

Merging Academia and Practice – Innovations in DNP Collaborative Partnerships

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INTRODUCTION

Many patients receive care at the end of life that is not aligned with their values, choices and preferences. Patients experience care interventions that may be potentially unneeded, harmful and costly. Such care results in undesirable patient outcomes, sub-optimal utilization of healthcare resources, and increasing levels of frustration and burn-out for the healthcare team. The increasingly complex needs of the chronically ill population creates a critical urgency for changes to the techniques and delivery of education to healthcare professionals. Given the current state, healthcare professionals both in practice and in training need to attain the knowledge, skills and tools essential to co-produce care with patients who have a life-limiting illness.

BACKGROUND AND PROBLEM STATEMENT

Healthcare professionals continue to be challenged by a lack of “how to” skills for effective engagement of patients and caregivers in participatory person-centered care delivery. There is an urgent need for development of innovative educational modalities that support shared approaches to care delivery between the professions and across processes and systems. Shared approaches will align and enhance inter-professional, inter-sector, and inter-agency care delivery for the chronically ill patient population across the continuum of care, but particularly in palliative and end of life care. Inter-professional curricula needs to address emerging contemporary patient care realities, and ever increasing role expectations.

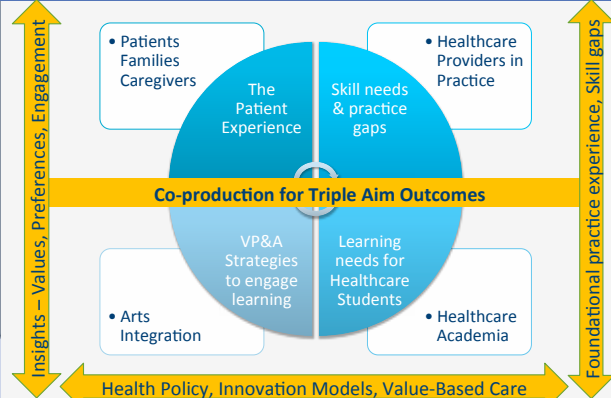
OUTCOME AND OBJECTIVES

- To create an innovative co-production educational model to enhance inter-professional collaborative education in palliative and end of life care.
- To create an innovative educational toolkit germane to academia and practice to facilitate inter-professional experiential learning.
- To develop a co-production model for effective patient assessments, critical thinking, comprehensive care delivery, coaching, optimal patient outcomes, and enhanced professional skill and proficiency.

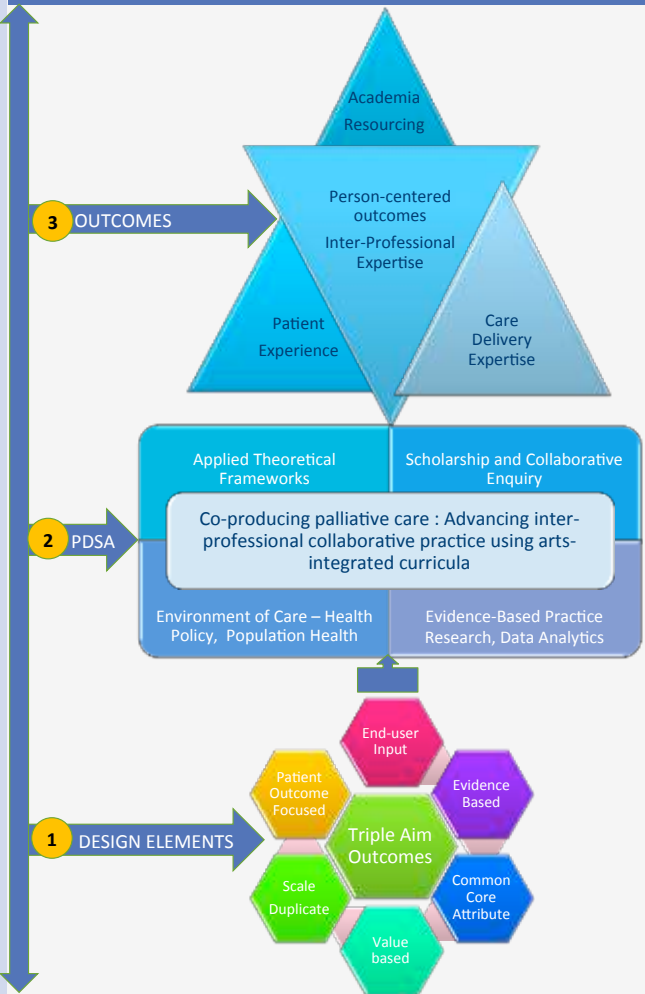
PHASED IMPLEMENTATION PLAN

- Phase 1**
- Creating the team: - healthcare academia, media and visual arts, healthcare practitioners, patients, families, caregivers.
 - Developing a guiding framework:- evidence-based literature, concept model, IRB approval, implementation methodology, instruments.
- Phase 2**
- Implementing the Concept Model:- metrics, value proposition, key performance indicators, proof of concept.
 - Concept Model Pilot:- Test Intra & Interprofessional education platform (multi-sites), data collection, perform outcomes analysis
- Phase 3**
- Evaluation of pilot results:- Implement PDSA cycles, analysis and outcome evaluation
 - Develop scalability and spread plan:- Implement Toolkit Development with Adoption Guide, support adoption.

AN INTEGRATED ACADEMIA AND PRACTICE ENGAGEMENT MODEL



OUTCOMES-BASED CONCEPT MODEL FOR INTER-PROFESSIONAL EDUCATION



LESSONS LEARNED FRAMEWORK – CYCLE OF REFLECTIVE PRACTICE



RESULTS - TRIPLE AIM EVALUATIVE MODEL



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