition in today's health systems to interprofessional team-based models of practice (National Advisory Council on Nurse Education and Practice [NACNEP], 2015). For team-based care to succeed, nurses in organizations need ongoing training and support to function within teams to provide interprofessional collaborative care to improve patient experiences and outcomes. There is an abundance of evidence for the establishment of interprofessional collaborative care models that offer better care, coordination, and patient outcomes at a lower cost of care (Bainbridge et al., 2010; IOM, 2015; IPEC, 2011; Sullivan et al., 2015). Interprofessional collaborative care and practices are not new concepts; however, collaborative care models in which nurses' work to the full extent of their education and training are critical for the future of health care (NACNEP, 2015). The nursing leadership (i.e., chief nursing executive and/or chief nursing officer) in this organization wanted to ensure evidence-based practice was being implemented by nurses working at the bedside and that quality care was being provided. Expertise in nursing is solidly founded on evidence-based practice. This aligned with the organization's mission, vision, values, and strategic goals.

Lifelong learning contributes to the development of knowledge in nursing. A focus on continuous learning is necessary to remain current on trends, practices, and the newest treatments in the field of nursing. Nursing leaders are committed to the creation of a culture in which educational growth is supported and promoted to advance nursing. Nurses' satisfaction with their professional nursing role can be enhanced by demonstrated expertise through lifelong learning. "Research, education, and experience in nursing practice are linked to evidence-based practice and lifelong learning; both are essential to remaining well versed in health care service delivery" (Eason, 2010, p. 155). Nurses who receive education about IPC and collaborative care are focusing on communication, conflict, and leadership that support collaborative practice in the practice setting.

Sources of Evidence

Despite the interest and evidence in using interprofessional and collaborative approaches to promote effective collaboration in health care, the problem was the inability of health care professionals and organizations to collaborate consistently to provide quality care (Bankston & Glazer, 2013). The lack of interprofessional collaboration remains a significant challenge in the clinical practice setting. Teamwork in primary health care settings involves considerable overlap in competencies (Hall, 2003). Interprofessional team members share varying degrees of responsibilities, which causes role blurring. This is one of the common barriers to interprofessional health care teamwork (Hall, 2005). This barrier can be circumvented if good leadership and conflict resolution are used to address the issues. Developing a clear understanding of IPC, IPC competencies, and collaborative care practices through an education program facilitates

IPC. This helps to minimize or negate interprofessional barriers and challenges when IPC and collaborative care are implemented across all disciplines in an organization.

The IOM report (as cited in Sullivan et al., 2015) addressed the need for better interprofessional collaboration and indicated that nurses "must be accountable for their own contributions to delivering high quality care while working collaboratively with leaders from other health professions" (p. 47). The ability of nurses to work effectively in interprofessional teams is paramount to promoting the quality and safety of care delivery. This DNP project focused on IPC and collaborative care as an education program for nurses.

An instructional design model known as the ADDIE model was used as a "roadmap" to create an effective educational course and materials for the interprofessional collaborative care education program for nurses. Although there are variations of this model in the industry, the concepts are the same. The acronym ADDIE stands for analyze, design, develop, implement, and evaluate. It is an instructional design model that has withstood the test of time and use. It is a device to help the corporate educator and interprofessional collaborative practice council think through a course's design. The five steps of the ADDIE model encompassed the entire training development process from the time someone first asked, "What do nurses need to learn?" to the point when someone actually measured whether nurses learned what they needed.

The ADDIE model offered the corporate educator and members of the interprofessional collaborative practice council a method in which to think and work through the designing of the education program to ensure that the new learning program

delivered the desired results. The analysis phase was the first step to determine the learning objectives for the education program itself. The design phase involved a high-level overview or outline for the program, which included the course structure, how the content would be delivered, and the content (competencies required for IPC and collaborative care). Once the design of the program was completed, the development phase began and the corporate educator and council members spent most of their time creating the course materials such as learning plans and modules. The corporate educator and council members were introduced to the six interprofessional competencies identified by the CIHC national interprofessional competency framework and as the foundational resources to create an online module that would be accessed through the organization's eLearning software system. The module focused on each of the CIHC's domain and competency statements for IPC. The module included defining IPC and core competencies; role clarification and patient-, family-, and community-centered care; team functioning; collaborative leadership; interprofessional communication; and review and self-assessment. For the CIHC framework and competencies to be effectively implemented in this organization, the CNE, interprofessional collaborative practice council, and organizational development department articulated outcome goals, delivery of learning needs, instructional strategies, and resource needs. The CIHC framework domains, competency statements, and descriptors present a comprehensive picture of what it means to be a knowledgeable and collaborative practitioner (Bainbridge et al., 2010). This aligned with my project objective and goal. Knowledge gained will allow nurses to work with other health care professionals to search for solutions that go beyond

their vision of what is possible. In addition, the knowledge and learning gained will enhance patient-, family-, and community-centered goals and values, will optimize staff participation in shared clinical decision-making within and across disciplines, and will foster respect for contributions of all providers (see British Columbia Practice Education Committee, 2013). Effective interprofessional collaborative practice is essential for promoting safe, quality, patient-centered care and improved outcomes. A health care culture that reflects the core competencies of IPC is best positioned to achieve the outcomes of patient/family/community centered care, team functioning, interprofessional communication, collaborative leaders, and interprofessional confliction resolution (British Columbia Practice Education Committee, 2013).

