In this chapter, we examine the case of an interprofessional education (IPE) initiative in order to highlight the significant role that nursing can play in building a new program for interprofessional learning. Though we recognize that many forces and stakeholders are necessary to the success of transforming health professions education and health care delivery locally and globally, we use this case to illustrate nursing’s role in supporting and leading these efforts at one institution. Through this case study and discussion, we consider how nursing leadership can influence the development of a new IPE program, subsequently enhancing the profile of nursing and strengthening the current and future leadership capacity of the participating nursing students and faculty.

The need to radically improve health care delivery and substantially strengthen workforce capacity across the world is vast and expanding. Leadership at all levels of nursing is vital in ensuring that nurses play a significant role in implementing and evaluating transformative changes. High-profile reports from within and outside of the nursing profession have underscored the need for nursing leadership and nurse leaders to shape the future for nursing and improvements in delivery of health care services and health professions education (Institute of Medicine [IOM], 2011; Prime Ministers Commission, 2010; World Health Organization [WHO], 2013b).

As nurses and midwives are at the forefront of health service delivery globally, maximizing their roles not only as practitioners but also as leaders, is essential to effectively address the variety of challenges posed by evolving health and demographic changes in society . . . . (WHO, 2013b, p. 119)
The Lancet Commission (Frenk et al., 2010) offered a new vision for health professions education, one with a global perspective, and one that incorporates a multidisciplinary systems approach to considering the connections between education and the health system. To achieve this vision, the commission proposed transformative learning and interdependence in education and offered several recommendations, including the promotion of “interprofessional and transprofessional education that breaks down professional silos while enhancing collaborative and nonhierarchical relationships in effective teams” (p. 3). Other recent reports from groups such as WHO (2010) and the IOM (2013b), as well as a number of regional associations (Table 21.1), substantiate the worldwide attention to IPE. The primary argument in favor of IPE is its potential to increase the quality and continuity of patient care through the promotion of learning and teamwork competencies.

The Lancet Commission promoted a competency-driven and team-based approach in transforming health professions education to strengthen health systems, highlighting leadership as an integral competency. “Transformative learning is about developing leadership attributes; its purpose is to produce enlightened change agents” (Frenk et al., 2010, p. 1924). The IOM report (2011) suggested that nursing education programs embed leadership development into their curricula and increase the emphasis on IPE. Transformative and interprofessional learning and collaborative practice (CP) not only require nursing leadership, but also serve as vehicles to develop and strengthen leadership competencies in nursing students and faculty.

The question arises: How can the profession of nursing contribute to and shape efforts to promote and achieve IPE and CP? The IOM’s 2011 report, The Future of Nursing: Leading Change, Advancing Health, advocated for nurses to become full partners with physicians to lead improvements in the U.S. health care system (IOM, 2011). A number of initiatives around the world have brought health professions students together to learn about each other’s professions and contributions in an interprofessional approach to learning and work on behalf of systems that succeed

<table>
<thead>
<tr>
<th>ASSOCIATION</th>
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<tr>
<td>Australasian Interprofessional Practice and Education Network (AIPPEN)</td>
<td><a href="http://www.aippen.net/australia">http://www.aippen.net/australia</a></td>
</tr>
<tr>
<td>Canadian Interprofessional Health Collaborative (CIHC)</td>
<td><a href="http://www.cihc.ca">http://www.cihc.ca</a></td>
</tr>
<tr>
<td>Centre for the Advancement of Interprofessional Education (CAIPE)</td>
<td><a href="http://caipe.org.uk">http://caipe.org.uk</a></td>
</tr>
<tr>
<td>European Interprofessional Education Network (EIPEN)</td>
<td><a href="http://www.eipen.eu">http://www.eipen.eu</a></td>
</tr>
<tr>
<td>Interprofessional Education Collaborative (IPEC, USA)</td>
<td><a href="https://ipecollaborative.org">https://ipecollaborative.org</a></td>
</tr>
<tr>
<td>Japan Interprofessional Working and Education Network (JIPWEN)</td>
<td><a href="http://jipwen.dept.showa.gunma-u.ac.jp/?page_id=3">http://jipwen.dept.showa.gunma-u.ac.jp/?page_id=3</a></td>
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<tr>
<td>Nordic Interprofessional Network (NIPNET)</td>
<td><a href="http://www.nipnet.org">http://www.nipnet.org</a></td>
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in providing patient-centered care (Brandt & Schmitt, 2011; Kowitlawakul, 2014; WHO, 2013a, 2013c). These novel approaches to teaching and learning in health care have moved IPE forward; nurse leaders have a significant role to play in furthering that effort. Clarke and Hassmiller (2013) highlighted the responsibility of nurse leaders in promoting the role of nursing through IPE:

