

## **ACADEMY PROPOSED POSITION CONCEPT: *Interprofessional Education and Practice in Nutrition***

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### **BACKGROUND INFORMATION**

#### **Rationale for Proposed Position:**

The healthcare system in the United States continues to experience an unacceptable rate of medical errors leading to patient deaths. Many of these preventable errors are due to poor communication resulting from a healthcare force that has not been trained to practice collaboratively. Lack of collaboration in practice affects not only patient safety but is also responsible for the rising costs of healthcare that makes the US one of the most expensive healthcare systems in the world with the poorest outcomes.

One of the initiatives driving the change in healthcare is the Triple Aim which calls for the system to address individual outcomes, population and community health, and the cost effectiveness of health care. Interprofessional education (IPE) and interprofessional practice (IPP) directly promote the achievement of a healthier and more fiscally responsible healthcare system by enabling a framework that prepares all professionals in healthcare to work together across disciplines to collaborate more effectively and creatively.

Many initiatives exist that promote the inclusion of IPE across health professions education. The Interprofessional Education Collaborative (IPEC) released competencies in 2011 depicting key skills required of all collaborative-ready health care professionals. These competencies were recently updated in 2016 and are being adopted by many professions that interact with registered dietitian nutritionists and nutrition and dietetics technicians, registered. The competency domains include: values/ethics for interprofessional practice, roles/responsibilities, interprofessional communication, and teams and teamwork.

Interprofessional practice has been shown to provide benefits to stakeholders across the continuum of healthcare delivery. Specifically, IPE and IPP are suggested to play a large role in improving the quality of care provided to both individuals and community. Additionally, it is suggested that IPP may be a means for improving health professional well being in that it promotes an environment of trust and psychological safety and emphasizes value for their contributions in a system that often lacks these characteristics, leading to high rates of stress and burnout.

**\*\*Comments from Academy members to be included in paper:** *(Comments originated from member comment period for new paper under development "Inter-professional Education in Nutrition as an Essential Component of Medical Education" position paper-November 2016)*

- IPE is so much broader than medical schools and physicians. There are numerous healthcare providers that dietitians interact with. IPE should encompass them all healthcare providers. Currently the vast majority of IPE is done in Academic Health Centers (i.e. a University with a medical school); however, most health care related professionals (including dietitians) are trained at colleges and universities without a medical school and are not linked to a hospital system. I think as a profession of dietitians we should broaden our

view of IPE and look at ways to incorporate IPE into Universities/Colleges without Academic Health Centers. [Reference: Hoffman, S Rosenfield D, et al Student leadership in IPE: benefits, challenges, and implications for educators, researchers, and policymakers. Medical Education. 2008;42(7):654-661 and Schmitt M, et al. The coming of age for IPE and practice. American Journal of Medicine. 2013;126(4):284-288.

- More emphasis on the core competences and how nutrition students are not part of IPE programs at the present time-and why they should be. It should not just be that we are educating but students learning together. This is true IPE.

#### OBJECTIVES:

- To define key terms related to interprofessional education and interprofessional collaborative practice and compare and contrast with multidisciplinary and interdisciplinary
- To highlight the need for health care change that addresses patient safety, quality of care and cost effectiveness
- To describe the role of nutrition in interprofessional collaborative teams
- To describe key elements of effective team-based care
- To identify the benefits of interprofessional collaborative practice to patients and practitioners
- To state the Academy's position on interprofessional education and practice
- To outline the importance of nutrition as part of the interprofessional team
- To state why training faculty (and preceptors) to facilitate interprofessional education is important
- To list opportunities to provide interprofessional experience - simulation, case studies, etc.
- To identify areas where including nutrition as part of a interprofessional team has improved outcomes (diabetes, nutrition support, malnutrition)

KEY POINTS: (The Key Points serve as the outline for the position. List the Key Points in the left-hand column and the Scientific or Public Policy justification references in the right hand-hand column. Please list the references by number.)

Key Point:	Scientific/Public Policy Justification:
An unacceptable number of medical errors occur each year in the US that lead to poor patient outcomes including preventable deaths.	1, 2, 3
Interprofessional education has been identified as a means for addressing poor communication leading to increased medical errors, and lower quality care.	4, 5, 6, 19, 23, 31
Definitions of terms relative to interprofessional education and practice, including the difference between interdisciplinary and interprofessional.	4, 10,11,12, 32, 33, 34
Competencies for interprofessional practice have been identified by key agencies	7, 8, 9, 13,14,15