A consultant worked with the committee throughout the initiative to plan and execute the initiative and acted as a meeting or process facilitator. As the consultant, my primary role was to assist the corporate educator and members of the council in planning and implementing the education program for nurses based on IPC and collaborative care. I met with the chief nurse executive, corporate educator, and council members to receive feedback about the learning plans, learning module, and resources developed for the interprofessional collaborative care educational program. The ongoing feedback received from all of the learning plans, modules, and resources was part of the process evaluation during the development of the education program.

Analysis and Synthesis

During each monthly interprofessional collaborative practice council meeting, the team planned and evaluated the process/progress of the project work. This provided an

ongoing evaluative process that was reflected in the minutes. Any follow-up action that was required was contained in the minutes. The interprofessional collaborative practice council members completed a summative evaluation of the process, project, and leadership using the Stakeholder/Team Member Evaluation of DNP Project Form (Appendix B). A summary of the results received from all team members was included in the final report. Nielson and Randall (2012) found that employee participation needs to be accompanied by perceptions of actual changes in daily work practices if important outcomes such as increases in autonomy and job satisfaction are to occur.

Implementation Plan

The education program developed for a community hospital included the chief nurse executive who focused on the organization's strategic goal and implementation of IPC in the organization. The chief nurse executive and I presented the planning of the education program with chief nurse executive's leadership team and the corporate educator along with the IPCC for input and opportunities related to implementation. The educational program was planned during this project. However, the implementation of the educational program will be done by nursing leaders (directors and managers) after project completion. The nursing leadership team will communicate to their nursing staff about the mandatory completion of the IPC course modules and the rollout of the program evaluation.

Evaluation Plan

Evaluation is an important part of nursing and nursing education. The American Nurses Credentialing Center (ANCC, 2014) believes the outcomes of continuing nursing

education activities are to improve the professional practice of nurses and to improve the care that is provided by nurses to patients. It is important for those who plan, implement, and evaluate nursing education activities to incorporate measurable outcomes that demonstrate how the nursing education activities, in this case an educational program on interprofessional collaborative care, has impacted the practice of nursing and patient care.

The content for the educational program on interprofessional collaborative care for nurses was developed by members of the interprofessional collaborative practice council. This content includes an eLearning module and a program evaluation form (Appendix B). The evaluation plan includes distribution of program evaluation forms (Appendix C) to nurses upon completion of the eLearning module a part of the education program on interprofessional collaborative care. The program evaluation (Appendix C) will be used by the organization as part of the evaluation measures of the education program itself and made available to all nursing staff. This is not part of the project. The program evaluation form was developed as a part of the DNP project evaluation plan to assess the quality of the education program, relevance of the information, and likelihood of applying the knowledge to practice. The results of the program evaluation will be shared with the chief nurse executive, directors, managers and members of the interprofessional collaborative practice council who will be responsible for implementing the education program after completion of the project.

An interprofessional collaborative competency survey (ICCAS) is a tool which has been used to measure the effectiveness of interprofessional education activities such as this program (Appendix B). It has been found to be a reliable and valid assessment of

the participant's knowledge about IPC and is "one of the first validated surveys to measure the competencies of interprofessional care and incorporates a retrospective pre-test/post-test design" (Archibald, Trumpower, & MacDonald, 2014, p. 557). The ICCAS is based on a set of IPC competencies which are reflected in the Canadian interprofessional health collaborative competencies framework (communication, collaboration, patient/family-centered approach, roles and responsibilities, conflict resolution and team functioning). The ICCAS asks learners to reflect on their learning and self-assess their change in the level of competency after participating in the learning activity. The pre-test and post-test design, allows learners to rate their opinion about interprofessional collaborative statements. The results will indicate whether the learner's perception and knowledge about their collaboration and teamwork competencies have improved as a result of completing the IPC learning activity (Archibald, Trumpower, &MacDonald, 2014).

Summary

Nursing education in an organization, supports the professional practice of nursing and the delivery of safe, evidence-based, high quality care for patients (ANCC, 2014). Collaborative care and practices are seen as the ideal strategy to manage the growing number of patients with multiple complex health issues (WHO, 2010). The CIHC framework (2010) provides a clear understanding of the characteristics and knowledge required by the collaborative practitioner in order to be successful in a collaborative practice setting. Education about IPC is important however, it in itself will not create an environment of interprofessional collaborative practice (Barr, 2012; IECEP,

2011; WHO, 2010). To assess integrated care and IPC practices require both engagement of the workforce and organizational support (Barr, 2012). Having support from the senior nursing leadership team, a team leader such as the corporate educator and members of the interprofessional collaborative practice council as part of this DNP project; fostered and minimized barriers leading to the successful implementation of an education program on interprofessional collaborative care for nurses in this organization.