The opportunity for the profession to demonstrate leadership in interprofessional education and practice will create systems of care that monitor health needs of individuals, families and populations in relation to complex evolving health care systems. (p. 335)

In countries such as Lebanon, where nursing is not widely recognized as a profession, IPE faces the challenge of disabusing stereotypes about nurses as assistive and subsidiary to physicians. Lebanon is not alone in facing the challenge of enhancing nursing’s professional identity. The WHO (2013b) Nursing and Midwifery Progress Report 2008–2012 cites poor professional image as a key global challenge to strengthening nursing and midwifery services. El-Zubeir, Rizk, and Al-Khalil (2006) conducted a study to validate the Readiness for Interprofessional Learning Scale (RIPLS) in the Middle East context, specifically United Arab Emirates, and examined attitudes and readiness for IPE among undergraduate medical and nursing students in schools where the approach to learning was uni-professional. While they found that both groups saw benefits in interprofessional learning in the curriculum, particularly around teamwork, collaboration, and communication, nursing students were significantly more positive about the benefits than medical students. Additionally, a qualitative analysis of students’ statements about the role of nurses and therapists raised questions about their own role identities and the role identities of others. These findings indicated that stereotypes of nurses and therapy students being subordinate to physicians were still perceived. In summary, in addition to the intended benefit to patients of IPE and interprofessional collaborative care, another benefit is that interprofessionalism can help break down hierarchies and promote better understanding of all disciplines’ roles in providing health care (WHO, 2010).

The following case report describes how simultaneous development of a new school of nursing and an IPE program is helping to raise the profile of nursing in a developing country. The case also serves as an exemplar in highlighting nursing leadership across multiple levels—from the role of a dean as a change agent, to faculty facilitation and role modeling, and finally, to student competency development.

ENHANCING THE PROFILE OF NURSING THROUGH PRELICENSURE INTERPROFESSIONAL EDUCATION

Setting

Lebanon is a small country on the eastern shore of the Mediterranean Sea with varied geography and a beautiful natural environment: 225 km (140 mi) of Mediterranean coastline, mountain peaks as high as 3,088 m (10,131 ft), and the
fertile Bekaa Valley. Economically it is considered a developing country and receives aid from many high-income countries to support improvements in infrastructure and services in the health, education, environment, and national defense sectors. The estimated census is 4 million Lebanese plus a large refugee population from Palestine and, more recently, from Syria. Education is a high priority in the country; the literacy rate among the Lebanese is over 87%.

Lebanese citizens have access to health care through a wide array of academic medical centers, general and specialty hospitals, and ambulatory settings. Payment for care is through a mix of private and governmental insurance. A large number of nongovernmental organizations (NGOs) address specific health needs and offer preventive services. Citizens can access care ranging from primary prevention to tertiary care, although continuity of care along the continuum is not well developed. The least developed type of service is community-based care. Data on the incidence and prevalence of disease is not readily available, although the Ministry of Health and a few NGOs periodically collect and disseminate statistics about specific health conditions.

The Alice Ramez Chagoury School of Nursing (ARCSON) at the Lebanese American University (LAU) admitted its first students into the bachelor of science in nursing (BSN) program in fall 2010. LAU is chartered in the state of New York and has campuses in Beirut and Byblos, Lebanon. It is accredited by the New England Association of Schools and Colleges. ARCSON is a small school, with six full-time faculty (excluding the dean); all are Lebanese, yet each has studied in the United States. Three faculty completed internships at a university in the United States as part of their master’s of science in nursing (MSN) degree, and the other three earned doctoral degrees at American universities. The school is ambitious and proactive. For example, in 2013 ARCSON earned accreditation for the BSN program through the Commission on Collegiate Nursing Education (CCNE).

