# A New Model Explaining the Transformation From Interprofessional Education to Collaborative Practice

Aaron J. Michelfelder, MD, FAAFP, FAAMA; Frances Vlasses, PhD, RN, ANEF, FAAN; Holly O'Connor; Jill Cuba, JD

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Learning about, from, and with one another is a common definition of interprofessional education (IPE),[1] yet functional models of how to begin with interprofessional learners and end with high-functioning collaborative care teams in real-world clinical practice have remained elusive. The field of IPE is built upon the theory that training care team members to learn about, from, and with one another will create the high-functioning teams needed to transform health care.[1] However, details explaining this journey from start to finish have been a black box until now. This article introduces an explanatory model: The Loyola I-Transform-2Act Model of how professionals travel from interprofessional education to collaborative clinical practice.

The Loyola I-Transform-2Act model has been developed by the Loyola University Chicago Institute for Transformative Interprofessional Education (I-TIE) based on decades of experience creating and evaluating IPE and collaborative practice (CP) innovations. Loyola I-TIE has participated in numerous grant-funded IPE/CP research projects as well as contributed to the training of hundreds of university faculty and thousands of university students in IPE/CP. Using an inductive process, we created the Loyola I-Transform-2Act Model in which the following steps are required to travel from interprofessional education to collaborative practice: (1) Illumination, (2) Transformation, and (3) Activation. These three steps are the basis of the Loyola I-Transform-2Act Model and help to explain how to start with individuals representing different professions and end with cohesive, collaborative care teams.

The three steps of this model must be completed in order from 1 to 2, and then to 3. We have found that skipping any step will derail the journey to collaborative practice, and that all members of the care team, regardless of experience or training, whether a student or a seasoned clinician, must start with step 1 to progress to the desired result.

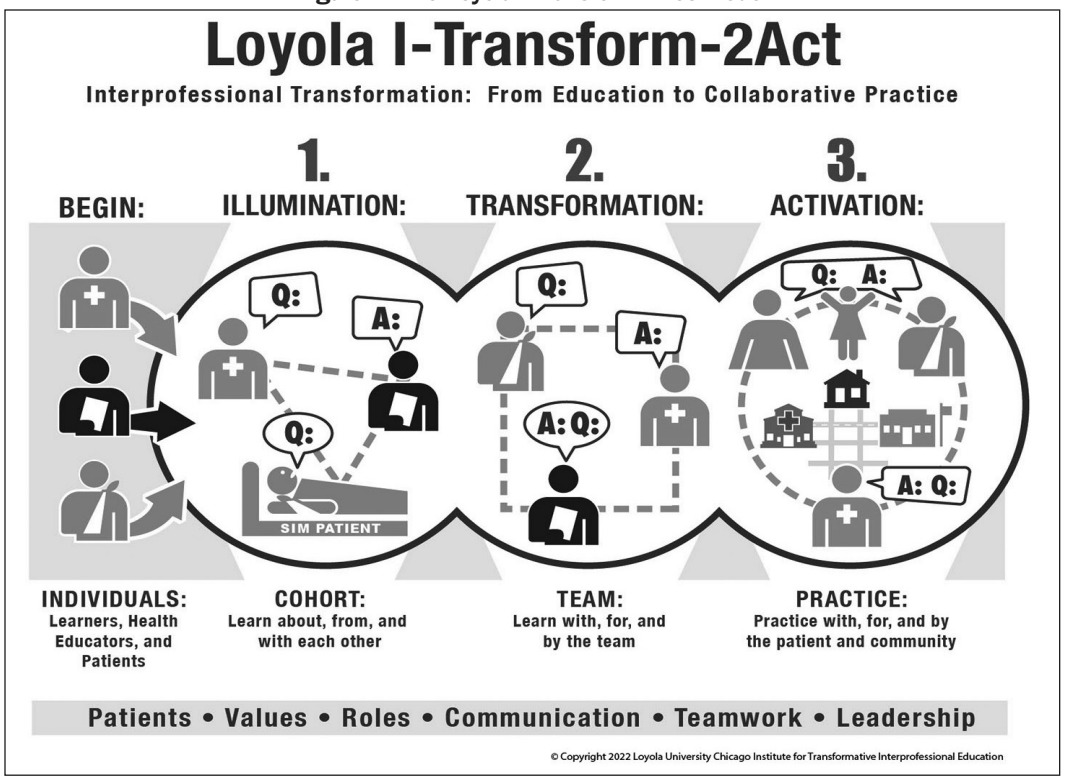
In detail, the three steps of the Loyola I-Transform-2Act Model of the path from interprofessional education to collaborative practice (Figure 1) are:

