

# Interprofessional education: Implications for nephrology care.

Allison F Williams

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## Interprofessional Education (IPE)

Global trends have seen traditional models of health care struggling to meet the health needs of its populace. Healthcare systems are confronted with patient and community expectations for improved health care, an ageing workforce and population, workforce shortages, increased chronic illness and an increase in adverse events because of fragmented care (Dunstan et al., 2009). The specialty of nephrology nursing is not immune to these challenges.

The World Health Organisation (WHO) is promoting interprofessional collaboration in education and team-based practice as an innovative strategy to deliver safer, patient-centred, effective and sustainable health care to address this healthcare crisis. Interprofessional education (IPE) is defined as, 'Occasions when two or more professions learn from, with and about each other to improve collaboration and the quality of care' (Freeth et al., 2005, p.11). The WHO engaged various partners to develop a framework to action IPE and collaborative practice that breaks down traditional rigid divisions between disciplines (see [http://www2.rgu.ac.uk/ipe/WHO\\_report\\_Interprofessional%20Ed%20Sep2509.pdf](http://www2.rgu.ac.uk/ipe/WHO_report_Interprofessional%20Ed%20Sep2509.pdf)).

## IPE and Nephrology Care

Interprofessional collaboration in education and practice is of particular relevance for nephrology care that is complex, requiring frequent consultations with multiple providers of health care in different settings. Moreover, nephrology patients and their families are often

disadvantaged because of cultural and linguistic differences and/or restricted access to health care (AIHW, 2008). In all stages of kidney disease, patient safety, quality of care and comfort are critical, requiring evidence-based decision making and optimal communication between the healthcare team and patient.

While New Zealand universities have established strong connections with primary care, the Australian healthcare system needs more effective partnerships within the healthcare professions with a community-based, continuity of care focus, rather than the traditional acute care, hospital-based education (Bradley et al., 2008). A refocus on disease prevention, health promotion and the management of chronic illness within the community is needed.

Other countries such as the United Kingdom have made major advancements in redesigning health services and education to provide multidisciplinary care (Anderson & Lennox, 2009). Interprofessional learning in Canada have seen the innovative development of student-led clinics, where students from medicine, nursing, and allied health work together in delivering after-hours primary care via a host medical clinic (see [www.wishclinic.ca](http://www.wishclinic.ca)).

So what does this mean for nephrology nursing on home turf? In the next few years, nursing students will be educated interprofessionally with students from medicine, social work, physiotherapy, and other allied health disciplines from collaborating universities, working

together and learning from each other to provide integrated, holistic patient care. The student experience will better reflect the patient journey across a range of health and social settings. Generic, core interprofessional subjects are already being delivered. More innovative models of clinical education and training include community-based longitudinal clinical clerkships and case-based learning using actual patients, actors, simulations and workshops to enable the nursing student to be ready for entry to practice.

Student-led clinics are being established in Victoria, such as the Northern and Western metropolitan growth corridor, creating innovative opportunities for community engagement and clinical education. With the demise of grand rounds and shorter lengths of hospital stay, wouldn't this be a wonderful opportunity for nephrology care, such as screening for early kidney disease, hypertension and diabetes? Postgraduate nephrology nursing will build on these initiatives, involving collaborative team work in caring for the nephrology patient in outer metropolitan, rural and remote placements which will contribute to workforce retention.

Research has demonstrated that knowledge exchange in interprofessional education is well received by Canadian students in the health disciplines, and has the potential to enable learning skills for collaboration to enhance practice, improve delivery of services in a variety of settings, and make a positive impact on patient care (Reeves et al, 2008). Interprofessional research is also required to track the long-term outcomes of

**Author Details:** Dr Allison Williams is Associate Editor, Renal Society of Australasia/Senior Lecturer & Research Fellow, Melbourne School of Health Sciences, The University of Melbourne. Email: [afw@unimelb.edu.au](mailto:afw@unimelb.edu.au).

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integrating interprofessional learning into practice on health and workforce outcomes responsive to the Australian context.

Interprofessional education will require a nationally coordinated health workforce reform, incorporating core practice, accreditation and registration standards of practice, accreditation and registering bodies, curriculum redesign and the development of interprofessional knowledge management and research processes. Barriers to implementing IPL initiatives include competition between universities, 'turf guarding', funding, resistance from disciplines to engage in interprofessional learning as a result of well established hierarchies that resist patient-centred care, and cultural constraints. In particular, interprofessional learning in clinical placements involves cross-disciplinary coordination across disciplines which will require a major shake-up of the curriculum and timetabling. Although there is shared knowledge between the disciplines, differing core competencies and working within an increasingly complex healthcare system need to be overcome.

Once students understand how to work interprofessionally, the fragmented nature of healthcare can be changed to a position of strength. Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to improve health outcomes. This will assist in the provision of comprehensive care to the nephrology patient and family.

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