In most regions where IPE is flourishing, nursing is already a duly recognized health profession. This is not the case in Lebanon or, for that matter, in many Middle Eastern countries (Kronfol, 2012). Nursing’s social status in Lebanon suffers because of misconceptions both within the health sector and by the general public. Nurses often are stereotyped as “medical maids” or doctor’s assistants rather than knowledge workers and professionals. Many perceive nursing as sad and depressing work, focused on tasks related to patients’ personal hygiene. These stereotypes are reinforced by relatively low pay and few advancement opportunities. Nurses who complete any of three types of training—high school–level training, technical school training, and a university-based BSN degree—are eligible to work as RNs (Huijer, Noureddine, & Dumit, 2005). Nursing as a career choice for young women and men interested in the health sciences is too often a distant last after medicine and pharmacy, which are viewed as highly professional fields of study. Complicating such perceptions is that curriculum standards, instructional approaches, and quality of hospital nursing departments vary considerably. For example, in addition to ARCSON, the Rafic Hariri School of Nursing at the American University of Beirut has achieved CCNE accreditation for its BSN and MSN programs, and one hospital, the American University
of Beirut Medical Center, has earned Magnet Hospital Recognition. But there are many nursing programs and hospitals that do not meet such rigorous standards.

**LAU’s IPE Program**

ARCSION was established simultaneously with a new school of medicine and a new bachelor of science (BS) in nutrition program. LAU already offered a BS in pharmacy, a PharmD program accredited by the Accreditation Council for Pharmacy Education (ACPE) of the United States, and a bachelor of arts (BA) in social work. When the LAU Board of Trustees approved the new schools of nursing and medicine it set an expectation for interdisciplinary education. In spring 2010 the deans of pharmacy, medicine, and nursing began planning the IPE program. An IPE Work Group was established with faculty from all five health and social care programs; it was led by the dean of nursing. The Work Group developed a mission, educational goals, and student learning outcomes for IPE, and used the Framework for Action on Interprofessional Education & Collaborative Practice (WHO, 2010) to guide program development.

The main component of LAU’s IPE program is IPE Days, which bring students from the five health and social care majors together several times over the course of their enrollment (see Table 21.2). Students are leveled for participation based on the point at which they begin their clinical training, which helps ensure their readiness for the content, a positive perception of its value, and the ability to link IPE content with clinical practice. IPE Days are extracurricular but students are required to attend. Each 3-hour IPE Day includes a brief presentation (e.g., minilecture, video, or role-play) on the day’s topic, followed by breakout sessions of 12 to 15 students per group, each having students from at least three majors. In the faculty-facilitated small-group session, students apply the presentation content to a case study. The IPE program also includes clinical activities where students apply their IPE learning to practice; there are two such activities at present and an aim to develop several more.

**TABLE 21.2 Interprofessional Education Day Topics and Sequencing**

<table>
<thead>
<tr>
<th>STEP</th>
<th>TOPIC</th>
<th>WHEN OFFERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction to IPE and Collaborative Practice</td>
<td>Semester before students begin clinical rotations in their major</td>
</tr>
<tr>
<td>2</td>
<td>Interprofessional Communication</td>
<td>Semester during which students in each major are in their first clinical rotations</td>
</tr>
<tr>
<td>3</td>
<td>Interprofessional Teamwork and Conflict Management</td>
<td>Third semester of clinical rotations</td>
</tr>
<tr>
<td>4</td>
<td>Improving Quality of Care Through Collaborative Practice</td>
<td>Final semester before graduation</td>
</tr>
<tr>
<td>5</td>
<td>Ethics: An Interprofessional Approach</td>
<td>Final semester before graduation</td>
</tr>
</tbody>
</table>
RAISING THE PROFILE OF NURSING THROUGH IPE

Involvement in the IPE program has given nursing faculty and students an on-campus venue to provide more accurate information about professional nursing practice. This helps dispel misconceptions that even faculty and students from other health programs may have about nursing. Providing accurate information about the nursing profession happens formally through the IPE Days content and learning activities as well as incidentally through faculty and student participation in IPE.