*1) Illumination*

Illumination occurs when professionals and trainees learn about, from, and with one another with the focus on the training, roles, and expectations of each professional and trainee on a care team. For example, a medical student learns about the training of a dietitian, a social worker learns about the services provided by a physical therapist, and the pharmacist learns about what health-impacting legal needs a clinical staff attorney is trained to address. Additionally, care team members learn from one another what an average day looks like for each profession and together, they

From the Department of Family Medicine, Loyola University Chicago Stritch School of Medicine (Drs Michelfelder and Vlasses); Marcella Niehoff School of Nursing, Loyola University Chicago (Dr Vlasses); Loyola University Health System (Dr Michelfelder); and Institute for Transformative Interprofessional Education, Chicago, IL (Mss O'Connor and Cuba).

**Figure 1: The Loyola I-Transform-2Act Model**




begin to explore how their professional skill sets complement one another's. The focus of illumination is on the individuals of the care team.

*2) Transformation*

Transformation occurs when the individual care team members are brought together to learn with, for, and by the team. The individuals practice problem-solving as a team and learn about leadership and followership in the context of a high-functioning team rather than a collection of individually trained professionals. This step often involves simulated patients, communities, and families. The focus of transformation is on the care team itself.

*3) Activation*

Activation occurs when real patients, families, and communities join the care team. Through this intentional process, the team identifies and addresses challenges of an individual patient, or a family, such as ensuring that they have reliable and consistent access to healthy foods or rent payments, or the needs of a community to have access to job training, and internet for schools and homes. The team not only works to solve these challenges, but also practices skills such as fluid leadership and mutual support. The focus of activation is on the real people and communities who are at the center of the care team.

Through significant trial and error, we have determined that these three steps describe how to start with individual professionals and end with cohesive, high-functioning care teams. Important concepts that thread through all three steps are leadership and followership, and these important concepts deserve some discussion here. On health care teams, there is often an assumption that a physician is always the leader of the team. The Loyola I-Transform-2Act Model endorses the concept of *fluid leadership*, where leadership of the team shifts to the professional most qualified to lead the team at that moment, for the good of the patient, family, or community. For example, if the most pressing issue involves healthy eating on a limited budget, the dietitian would be the most appropriate to lead, or if the issue is someone being forced out of their housing in violation of renting rules, the staff attorney may be the person to lead the team. Having leaders also means that everyone on the team needs to know when and how to follow leaders to ensure proper team functioning. Team members need to practice shifting in and out of leading and following roles. Intransigent assumptions that one person or one profession must always take the lead, prevents the

group of professionals from transcending traditional boundaries to transform into an effective, collaborative team. One Loyola example of this transcendence is a study wherein nurses leading the care team during care coordination resulted in patients having a significant improvement in diabetes and hypertension over standard care team approaches.[2] This and other examples provide evidence that fluid leadership allows teams to reach higher and fuller potentials.

The Loyola I-Transform-2Act Model of the journey from interprofessional education to collaborative practice is groundbreaking in that it helps explain the enigma of how to transform health care systems through creating high-functioning care teams that perform at the peak of what is possible. Creating these high-functioning care teams in actual clinical practice requires that all professionals, from learners to seasoned clinicians, and from administrators to finance specialists, travel in teams from illumination, through transformation, to activation and beyond. We believe the Loyola I-Transform-2Act Model can serve as a basis for researching the most effective methods and processes for creating and training high-functioning, collaborative teams.

## References

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