<ul style="list-style-type: none"> <li>a. Individual professions have implemented these competencies to varying degrees</li> <li>b. Currently part of many professions accreditation standards</li> <li>c. New ACEND competencies include interprofessionalism at all levels (NDTR, DI, DPD, CP)</li> </ul>	
The benefits of IPE and IPP extend across society to include benefits for students, practitioners, patients, communities, and healthcare organizations as a whole.	17, 18, 19, 30, 31
Nutrition professionals play a key role in interprofessional teams.	20, 21, 24
There are many ways to incorporate interprofessional skills into didactic instruction and supervised practice such as simulation, case studies, etc.	22, 25, 26
Educators and preceptors will need training on how to facilitate IPE opportunities.	27, 35, 36
Collaboration skills should also be built into continuing education for practitioners.	16, 28, 29
Examples of successful IPE projects	17, 22, 26

**REFERENCE LIST: (The references serve as the scientific/public policy justification and should be public policy documents and peer-reviewed research articles. Please number each reference.)**

1. Institute of Medicine. *Health Professions Education: A Bridge to Quality*. Washington, D.C.: National Academy Press; 2003.
2. Institute of Medicine. *To err is human: building a safer health system*. Washington, D.C.: National Academy Press; 2000.
3. Institute of Medicine. *Crossing the quality chasm: a new health system for the 21st century*. Washington, D.C.: National Academy Press; 2001.
4. World Health Organization (WHO). Framework for action on interprofessional education and collaborative practice. Geneva, Switzerland: World Health Organization; 2010. [http://whqlibdoc.who.int/HQ/2010/WHO\\_HRH\\_HPN\\_10.3\\_eng.pdf](http://whqlibdoc.who.int/HQ/2010/WHO_HRH_HPN_10.3_eng.pdf).
5. Institutes of Medicine (IOM). Workshop Summary: Interprofessional Education for Collaboration: Learning How to Improve Health. Washington, DC: National Academies Press; 2013.

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11. D'Amour D, Ferrada-Videla M, San Martin Rodriguez L, Beaulieu M. The conceptual basis for interprofessional collaboration:Core concepts and theoretical frameworks. *J Interprof Care*. 2005;19(suppl 1):116-131.
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13. Accreditation Council for Education in Nutrition and Dietetics. ACEND Accreditation Standards for Nutrition and Dietetics Coordinated Programs. 2016.
14. Accreditation Council for Education in Nutrition and Dietetics. ACEND Accreditation Standards for Nutrition and Dietetics Technician Programs. 2016. Accessed August 30, 2016.
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19. Reeves S, Fletcher S, Barr H, Birch I, Boet S, Davies N, McFadyen A, Rivera J, Kitto S. A BEME systematic review of the effects of interprofessional education: BEME Guide No. 39. *Med Teach*. 2016.
20. Tappenden, KA, Quatrara, B, Parkhurst, ML, Malone, AM, Fanjiang, G, Ziegler, TR. Critical role of nutrition in improving quality of care: an interdisciplinary call to action to address adult hospital malnutrition. *J Parenter Enteral Nutr*. 2013;37(4):446-447.

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**PRACTICE APPLICATIONS:**

An Academy position on interprofessional education and interprofessional practice would directly support the increasing demand for registered dietitian nutritionists to contribute to interprofessional teams. It would provide guidance for educators training students to work in interprofessional teams and for professionals who are currently working in or desire to work in interprofessional teams. It would also inform efforts for advocacy of the profession.

**ACADEMY ORGANIZATIONAL UNIT SUPPORT:**

Nutrition and Dietetics Educators and Preceptors

**TARGET AUDIENCES:**

Educators

Preceptors

Clinicians

Other health professionals

Students

**SUGGESTED AUTHORS:**

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Peggy Turner, MS, RD

**COLLABORATING ORGANIZATION(S) (If Applicable):**

N/A

TYPE OF COLLABORATION (Check one if applicable):

\_\_\_\_\_ Joint Development – participates fully in the development process.

\_\_\_\_\_ Technical Review – participates as a reviewer only; has option to adopt final position.

\_\_\_\_\_ Adoption – adopts the final position approved by the House Leadership Team.

## EVALUATION CHECKLIST FOR A PROPOSED POSITION CONCEPT

Please use the following checklist to evaluate your proposed position concept to see if it meets the criteria for an Academy Position. Provide the requested information for each question on the next page.