Formal Opportunities

Content presented during IPE Days is the formal way in which others gain a more accurate understanding of professional nursing. The first IPE Day lays the groundwork for the later programs by presenting content on the role and responsibilities of each of LAU’s five health and social care majors, through a handout and a role-play of an interprofessional care planning conference. The American Nurses Association definition of nursing and Scope and Standards of Professional Nursing Practice (ANA, 2010) are the sources for the content presented about nursing. The other four professions have developed their content for the handout and role-play using their respective American or international standards. The small-group case study requires students to apply the content about each role to a simple client case; students are expected to represent their own role, guided by a faculty facilitator. Nursing students are in their first nursing course (Fundamentals of Nursing and Health Assessment), so they are quite reliant on the content handout when discussing the nurse’s contribution.

Each IPE Day follows a similar structure. The IPE Work Group plans content to accurately represent all five professions. Presenters for the programs are selected from the five professions. For example, a nutritionist leads the introductory IPE Day. The IPE Day program on teamwork uses a video that includes nurses, social workers, and dietitians, as well as a health administrator, to present the content and explain key concepts about teamwork. A physician leads the last IPE Day on ethics. As students progress through the IPE Days, they have gained clinical experience so they can portray their profession’s role in greater detail during the case-study discussion in the small groups. The nursing students gain stature as professionals when they portray nurses’ holistic assessment of patients, their clinical reasoning approaches, and use of evidence in planning and delivering care.

Prior to starting the IPE Days a half-day retreat was held for faculty from all five majors. This program introduced them to IPE using IPE leaders from England and presented the Work Group’s plans for the LAU IPE program. Since then, for each IPE Day, participating faculty receive a facilitator’s guide in advance so they can prepare for their role as facilitator. The guides were developed by the IPE Work Group, with members from each profession respectively contributing the appropriate practice-specific content. This is another formal means of conveying
accurate information about nursing as well as the other four professions. The nurses on the IPE Work Group contribute the content about nursing for each IPE Day topic and case, outlining nursing’s perspective, knowledge, and role in each case. Facilitators from the other professions thus have an accurate resource for fostering discussion during the break-out sessions, but moreover gain a better understanding of nursing as well as the other health professions.

Incidental Opportunities

The IPE Work Group now has three RN members: the dean of nursing (chair), one faculty representative, and ARCSON’s assessment officer. In addition, there are three faculty from the School of Medicine, three from the School of Pharmacy, two from the nutrition program, and one from the social work program. The interactions of the nursing representatives with the other nine members of the Work Group exemplify the professionalism, knowledge, and clinical expertise of nurses, which has served to raise the profile of nursing incidentally. Nursing faculty who volunteer as IPE Day presenters or small-group facilitators also portray nursing as a knowledge-based profession.

A natural offshoot of the students’ IPE classroom and clinical interactions has been their collaboration through the student clubs of each major. They have jointly planned health awareness campaigns for the campus community and with local NGOs. Examples include a breast cancer awareness day on campus and an international diabetes day in a low socioeconomic community. Through these activities students learn more about each others’ roles and gain experience in collaborating across the disciplines.

Impact of the IPE Program

Because our IPE program is so new (only two classes of students who have participated in the entire IPE program have graduated), we have not been able to assess its long-term impact yet. Analysis of evaluation data from the IPE Days is underway. This includes analysis of data collected from students in all majors prior to their first IPE Day and after they had completed the series of programs, using the Readiness for Interprofessional Learning Scale (Mattick & Bligh, 2005). Methods to assess whether or not perceptions about nursing specifically have been changed, however, will require much study beyond these analyses. The results of the graduate exit survey for the first two classes of nursing students show that they perceive their ability to work within an interprofessional team as very high. The first class rated this ability as 6.56/7 (1 = very poor, 7 = exceptional) and the second class rated it as 6.57/7.

Anecdotal information about IPE’s influence has been positive. For example, having an IPE program has reinforced the need for faculty to thread the concept throughout the nursing curriculum. The concept of collaboration is introduced in the first professional nursing concepts course. In later health and illness courses, students are taught about collaborative disease management for all health and
illness concepts. In their own class assignments, many students incorporate interprofessional collaboration. Nursing students have been responsive to opportunities to work with students in the other health majors. For example, senior nursing students willingly presented their projects about health care ethics to a class of third-year pharmacy students.

During IPE Days, students across different majors meet each other, breaking the ice for later interactions. In the clinical setting they can be observed discussing patient cases on the units. Nursing students are reminded of disease pathophysiology from medical students, or consult pharmacy students when not sure of a medication. Medical students have asked nursing students to help them practice skills like blood pressure measurement and injections. There is also anecdotal feedback from medical residents and physicians that the first cohort of nursing graduates are functioning confidently as members of interprofessional teams.

