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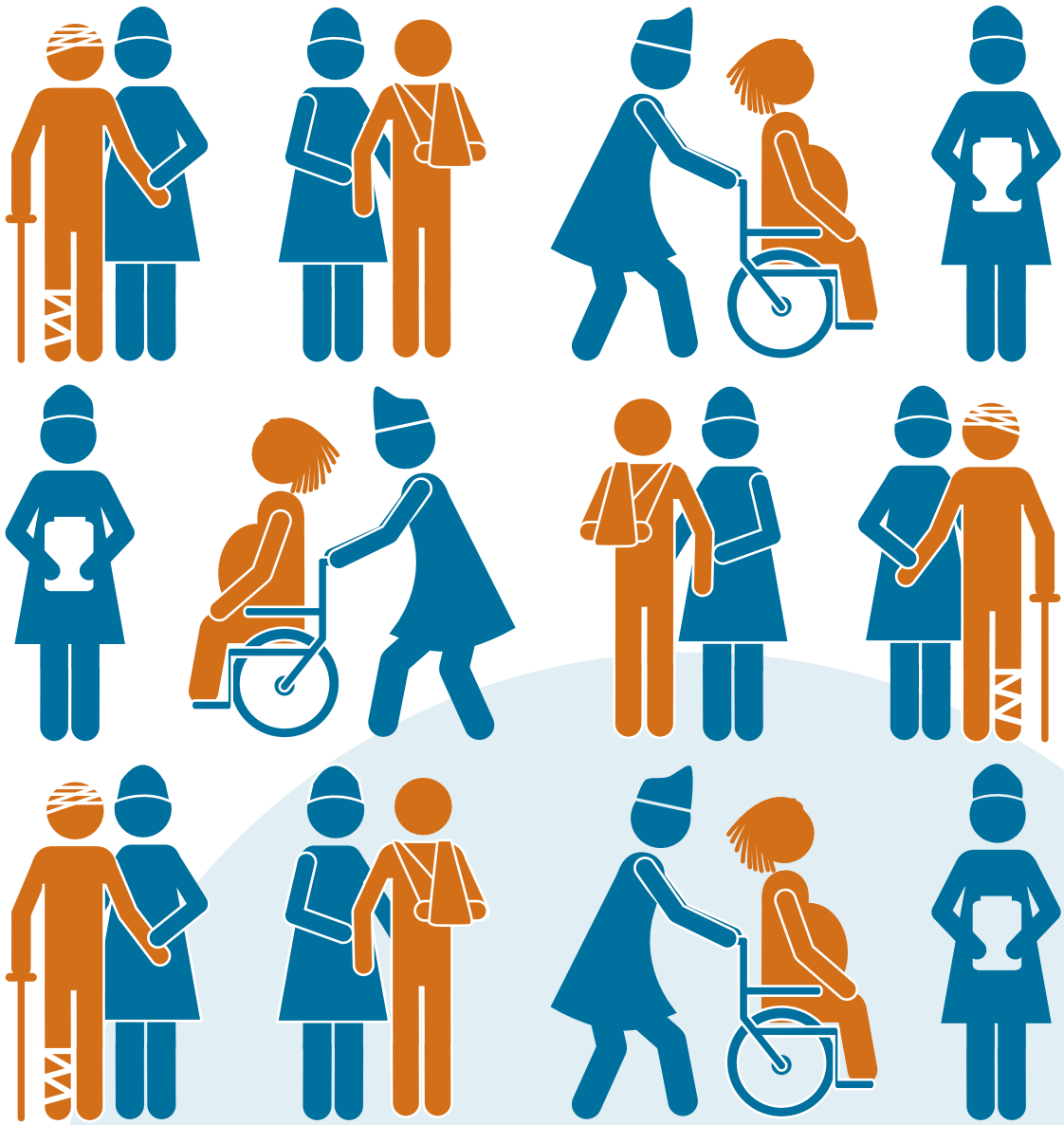

Interprofessional Collaborative Practice in Primary Health Care: Nursing and Midwifery Perspectives