Section 4: Findings and Recommendations

Interprofessional collaboration is a partnership that starts with the patient and includes all involved health care providers working together to deliver patient- and family-centered care. An identified gap in nursing practice was nursing knowledge about the core competencies required for interprofessional collaboration. IPC learning opportunities needed to be developed to bring teams together and build on the competencies related to knowledge, skills, and attitudes necessary for collaboration (American Association of Colleges of Nurses, 2011). The clinical question explored in this project was, "how can an evidence based program regarding interprofessional collaboration for experienced nurses be planned?" The purpose of the project was to plan an educational program for nurses regarding IPC and collaborative care. This educational program was developed after a review of the literature and feedback received from nurses on an interprofessional practice team.

Findings and Implications

Findings from the literature review showed that there is a need for better interprofessional collaboration. Nurses as health care leaders and members of interprofessional teams deliver high quality care while working collaboratively with leaders from other health professions (Sullivan et al., 2015). The ability of nurses to work effectively in interprofessional teams is paramount to promoting the quality and safety of care delivery. Developing a clear understanding of interprofessional collaborative care, interprofessional collaborative competencies, and collaborative care practices was instrumental in planning the educational program for nurses in this organization.

The planning process consisted of two phases. The first phase was the preparation of the plan with the chief nursing executive, professional practice manager, and me while the second phase consisted of the planning of content for the education program with the interprofessional practice team. In keeping with the purpose of the DNP project, I, the chief nursing executive, and the professional practice manager met to plan the meeting workshops, discuss the involvement of the stakeholders (interprofessional practice team), and establish the timeline for the DNP project. During this meeting, I clarified the purpose of the project, program goal, and project objective. The chief nursing executive, the professional practice manager, and I identified the stakeholders (professional practice supervisors and administrative assistant) and created the roles and responsibilities document (Appendix D). The timeline commitment from start to completion of the project was 5 weeks. Each meeting workshop was scheduled by the administrative assistant and booked for 2 hours of meeting time. I facilitated each meeting workshop, prepared the agendas, reviewed minutes, and led the activities. In addition, in collaboration with the administrative assistant I collated all of the content created during the meeting workshops.

I provided the following foundational documents used to plan the content for the educational program: the national guidelines from the Canadian Interprofessional Health Collaborative (CIHI) and the best practice guidelines from the Registered Nurses Association of Ontario's (RNAO) Best Practice Guideline: Develop and Sustaining Interprofessional Health Care. These materials were distributed to the stakeholders prior to the first meeting workshop to ensure there was time for the stakeholders to refresh

their knowledge about interprofessional collaboration and collaborative care. Each phase of the ADDIE model (analyze, design, develop, implement, and evaluate) was listed as an item on the agenda to help guide the planning process for the education program. The ADDIE approach to designing and delivering the education program helped the team to focus on the needs of nurses, work more efficiently, and achieve measureable outcomes.

Members of the interprofessional practice department, which included the manager, six nursing professional practice supervisors, and an administration assistant, came together to plan the educational program. The first meeting workshop focused on analyzing the learning opportunities, situation, and learning needs of nurses within the organization. The design phase involved building the framework for the educational program. This meeting workshop allowed the team to brainstorm core learning objectives and start planning the training structure, purpose of the training, and method of delivery. Core objectives developed by the team were twofold: (a) to gain knowledge about competencies required for interprofessional collaboration, and (b) to understand how these competencies impacted their nursing practice. I prepared and organized visual aids (PowerPoint presentations created on interprofessional collaborations) to help the team understand interprofessional collaboration, especially in the workplace. The team members appreciated these insights and were able to reflect on how each competency demonstrated interprofessional collaboration and improved patient/family care outcomes.

In addition to acquiring knowledge about the competencies required for interprofessional collaboration, team members felt the need to include specific reference and definitions (evidence and research from the foundational resources provided) in the

educational content. The planning for the remaining meeting workshops included the development of materials needed to create a valuable learning experience for the nurses. Round table check-ins at the beginning of each meeting workshop and check outs at the end of each meeting workshop allowed team members to provide timely feedback.

The results of the project evaluation (Appendix B) from the team were positive. Everyone evaluated the program and agreed that the program content met their needs and aligned with the organization's strategic planning, goal, and objectives. The feedback given about the length of the meeting workshop was also positive. The team members welcomed the topic of the project. At the time of this DNP project, a collaborative care model and team approach to patient care delivery had been introduced in some of the clinical departments within the organization. The evaluations also revealed the team strongly agreed that the meeting workshops' objectives were met and each team member's comments and feedback were valued and addressed by the consultant (me). Evaluation questionnaires with 11 questions were given to seven participants. Four surveys were completed. Of the four surveys returned, all of them gave 100% positive responses. There were positive comments submitted about the meeting workshops (appropriate timelines and agendas) and productivity at the meeting workshops.