Because the IPE program provides a forum for faculty to become more acquainted with each other, it has fostered their collaboration on other educational, research, and service initiatives. For example, two nursing faculty are collaborating with two nutrition faculty on research projects, and one nursing faculty is collaborating with a pharmacy faculty member to test a web-based approach for teaching evidence-based practice. Two nursing faculty are preparing a manuscript with a pharmacy faculty member about an innovative active-learning approach that all three have used in their respective courses. There also has been sharing about community clinical sites between nursing and pharmacy and between nursing and medicine. All of these activities serve to clarify perceptions and raise understanding about professional nursing.

Summary

As an American expatriate moving to Lebanon to start a new school of nursing, the dean of nursing (NH) understood that nursing was perceived quite differently in Lebanon than in her home country. Soon after arriving she realized that misunderstandings about nursing were not limited to the public, but were embedded also in the health and higher education systems. It was clear that launching a successful nursing school would require changing these misunderstandings. The prelicensure IPE program is one approach, along with others, to achieve that aim. The early experience of the nursing school has shown that through IPE the valuable intellectual contributions of nurses in caring for patients could be portrayed. (This is true for other members of the health care team that also are undervalued in the Lebanese context, e.g., social work.) Some initial indications show that the IPE program has helped nursing students gain the confidence needed to practice as a colleague, not as a subordinate, to other health professionals. Nonetheless, additional experience and further study is needed to understand if and how IPE will contribute in a longstanding way to raising the profile of nursing within the health sector, in the higher education system, and among the public.
REFLECTIONS FROM THE ACTING DEAN OF THE LAU SCHOOL OF MEDICINE
N. LYNN ECKERT, MD, MPH, DrPH

LAU opened a School of Medicine in 2009 and a School of Nursing in 2010. As the only university outside of the United States with a doctoral-level pharmacy program approved by the U.S. accrediting body, Accreditation Council for Pharmacy Education, LAU’s first step in health professions education was extraordinarily successful. Since the schools were new and all wished to promote innovative programs, there was a natural synergy in wanting to work together on programs that would make a difference to the education of the next generation of health professionals.

From the first days, students at the Gilbert and Rose-Marie Chagoury School of Medicine were immersed in social medicine in the classroom, in the cases, and in community facilities that would become central to IPE. A new health professions building planned to accommodate the new styles of learning, housing the nursing, medical, and pharmacy schools, reinforced IPE by promoting interaction among faculty and students from the initial three health disciplines.

As students became more involved in clinical rotations in hospitals it became very clear to me that the culture was different from that in the United States. Coming from an academic health center in the United States, we expected teamwork and depended on highly qualified nurses, PharmDs, and other allied health professionals. They were part of the team and there was an expectation that they would actively participate in the care of patients and provide recommendations for improving patient care. In Lebanon, nurses in particular did not have the same training, nor were there similar expectations of their capabilities or of their participation. It quickly became evident that this new generation of health professionals could benefit from experiences designed to learn together. Since LAU was opening bachelor degree programs in nursing and nutrition the timing for collaborating was perfect.

The leaders of the schools, American-educated, were cognizant of the global movement to IPE, and recognized the opportunity of applying this innovation to the LAU schools. Their work was endorsed by the board of trustees, as one member was a strong proponent of IPE and supported the concept to the Board. The dean of the School of Nursing took the lead in organizing this effort. The School of Medicine provided several faculty members who revised some of the curriculum offerings so as to promote IPE, examined ways to integrate IPE learning into ongoing activities, and participated in the overall planning and teaching activities.

Through the social medicine program, medical students began service learning experiences at the Palestinian camps around Beirut, where pharmacy students were already working. The enthusiasm of the medical students for learning alongside pharmacy students in resource-poor settings made it easy to incorporate this experience into the School of Medicine curriculum. As soon as they were able, the nursing students also joined the work in the camps.

I believe IPE worked well because the deans of the schools valued it as a learning strategy and there were a sufficient number of faculty from the health
The LAU case of the development of IPE across the health professions schools is a demonstration that consideration of contextual factors and characteristics, as has been suggested, is necessary for successful implementation of this new educational model. Historically, despite growing calls and enthusiasm for IPE, bringing this concept to operational stages faced a number of challenges. These challenges consist of lack of administrative support; insufficient human, time, and physical space resources; inflexible curricular structures and timetables; inconsistent use and understanding of language; preexisting stereotypes; and education cultures that were resistant to change (Bennett et al., 2011; Gilbert, 2005; WHO, 2013a).