Six Case Studies

World Health Organization

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Contents

Acronyms

CHAI	Catholic Health Association of India
CP	collaborative practice
IPCLUs	Interprofessional Clinical Learning Units
IPE	interprofessional education
PHC	primary health care
WHO	World Health Organization

Executive summary

There is increasing interest in the ability of health-care professionals to work together, and in understanding how such collaborative practice contributes to primary health care (PHC). Interprofessional education drives the need to identify and establish enabling mechanisms for collaborative practice in PHC. This study examines six PHC practice settings from both resource-constrained and resource-rich countries in order to identify not only the enabling mechanisms that facilitate collaborative practice to support PHC, but also barriers to such practice. The World Health Organization's Framework for Action on Interprofessional Education and Collaborative Practice was used to examine the mechanisms that shape interprofessional education, collaborative practice, and health and education systems. Findings are consistent with the growing body of literature on enabling mechanisms for and barriers to interprofessional education and collaborative practice. The study concludes with a discussion of policy and practice implications and recommendations for future research. Based on this work, it is clear that inteprofessional education and collaborative practice are closely interrelated.

1
Background

Health system reforms based on the principles of primary health care (PHC) have become a major challenge for policy-makers, health workers and leaders across the globe. The World Health Organization (WHO) defined PHC in 1978 as "essential health care based on practical, scientifically sound and socially acceptable models and technology made universally accessible to individuals and families in the community through their full participation and at the cost that the community can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination." Collaborative practice (CP) has been identified as a promising means of strengthening health systems and improving health outcomes. Such collaboration is increasingly regarded as important for health systems worldwide to meet complex health needs given the limited human and financial resources (Mickan et al. 2010; Reeves et al. 2009).

There is now sufficient evidence to conclude that effective interprofessional education (IPE) enables effective CP (Blackwell et al. 2011; Frenk et al. 2010; Reeves et al. 2009; Yan et al. 2007). WHO defines IPE as "students from two or more professions learn[ing] about, from, and with each other to enable effective collaboration and improve health outcomes" (WHO 2010, p. 13). Interprofessional education can transform health professional education, which is currently fragmented and outdated with a static curriculum that fails to equip graduates adequately for CP (Frenk et al. 2010). The World Health Organization (2010) defines interprofessional CP as "multiple health workers from different professional backgrounds working together with patients, families, caregivers and communities to deliver the highest quality of care" (ibid.). The WHO Framework for Action on Interprofessional Education and Collaborative Practice (2010) offers strategies to help health policy-makers implement the elements of IPE and CP that will benefit their health systems in their individual country contexts.

This Framework reflects the fragmentation inherent in many health systems worldwide and the challenges posed to the health workforce by increasingly complex health issues. Evidence shows that as health workers move through the system, interprofessional experience offers them the necessary skills to become part of a collaborative, practice-ready health workforce. A collaborative practice-ready workforce is one in which health workers have received effective training in IPE (WHO 2010, p. 10) enabling them to enter the workplace as members of a CP team.

A number of mechanisms shape how IPE is developed and delivered. The WHO Framework for Action on Interprofessional Education and Collaborative Practice groups these mechanisms into two categories: educator mechanisms (for academic staff, training, champions, institutional support, managerial commitment and learning outcomes) and curricular mechanisms (concerning logistics and scheduling, programme content, compulsory attendance, shared objectives, adult learning principles and contextual learning) (WHO 2010, p. 12). Other mechanisms shape how CP is introduced and executed. Examples of these mechanisms are divided into three categories: institutional support mechanisms (concerning governance models, structured protocols, shared operating resources, personnel policies, supportive management practices); working culture mechanisms (for communication strategies, conflict resolution policies, shared decision-making processes); and environmental mechanisms (on the built environment, facilities, space design). Once a collaborative, practice-ready health workforce is in place, these mechanisms help decision-makers to identify the actions that will support CP. This document beginning by presenting information on IPE and CP based on the literature review and then highlights specific case studies.