Interprofessional collaboration and collaborative nursing practice, when properly orchestrated, has remarkable results. Positive social change occurs when a health care team works well together, values everyone's contributions, and communicates effectively. This can make all the difference to patients', families', and communities' health and social outcomes. Health care facilities such as the project site organization that

practice interprofessional and collaborative care raise the bar higher than those that do not. In today's ever-changing health care environment, nurses and other health care professionals must work together to deliver safe and effective care that is accessible and cost-effective.

Recommendations

Brainstorming activities held during the meeting workshops allowed the team to create and assemble the content into a document containing three distinct sections: definitions, the competencies for interprofessional collaboration, and examples of the competencies experienced in clinical practice. During the meeting workshops, I and one of the professional practice supervisors (formerly known as clinical nurse educators) well versed on the ADDIE model phases (analyze, design, develop, implement, and evaluate) addressed each phase and the expected outcomes. Each phase had an outcome that fed into the subsequent phase allowing ongoing discussion and feedback. For example, in the analysis phase, I clarified the purpose of the project, problem, goal, and objectives for all of the team members. I also addressed questions and comments from the team. Team members provided experiences from their various backgrounds to show how the competencies improved clinical outcomes and nursing practice.

At the second meeting/workshop, I and the team focused on the design and development phase related to the planning of the education program. Statistical data and information about the number of nursing staff in the organization were provided by the professional practice manager. In addition, one of the team members recommended defining interprofessional collaboration and collaborative care using the evidence and

best practices found in the guidelines from RNAO and CIHI. This recommendation was unanimously supported by all of the team members. Using the organization's template provided to the group by the organization's communication department, the team developed a handout for nurses that defined interprofessional collaboration and collaborative care and competencies (Appendix E). Each team member was asked to participate, provide feedback, and offer any suggestions for improvement after drafting the handout.

The third meeting/workshop focused on developing content in a learning module on interprofessional collaboration and collaborative care. A standard practice for the interprofessional practice team at this organization is to develop a PowerPoint presentation for any educational content, which is then handed over to the organizational development team for development and transition into an eLearning platform. A standard organizational template for education and training was used to format and develop PowerPoint slides for the education program for nurses. The team members reflected on the videos shown in previous meetings and considered the resource documents and clinical experiences to create a draft PowerPoint presentation on interprofessional collaboration and collaboration care (Appendix F). The entire meeting/workshop focused on drafting and compiling content for 15 PowerPoint slides using the foundational documents and clinical experiences provided by team members.

The fourth meeting/workshop focused on reviewing the handout and PowerPoint presentation on interprofessional collaboration and collaborative care and implementation plan for the education program. Team members offered final comments about the

handout and PowerPoint presentation, which were forwarded to the chief nursing executive for comments and feedback. I collated all of the feedback from the team and CNE making final revisions to the resulting program.

Implementation Plan

The team discussed whether delivery of the instruction would be classroom based, lab based, or computer based. In terms of the ADDIE model, planning the delivery of an education program falls into the implementation phase. Team members provided a variety of educational and training opportunities for staff within the organization. However, many of the courses offered by the interprofessional practice department are provided in the form of eLearning and/or classroom delivery methods. As a result of this discussion, team members felt the best method of delivery for the educational program would be as eLearning. The professional practice manager recommended creating a PowerPoint presentation that would be transitioned into an eLearning module. The team unanimously supported this recommendation. At the time of this DNP project, the organization did not have an eLearning coordinator to carry out the transitioning of the PowerPoint presentation into an eLearning module. Therefore, the transfer to an eLearning module did not take place during this DNP project.

I and the team planned implementation based on the assumption that the PowerPoint presentation for interprofessional collaboration and collaborative care would be transitioned into an eLearning platform and embedded into the organization's current learning management system (LMS) at a future date when an eLearning coordinator would be hired by the organization. This work would be supported by the organizational

development department. The eLearning coordinator in collaboration with the interprofessional practice team would create this eLearning module. This new module be uploaded to the LMS to ensure the course model launches, plays back, closes, and performs as expected. The eLearning coordinator and team would resolve any issues prior to the dissemination of the eLearning module to nursing staff. The chief nurse executive and professional practice manager would showcase the eLearning module to the senior leadership team and approve this eLearning for nursing. All nurses would be required to complete the elearning module and evaluation (Appendix C) within a specific time frame. The implementation would be coordinated by the chief nursing executive, nursing leadership team, interprofessional practice team, and organizational development department.

Evaluation Plan

In terms of the plan for evaluation, the chief nursing executive requested that the interprofessional collaborative competency survey (ICCAS) be embedded in the eLearning module as a pretest and posttest to measure the knowledge and effectiveness of interprofessional collaboration on nursing staff (Appendix C). In collaboration with the eLearning coordinator, the team members will ensure the ICCAS tool (both pretest and posttest) is part of the eLearning module. The ICCAS asks nurses in the organization to reflect on their learning as well as self-assess their change in the level of competency after participating in the eLearning module. These results will be collated and compiled by the organizational department. The eLearning coordinator will report the findings to the chief nursing executive, nursing leadership team, and interprofessional practice

department. In addition, the information will be shared with all nurses on the organization's intranet site. The results will indicate whether the nurses' perception and knowledge about interprofessional collaboration and teamwork competencies have improved as a result of completing the eLearning module.