Early leadership from the deans of nursing, medicine, and pharmacy played an instrumental role in promoting interest in IPE at the university and minimizing reluctance to change. Subsequent success was based on the commitment of time and effort by the dean of nursing to convene a group of faculty from the five professions to plan and implement the initial IPE learning opportunities. From its early planning stages and despite a small faculty, ARCSON engaged other LAU health professions schools in the Work Group that wrestled with the challenges of obtaining resources, developing faculty expertise, creating IPE curricula, allocating time given faculty were busy developing new courses in their own programs, and organizing clinical training sites. Other enabling factors that supported IPE and CP at LAU were a shared vision for IPE, common goals and desired student outcomes, faculty from different disciplines cocreating the learning experiences, support for faculty facilitators, creation of new teaching space, and integrated and experiential opportunities to learn, for both students and faculty (Barnsteiner, Disch, Hall, Mayer, & Moore, 2007; Bennett et al., 2011; Nelson et al., 2014; WHO, 2013a).

The LAU planning team was fortunate to have opportunities to collaborate and create this novel training early in the formation and establishment of the health professions schools who were committed to IPE and wanted to see it adopted at LAU. Although LAU is in the early stages of adopting IPE across the health disciplines I believe that the initial foray has been successful as students have a better understanding of their own roles and responsibilities, as well as those of students from the other health and social care professions. Given the tendency in Lebanon to undervalue the role of nursing I believe the IPE experience has been positive for nursing at two levels: individually, the nursing students are gaining confidence in their roles, and at the institutional level, the School of Nursing is recognized for its advancement of nursing education from a technical school level to the level of bachelor of science in nursing.
professions schools. Because the schools were all relatively new, profession-specific training silos were not engrained. Their early work was supported by the leadership of the university and its board, with allocation of resources for teaching space and budget reallocation for students’ clinical activities. In addition, the LAU programs were not overly constrained by external accreditation requirements that would hamper the development of novel IPE curricula. In fact, the opposite is true. Both CCNE and ACPE accreditation criteria include elements related to IPE.

Administrative support and leadership are instrumental in guiding and sustaining energy for this work. Several faculty champions emerged within the nursing school and across the other schools at LAU through their efforts on the Work Group. Bennett et al. (2011) published a qualitative study of the perceptions of academic faculty about IPE across a multicampus health faculty and noted that “innovation captures the interest and energy of faculty staff” (p. 573) and was a perceived strength of IPE. Innovation can also capture the energy of students.

There is one more strategy that can be very influential in fostering leadership development in students. . . . Exposure to faculty who embrace change and support others in introducing innovation in the curriculum can be a powerful influence on the socialization of students. (Halstead, 2013, p. 4)

This combination of leadership and a willingness to be innovative in designing new education models was key to the successful implementation of IPE at LAU. Its impact has been felt at both faculty and student levels.

The LAU case describes benefits in terms of how IPE provided a forum for faculty collaboration across education, practice and research; specific examples are in web-based teaching, collaboration in community clinics, and nutrition research. The IPE Work Group members are currently working on a series of manuscripts based on analysis of the evaluation and assessment data collected to date. These positive outcomes are in keeping with the opportunities for professional growth through IPE described by Bennett et al. (2011):

- Potential for scholarship and research in IPE
- Potential for research across disciplines and with external partners
- Peer learning and new partnerships at every level of the enterprise
- Skills and capacity of staff that have emerged through the recent audit of interest and engagement (p. 573)

Faculty members’ work in collaborating and creating a novel program such as IPE can enhance their own leadership development. At LAU, an initial faculty retreat with faculty from all five disciplines and external leaders in IPE from England helped launch the IPE Days and advance the IPE Work Group’s plan. The IPE Work Group at LAU developed tools and guides to assist faculty in their new teaching and mentoring roles. Such methods of faculty development, specifically designed to assist faculty in acquiring and strengthening their skills in order to
meet student-centered outcomes, are important for the promotion of lifelong learning, both for faculty and students.

