

# A New Model of Strengths-Based Interprofessional Practice and Education

Teri Kennedy, PhD, MSW, ACSW, FGSA, FNAP, University of Kansas School of Nursing

## KEY CONCEPTS

"The **Strengths Perspective** emphasizes the human capacity for resilience and resourcefulness and recognizes the need for individuals and communities to form and achieve their own goals and aspirations. While acknowledging the difficulties that clients experience, [it]...reframes obstacles as challenges, opportunities, and motivators for change, and places [practitioners]...as collaborators with clients, their families, and communities in the change process." (Mohr Carney & Mendenhall, 2020, p. ix)

**Interprofessional Practice and Education (the "new" IPE)** is the "shared space between interprofessional education, interprofessional practice and collaborative practice...[that] intentionally supports people – including health professionals, health workers, students, residents, patients, families and communities – to learn together every day to enhance collaboration and improve health outcomes while reducing costs." (National Center for Interprofessional Practice and Education, 2012)

**Appreciative Inquiry (AI)** "advocates collective inquiry into the best of what is, in order to imagine what could be, followed by collective design of a desired future state that is compelling and thus, does not require the use of incentives, coercion or persuasion for planned change to occur." (Bushe, 2013)

**Narrative** The process of working with a person and family in the context of interprofessional team-based care involves a process of coalescing the person/practitioner narratives and co-creating a person/team narrative. (Kennedy, 2020, p. 104)

## BACKGROUND

Since the 1989 publication of 'A Strengths Perspective for Social Work Practice,' the strengths perspective has supported the intrinsic strengths of people and society, while challenging the problem-focused approach to human behavior and influence of the medical model upon the development of professions. This poster proposes a new model of Strengths-Based Interprofessional Practice and Education (SB-IPE) incorporating appreciative inquiry and narrative, and its application to advance better care, better value, and better education.

## MODEL

**Strengths-Based Interprofessional Practice and Education:** Strengths-Based Interprofessional Practice and Education (SB-IPE) is at its core person-, family-, and community-centered and team-focused. Just as a strengths-perspective builds agency in people, families, and communities, focusing on strengths builds agency in interprofessional teams, where the impact of the whole is greater than its parts. It is an inclusive practice that harnesses the values and ethics, roles and responsibilities of health and social care providers across disciplines; encompassing direct care workers, community health workers, lay health educators, and indigenous healers; and bringing forth the strengths of culture and language in partnership with people and communities. In these ways, the strengths perspective offers an essential ingredient required to foster the effectiveness of IPE. While appreciative inquiry offers a powerful approach to first order change, the use of narrative provides the otherwise missing second order ingredient to sustain change.