An additional comment from one of the project evaluations suggested that a corporate policy should be developed to establish interprofessional and collaborative care as a standard of practice for all health care professionals in the organization. Another comment suggested that the PowerPoint presentation on interprofessional collaboration and collaborative care be shown at monthly hospital orientation sessions presented by the chief nursing executive or senior nurse leader. These proposed recommendations would further increase knowledge about interprofessional collaboration not only in nursing but for all other new staff and students attending hospital orientation. In summary, all of the deliverable program materials (handout and PowerPoint) including the implementation plan and evaluation plan were handed over to the organization's chief nursing executive and professional practice manager.

Contributions of the Doctoral Project Team

The executive sponsor of this team was the chief nurse executive. Team members included the Manager and members of the interprofessional practice department; six professional practice supervisors each accountable for various departments within the nursing programs. At the time of this project, the interprofessional practice and organizational development departments were undergoing structural and reporting processes. A new executive leadership team was hired as well as changes took place

within both departments (retirement of a staff member and attrition of staff within the departments). The professional practice supervisors shared their experiences as each had different backgrounds, experiences and roles within organization. The professional practice supervisors discussed opportunities to become more collaborative with the work and role of nurses in their departments. The professional practice manager also spoke about the contributions each of the professional practice supervisors made by role modeling the IPC competencies themselves when interacting with staff. A great deal of discussion focused on the use of the education program as a part of nursing orientation for new nursing staff in addition to the completion of the eLearning module for all current nursing staff. Because of the success of the planning of this project, the project organization's nursing leaders suggested there be continued work on creating an educational program on IPC and collaborative for all of the health care professionals working in the organization.

Strength and Limitations of the Project

A strength of this project is the involvement of the manager and professional practice supervisors. With the recent changes to the leadership team in the project organization, the role, responsibilities and titles of staff in professional practice department had been changed. The clinical nurse educators were now known as professional practice supervisors. Each of the professional practice supervisors have different clinical expertise, skills and knowledge however, all were well versed in adult education principles and trained in the instructional design used to guide the planning of the education program. Four of the professional practice supervisors were familiar with

my work started on interprofessional collaboration in 2015. This provided strength to the project and an opportunity for them to share their previous knowledge and work on interprofessional collaboration and collaborative care with the entire team. Team members themselves gained a deeper understanding (after discussion and reading the CIHI and RNAO resources as part of the meetings/workshops) about interprofessional collaboration, the competencies required for interprofessional collaboration and best practices for developing and sustaining interprofessional collaboration in the workplace.

Another strength is the content of the DNP project is the fact that the content follows best practice guidelines. One of the salient points of interest is the organization's designation as a Registered Nurses Association of Ontario (RNAO) Best Practice Spotlight Organization. With a complement of registered nurses and registered practical nurses there are just over 800 nurses working in the organization. Being a spotlight organization means that the care provided to patients and families is based on evidence and best practices. Addition of the national competency framework, competencies required for interprofessional collaboration and the inclusion of this guideline strengthened the content and nature of the project. These resources used by the team aligned with key performance themes in organization's current strategic plan and continued promotion of the organizations' use of RNAO's best practice guidelines as a spotlight organization.

A limitation of this program initially was the absence of an eLearning specialist (reporting to the Organizational Development Department) and/or coordination to assist with the planning of the education program. Another limitation was with regard to the

interprofessional professional collaborative council now inactive and in the process of being restructured as part of the changes the new leadership team was undertaking.

Readiness for collaboration requires alignment of mission/values, personal connections, value generation for the organization itself and its nursing professionals (Green & Johnson, 2015). Leadership and structural changes within the organization occurred since my retirement in 2015. Work on interprofessional collaboration had lapsed for 2 years and posed as a limitation at the start of the project. Meeting with the new chief nurse executive and new manager of the interprofessional practice department to establish and formal relationships took time especially in renewing the discussion about interprofessional collaboration. Also, discussion needed to include whether or not the organization's culture and leadership would still be vested in interprofessional collaboration and collaboration care as a "good fit" for the organization prior to the planning of the education program. Establishing new relationships with the organization's chief nurse executive and manager of the interprofessional practice department did cause a minor delay at the onset of the project however, was an important element to have in place prior to the planning of an education program and to support this project.

Section 5: Dissemination Plan

The purpose of the project was to plan and develop an educational program for nurses regarding IPC and collaborative care. Dissemination will promote awareness, understanding, and action. I and the professional practice team scheduled a meeting with the chief nursing executive to report on the findings and content of this education program. As an outcome of this meeting, a formal meeting to further disseminate this project work to the senior executive team, nursing directors, clinical nursing managers, and professional practice team took place at a leadership team meeting. The former interprofessional collaborative practice council merged in January 2017 with the clinical leadership team. At the meeting, I provided an overview of the project work and showcased resources (handout and PowerPoint Presentation) developed by the interprofessional practice team. I also facilitated an open forum following the presentation allowing those in attendance to ask questions and provide comments and/or feedback. These stakeholders are in a position to effect change within the organization. An education program for nursing staff about interprofessional collaboration, collaborative care, and the competencies required for collaborative interprofessional practice will equip nurses with the knowledge and understanding needed to promote these practice changes throughout the organization.