1. Does the position concept express an opinion on an emerging issue which may be controversial, or may be a source of consumer confusion or may fill a professional need? Yes\_\_X\_\_ No\_\_\_\_  
If yes, identify controversy or confusion or professional need: Provide answer on next page.
2. Does the position concept relate to an issue which impacts the nutritional status of the public? Yes\_X\_\_ No\_\_\_\_  
If yes, how? Provide answer on next page.
3. Is the position concept derived from an analysis and synthesis of current facts, data and research literature? Yes\_X\_\_ No\_\_\_\_
4. Does the position concept facilitate appropriate action by members, other professionals and the public? Yes\_X\_\_ No\_\_\_\_  
If yes, what action would be taken? Provide answer on next page.
5. Is the position concept proactive in promoting the optimal nutrition, health and well-being of the public? Yes\_X\_\_ No\_\_\_\_
6. Does the position concept reflect the mission, vision, philosophy, values and the strategic initiatives of the Academy? Yes\_X\_\_ No\_\_\_\_  
If yes, which strategic initiative? Provide answer on next page.
7. Will the position concept serve as an education document for members, other professionals and/or the public? Yes\_X\_\_ No\_\_\_\_
8. Does the position concept provide a balanced view of the topic? Yes\_X\_\_ No\_\_\_\_
9. Would the position concept lend itself to a practice paper on the same topic? Yes\_\_\_\_ No\_X\_\_

If questions 1-8 are answered with a "yes" and supplied information requested, you have met the criteria for a position. The response to question 9 will be helpful to the APC to consider a companion practice paper. **Please forward your completed EVALUATION CHECKLIST and PROPOSED POSITION CONCEPT FORM to the appropriate staff at the Academy Headquarters.**

If your proposed position concept does not meet the above criteria, you may want to contact the appropriate staff, at the Academy (1-800-877-1600 x4835) to discuss your concept.

## EVALUATION CHECKLIST FOR A PROPOSED POSITION CONCEPT

Provide additional information for questions 1, 2, 3, 4 and 6 (questions 5, 7-9 do not need additional information).

1. If yes, identify controversy or confusion or professional need:

Medical errors can be prevented, if we change the way that we educate future healthcare providers. Making changes to current healthcare practices can also help reduce errors. By teaching students and practitioners the importance of collaboration, and how to be effective team members, errors can be reduced and patient safety improved. This also extends to improving the quality and effectiveness of nutrition interventions provided to patients in a team based model.

2. If yes, how?

Whether it is a patient in an acute care setting or as an outpatient seeing a Registered Dietitian Nutritionist, all individuals can benefit from collaboration of a team of providers.

3. If yes, please provide some references:

Barr, H., Freeth, D., Hammick, M., Koppel, I. & S. Reeves (2006) The evidence base and recommendations for interprofessional education in health and social care, *Journal of Interprofessional Care*, 20:1, 75-78, DOI: 10.1080/13561820600556182

Thistlethwaite J. Interprofessional education: a review of context, learning and the research agenda. *Med Ed* 2012;46:58–70.

Reeves S, Fletcher S, Barr H, Birch I, Boet S, Davies N, McFadyen A, Rivera J, Kitto S. A BEME systematic review of the effects of interprofessional education: BEME Guide No. 39. *Med Teach*. 2016.

4. If yes, what action would be taken?

Members - Members are the nutrition experts and have the education needed to provide education, counseling and MNT, this is who would be participating in collaborative teamwork.

Other professionals – For the other professionals who work with RDNs and NDTRs they would benefit from engaging in interprofessional teams.

Public – The public will benefit from the nutrition and other professionals working collaboratively through an improvement in the quality of care provided. We are seeing a shift in the delivery of healthcare and will see consumers desiring team-based collaborative care.

5. Yes. This position supports new models of training and care known for reducing medical errors, practicing patient safety, engaging the patient, collaborating as a team, communication, and practicing ethically.



6. If yes, which Strategic Goal does the concept support?

The public trusts and chooses Registered Dietitian Nutritionists as food, nutrition and health experts

4. Work collaboratively across disciplines with local, state and national food and nutrition communities
7. Promote RDN's roles in protecting the health and optimal nutritional status of consumers to policy makers and decision makers in the healthcare arena

Academy members optimize the health of Americans

2. Promote the relevance of public health nutrition and the role of members in chronic disease prevention and treatment
5. Strengthen and expand skills such as physical assessment, behavior, counseling and cultural competence of the Academy membership
6. Increase health equity by promoting improved access to Academy credentialed practitioners' services and nutrition interventions
7. Position members to assume emerging and transdisciplinary roles

Members and prospective members view the Academy as vital to professional success

1. Empower present and future practitioners to be the leaders and mentors in food and nutrition
2. Provide state-of-the-art professional development for education, competence, and career success
5. Identify and respond to trends and the needs of a changing, diverse membership.
6. Equip members to take the lead in creating and maintaining a competitive edge in the delivery and reimbursement of nutrition services in the evolving marketplace

7. Yes. This position can be used as a resource in the educational process and by RDNs and NDTRs to raise awareness. It can also be used by other professionals to learn more about how nutrition can play a role in interprofessional efforts.