Globally, faculty development programs and reforms in IPE and collaborative practice focus on stronger partnerships between education, service, and clinically based experiential learning as synergistic methods for developing interprofessional competencies (Barwell, Arnold, & Berry, 2013; Nelson et al., 2014; Thistlethwaite, Forman, Matthews, Rodgers, Steketee, & Yassine, 2014). LAU uses and is developing additional clinical activities and sites to better bridge education-practice gaps and to integrate IPE and collaborative patient care for students, faculty, and current practitioners.

Calls for assessment that will provide evidence as to the efficacy of IPE are increasing, yet assessment of learning outcomes and IPE program evaluation is not yet universal (Ashton et al., 2012; Reeves, Perrier, Goldman, Freeth, & Zwarenstein, 2013; Rodger & Hoffman, 2010). Rodger and Hoffman (2010), in a global environmental scan of IPE and CP, wrote, “only 37% of participants reported that they assessed learning outcomes for IPE” and “over a third did not formally evaluate IPE” (p. 487). The Toronto Model, recognized for its contributions to IPE globally, underscores that it is critical to consider the impact and sustainability of IPE programs, and to have education and service partners at the decision table when the design of an IPE and CP journey begins (Nelson et al., 2014).

Similarly, the team at LAU has developed mechanisms for assessment of student outcomes and is in the early stages of evaluating the impact of the IPE program through multiple approaches. Baseline data have been collected as each new class begins their IPE experiences, and are being coupled with assessment and evaluation data collected at each IPE Day. All facilitators were recently surveyed to solicit their input for IPE Day improvements. Another data point specific to nursing is the school’s exit survey, which showed that the nursing students perceived their ability to work within an interprofessional team as very high. Early indications are that the nursing students have gained confidence in collaboration and that the knowledge and skills that nursing (and other professions) bring to the patient and health care team are portrayed though IPE in the clinical settings at LAU.

IPE provides opportunities for students to gain awareness of their own role on the health care team and better understand the roles of others, to practice and improve communication skills, and to foster relationship building and team skills (Hudson, Sanders, & Pepper, 2013; Lumague et al., 2006; Solomon & Salfi, 2011). These skills and behaviors also contribute to enhanced leadership capacity and professionalism in students (Bianco, Dudkiewicz, & Linette, 2014; IOM, 2013a; Scott & Miles, 2013).

The IPE Collaborative Expert Panel (2011) recommended four competency domains for health professionals to engage successfully in CP: values/ethics, roles and responsibilities, interprofessional communication, and teamwork, domains represented in the LAU case. Hudson et al. (2013) conducted an integrative literature review of intervention studies of IPE among prelicensure baccalaureate nursing students and found that the domain of “roles and
responsibilities” was most frequently evaluated (p. 77). Their findings “suggest that nursing students’ professional development may be enriched through IPE and that students in other professions may develop an appreciation of the unique contributions of nursing” (p. 79).

Interdisciplinary students across seven disciplines involved in IPE at the University of Toronto and Toronto Rehabilitation Institute articulated the perceived benefits of the program as directly experiencing how colleagues applied their expertise, enhancing confidence in approaching other team members, fostering new respect for each other as colleagues through collaborative learning, gaining a more holistic view of the patient, and improving communication by breaking down professional jargon (Lumague et al., 2006). An authentic understanding by physicians of the role of nurses in patient care was seen as contributing to effective communication between nurses and physicians practicing in the United States (Robinson, Gorman, Slimmer, & Yudkowsky, 2010).

In summary, the LAU case demonstrates the contextual factors that favored the development of an IPE program, many of which are significant barriers in well-established traditional training programs. However, the role of nursing leadership in communicating across traditional health professions boundaries cannot be understated. Successful academic nurse leaders embody the competencies of communication and conflict resolution, which are both necessary for equalizing professional power differentials that inhibit interprofessional learning (Bennett et al., 2010; Boykins, 2014; Price, Doucet, & Hall, 2014). Through role modeling a vision of change, challenging resistance, and respectfully communicating and collaborating, nurse leaders can contribute to the continuing efforts to move IPE initiatives into the early learning experiences of all health professions students. The LAU experience is an example of one institution applying global standards in the local context to improve health professions education and local patient care. Through the process, the potential to raise the long-term profile of the profession of nursing in Lebanon is enhanced.

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