After this meeting, I and the chief nurse executive discussed whether the educational program would be offered as a mandatory requirement for all nursing staff (paid training day) or a mandatory eLearning module created by an eLearning coordinator. The chief nurse executive agreed that the competencies for interprofessional

collaboration need to be part of the organization's collaborative model of care delivery. In summary, all of the stakeholders involved in the planning of this project were pleased with the outcome of the educational program for nurses. In addition, the chief nurse executive and interprofessional practice team commented on the need to disseminate the education program to nursing students coming to the organization for clinical experiences and expand the program for other health care professionals within the organization. This would support the organization's strategic goals on quality interprofessional and collaborative care for patients and their families.

Analysis of Self

Interprofessional collaboration and collaborative care has been an inherent part of my nursing practice since I obtained licensure as a registered nurse many years ago. As a young nurse, I had many wonderful mentors, colleagues, and opportunities to work in team environments that fostered the practice and skills needed to work successfully with others. One of the main advantages of working with so many people is that I benefited from the expertise, skill, and knowledge of others, which helped propel my career aspirations, leadership, and nursing practice. Throughout the doctoral program at Walden, I have continued to network with others in courses, clinical practicums, and planning an educational program in my former organization. These rich experiences have contributed to my personal growth and development as a practitioner, health care professional, and project manager. After 35 years of nursing practice in a health care organization, the direction and focus of my career have dramatically changed and have been wonderfully recharged. I am described by my nursing peers and other health care professionals as an

authentic nurse leader. There is certainly recognition in nursing about the importance of authentic leadership. The American Association of Critical Care Nurses included authentic leadership as one of the six standards necessary to establish and sustain a healthy work environment (Shirey, 2006). Throughout my nursing and professional career, authentic leadership has been my leadership style, practice, values, and interactions with others and in leading with heart. I have felt a greater sense of purpose even after retirement from my former organization and as a DNP student.

In 2012, my vision was to pursue doctoral studies and to become a leader to help those thinking, those entering, those working, and those who choose a nursing career. My expertise on the topic of interprofessional collaboration, collaborative care, and health care leadership has grown leaps and bounds since I first entered Walden's DNP program in 2012. I retired in 2015 and now work as a health care consultant. This role allows me to directly impact the learning, education, and training of health care professionals. During the last 2 years, I developed projects plans, courses, and programs for health care leadership, patient safety, and patient- and family-centered care. Deeply woven within the content and themes of these courses is the importance of interprofessional collaboration and collaborative care in the provision of quality and safe health care for patients and their families. Throughout this doctoral project, I have used my leadership skills, knowledge, clinical expertise, and lessons learned in nursing practice to collaborate with others to plan an educational program.

Summary

The purpose of this project was to plan and develop an educational program for nurses on interprofessional collaboration and collaborative care. Based on the literature review, resources, and evidence-based content, I designed a handout and PowerPoint presentation that were handed over to the chief nursing executive and interprofessional practice manager. Further implementation of this educational program in the organization will improve nursing knowledge regarding the competencies required for interprofessional collaboration. This program will give nurses the opportunity to promote interprofessional collaborative practices and contribute to positive social change by improving patient and population health outcomes.

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Appendix A: The National Competency Framework

From: Gilbert, John H [mailto:johnhvg@mail.ubc.ca]
Sent: August-04-17 1:45 PM
To: Lynn McEwen [lynn.mcewen@waldenu.edu]
Subject: Re: Permission to use the CIHC Framework

Dear Lynn:
Permission is granted for you to use the CIHC National Interprofessional Competency Framework in your paper. Please acknowledge as follows: "My thanks to the Canadian Interprofessional Health Collaborative for permission to use this work"
My very best regards,

John Gilbert
****
John H.V.Gilbert, C.M., Ph.D., LLD (Dalhousie). FCAHS
Professor Emeritus, University of British Columbia.
Adjunct Professor, Dalhousie University.
DR. TMA Pai Endowment Chair in Interprofessional Education & Practice, Manipal University.
Adjunct Professor, University of Technology, Sydney
Senior Scholar, WHO Collaborating Centre on Health Workforce Planning & Research, Dalhousie University. Founding Chair, Canadian Interprofessional Health Collaborative.