## IMPORTANCE TO THE FIELD

### Strengths-Based IPE can advance better care:

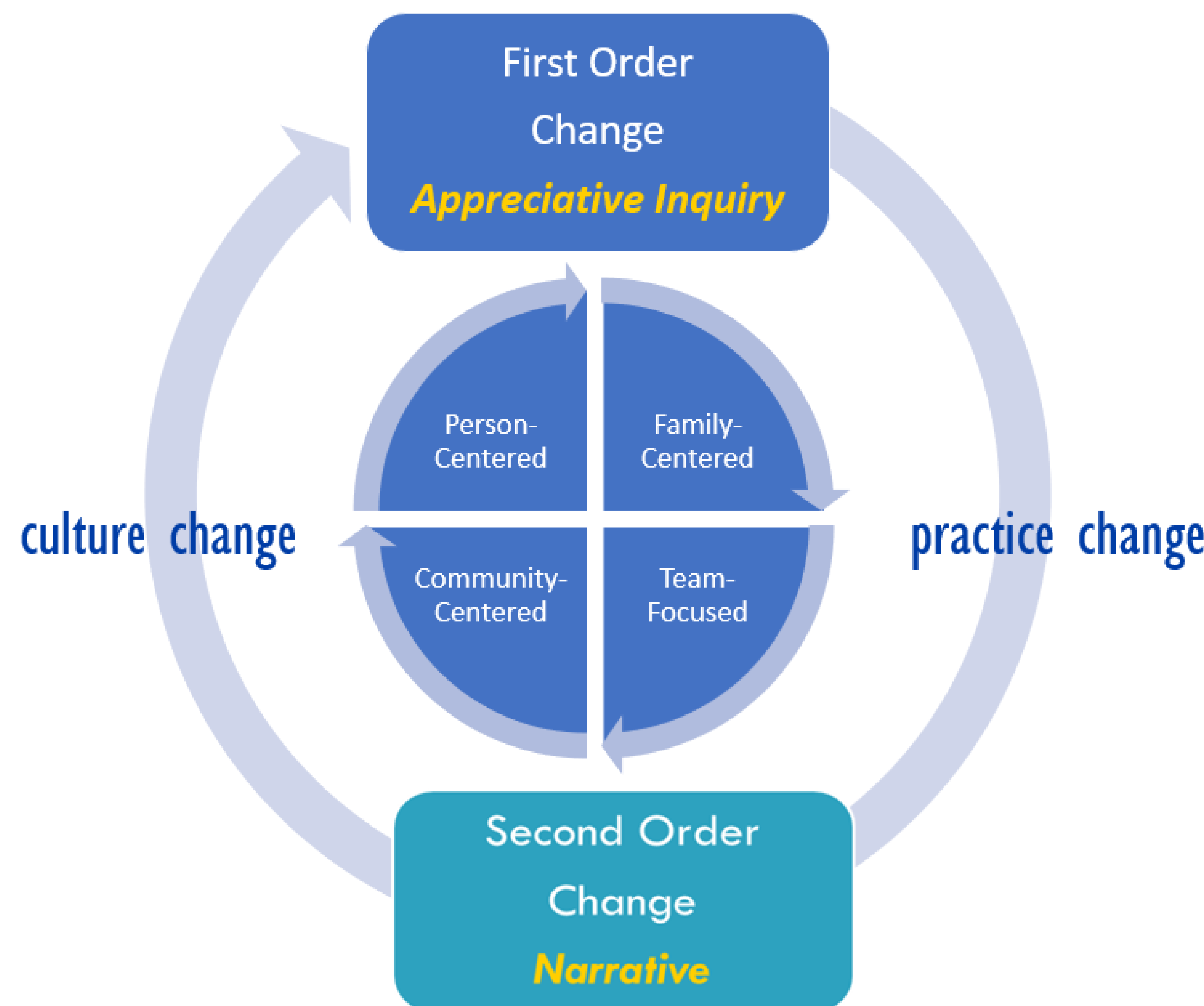
Providing person-, family-, and community-centered health and social care through Strengths-Based IPE involves eliciting, listening to, and processing stories and narratives, then coalescing and co-creating person/family/team narratives throughout the trajectory of care: from gathering a history; through assessment and care plan development; throughout treatment; and across care transitions, discharge, and aftercare. Appreciate inquiry and narrative can be harnessed to imagine an improved experience and quality of health and social care for persons and families.

### Strengths-Based IPE can advance better value:

Community-centered care combined with appreciative inquiry and narrative can harness the shared voices of people, populations, and providers to imagine a better system of health and social care that eliminates health and health care disparities and meets the health and social care needs of people, co-creating a community/practice/education narrative.

### Strengths-Based IPE can advance better education

The current process of siloed *professional identity formation* in the preparation of health and social care professionals is essential to professional development and socialization. Strengths-Based IPE requires a parallel process guiding *interprofessional identity formation* to improve individual and team navigation of the core competencies of interprofessional collaboration for students and practitioners. Similarly, leadership preparation is currently siloed within each profession. Leveraging strengths is important to leadership in IPE, informing a model of *spontaneous leadership* "where all members of the team can provide leadership at different times depending on their strengths, skills and the situation."



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## CONCLUSION

People, families, and communities understand their assets and cultures, hold a collective wisdom, and are deeply invested in their success. This wisdom and experience can be mined for strengths and best practices. Application of the strengths perspective to interprofessional practice and education holds promise for harnessing the voices of people, families, and communities to advance better care and better value. Adding to these voices the collective experience of practitioners and educators can inform better education and a simultaneous redesign of education, health, and social care.