On Aug 4, 2017, at 9:46 AM, Lynn McEwen <lmcewen001@sympatico.ca> wrote:

Good Afternoon Dr. Gilbert,
We spoke some time ago over the phone about my request (July 18th, 2016) to use "The National Interprofessional Competency Framework which describes the competencies required for IPC".
Although you gave me verbal consent in the conversation to do so, I need written permission from you to submit my final paper and ascertain my degree. Could you please grant permission to use the CIHC National Competency Framework for my project/paper?
Sincerely,
Lynn McEwen

Appendix B: Stakeholder/Team Member Evaluation of DNP Project

Stakeholder/Team Member Evaluation of DNP Project

Problem: A knowledge deficit exists for nurses about the competencies related to patient-centered interprofessional collaborative practice.

Purpose: The purpose of the project is to plan an educational program for nurses regarding IPC and collaborative care.

Goal: The program goal is to increase nurses' knowledge about the competencies required for effective collaboration within an organization.

Objective: The project objective is to develop the content needed for this educational program on IPC and collaborative care.

Scale:

SD= Strongly Disagree D=Disagree U=Uncertain A= Agree SA=Strongly Agree

	1=SD	2=D	3=U	4=A	5=SA
1. Was the problem made clear to you in the beginning?	__	__	__	__	__
2. Did the DNP student analyze and synthesize the evidence-based literature for the team	__	__	__	__	__
3. Was the stated goal appropriate?	__	__	__	__	__
4. Was the stated project objective met?	__	__	__	__	__
5. How would you rate the DNP student's leadership throughout the process?	__	__	__	__	__
6. Were meeting agendas sent out in a timely manner?	__	__	__	__	__
7. Were meeting held to the allotted time frame?	__	__	__	__	__
9. Would you consider the meetings productive?	__	__	__	__	__
10. Do you feel you that you had input into the process?	__	__	__	__	__

11. Please comment on areas where you feel the DNP student excelled or might learn from your advice/suggestions?

_____
_____

_____

Appendix C: ICCAS - Interprofessional Collaborative Competency Attainment Survey

ICCAS – Interprofessional Collaborative Competencies Attainment Survey

For your unique anonymous participant code, please provide your mother's first name initial, the day and month of her birthday: _ - _ _ _ _
Please indicate your profession: _____
Please indicate if you are: a student ____ year of program ____ or practitioner ____

Please answer the following questions by filling in the circle that most accurately reflects your opinion about the following interprofessional collaboration statements:
1= strongly disagree; 2= moderately disagree; 3=slightly disagree; 4= neutral; 5=slightly agree; 6=moderately agree; 7= strongly agree; na= not applicable

Please rate your ability for each of the following statements:

	Before participating in the learning activities I was able to:								After participating in the learning activities I am able to:							
Communication	1	2	3	4	5	6	7	na	1	2	3	4	5	6	7	na
1. Promote effective communication among members of an interprofessional (IP) team*	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
2. Actively listen to IP team members' ideas and concerns	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
3. Express my ideas and concerns without being judgmental	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
4. Provide constructive feedback to IP team members	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
5. Express my ideas and concerns in a clear, concise manner	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Collaboration																
6. Seek out IP team members to address issues	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
7. Work effectively with IP team members to enhance care	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
8. Learn with, from and about IP team members to enhance care	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Roles and Responsibilities																
9. Identify and describe my abilities and contributions to the IP team	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
10. Be accountable for my contributions to the IP team	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
11. Understand the abilities and contributions of IP team members	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
12. Recognize how others' skills and knowledge complement and overlap with my own	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Collaborative Patient/Family-Centred Approach																
13. Use an IP team approach with the patient** to assess the health situation	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
14. Use an IP team approach with the patient to provide whole person care	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
15. Include the patient/family in decision-making	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Conflict Management/Resolution																
16. Actively listen to the perspectives of IP team members	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
17. Take into account the ideas of IP team members	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
18. Address team conflict in a respectful manner	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Team Functioning																
19. Develop an effective care*** plan with IP team members	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
20. Negotiate responsibilities within overlapping scopes of practice	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O

*The patient's family or significant other, when appropriate, are part of the IP team.
**The word "patient" has been employed to represent client, resident, and service users.
***The term "care" includes intervention, treatment, therapy, evaluation, etc.

Appendix D: The Role and Responsibilities of the Participant

The DNP Project: Roles and Responsibilities of Participant

Role

The term 'Stakeholder' in this DNP project applies to participants as:

- Those individuals identified for the DNP project activity.
- Those who will of contribute to and benefit from its introduction.

The Stakeholder's/Participant's Responsibilities

- Stakeholders/Participants have the following responsibilities: understanding the DNP project's nursing problem, purpose of the project, goal and objective as defined by the DNP Student
- committing the necessary time to ensure the project is successful
- attending scheduled meetings (4 meetings identified in project plan)
- review of the of the literature, evidence and best practices on interprofessional collaboration and collaborative care (Registered Nurses Association of Ontario, Best Practice Guideline: Developing and Sustaining Interprofessional Health Care **and** the National Interprofessional Competency Framework (Canadian Interprofessional Collaborative)
- review of the A.D.D.I.E. (Analyze, Design, Develop, Implement, Evaluate) Model
- keeping informed of project progress, communicating, providing feedback and cascading information either by email or in person to others involved in the DNP project throughout the duration of the project
- Improving the research content and tools (i.e. power point) through evaluation and feedback

The DNP project team is the group that is responsible for planning and executing the DNP project. It consists of a project sponsor (Chief Nurse Executive), project facilitator (DNP Student), project team members (Professional Practice Manager and Supervisors) and administrative support.

Specific Role and Responsibility in addition to above.

Senior Sponsor – Acts as organizational champion for DNP project

DNP Student - Leads development, delivery, and evaluation of planning; delegates' areas of responsibilities as required to maintain project timeline

Team Members (including Professional Practice Manager)
- Provides DNP student feedback and offers process support in planning/developing the education content for program

Administrative Support – Provides administrative support (e.g. scheduling, communications, room and AV bookings, printing, etc.

Appendix E: Handout for Education Program

ORGANIZATION'S LOGO (Standard Template) – place here

Interprofessional Collaboration & Collaborative Care

Interprofessional collaboration (IPC): When multiple healthcare workers from different professional backgrounds work together with patients, families, careers, and communities to deliver the highest quality of care.

Interprofessional competencies: Integrated enactment of knowledge, skills, and values/attitudes that define working together across the professions, with other healthcare workers, patients, families, and communities as appropriate to improve health outcomes in specific care contexts.

Collaborative practice: A joint venture or cooperative endeavor that ensures a willingness to participate. This relationship involves shared planning and decision making, based on knowledge and expertise rather than on role and title (RNAO, 2013).

Interprofessional Competencies as defined by the Canadian Collaborative (CIHC) in support of collaborative patient-centred care. They are:

1. **Role Clarification**
   Nurses understand their own role and the roles of those in other professions and use this knowledge appropriately to establish and achieve patient, family and community goals. Example: Rapid Rounds.

2. **Patient/Family/Community-centred Care**
   Nurses seek out, integrate and value, as a partner, the input and engagement of the patient, family and community in designing and implementing care as well as other services. Ex. Bedside Shift Report.

3. **Team Functioning**
   Understanding that teamwork is a process, not something that happens by chance, means nurse can use tools and skills to improve team functioning and collegial relationships. Example: Team Huddles.

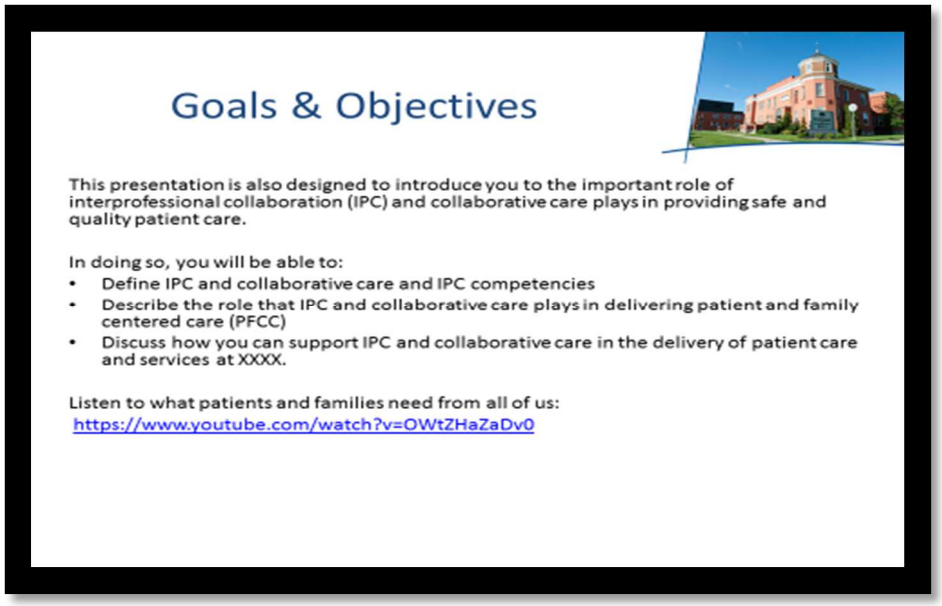
4. **Collaborative Leadership**
   All team members have a role to play in providing leadership and effective decision-making. While one team member takes the lead role, all team members contribute to the plan of care. Example: Bedside Shift Report.

5. **Interprofessional Communication**
   The success implementation of any interprofessional care processes requires strong interprofessional communication among team members. Using clear, jargon-free language with others ensures that everyone has a common and accurate understanding of the care plan. Example: SBAR, NOD, Whiteboards

6. **Interprofessional Conflict Resolution**
   Interacting and actively engaging with others (i.e. other staff, patients and families) occurs in a positive and constructive manner addressing agreements as they as arise. Example: Code of Conduct.

Interprofessional Practice Department ext. XXX
Handout developed for:
Interprofessional Collaboration and Collaborative Care Education Program for Nurses at XXXX, 2017

Appendix F: Sample Slides from PowerPoint Presentation



Taken from PowerPoint Presentation – Interprofessional Practice "Optimizing Expertise & Synergies to Facilitate Collaborative Practices and Care" At XXXX (February, 2017).