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Perspectives of the Leadership of the Healthcare System on the Skills Required of a Collaborative Health Workforce

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Introduction

A major driving force behind the revolution and evolution of health care is the inability to address the population health needs of a varied society. When determining the components required accomplishing the desired change within a local context, this transformation must take into account the leadership viewpoints of the community health system. Identify the prioritised competencies that entry-level healthcare workers must possess in order to successfully contribute to an interprofessional practise model, according to a regional sample of health care system leaders. In recent decades, improving the health and welfare of a multicultural and international society has taken centre stage in public policy discussions. Millions of people lack sufficient access to primary care and other health services, which is a devastating illustration of the unmet health needs of populations around the world. Due to the severe lack of healthcare workers, health systems regularly struggle to meet the requirements of those they serve [1].

In order to "increase the quantity, quality, and relevance of health professionals and by doing so, strengthen the country's health systems and improve population health outcomes," the World Health Assembly called for an immediate transformative scaling up of health professional education more than ten years ago. Since then, studies have demonstrated that participating in productive teams promotes health. Although the value of teamwork in healthcare has been highlighted since the 1990s due to increasing attention to safety and quality requirements, The interprofessional care delivery models that have been found to produce these better patient outcomes are novel and innovative system-level models that the American healthcare system has only lately started to implement. The urgency of this movement is fueled in part by the fast rising complexity of healthcare requirements, the expanding role of social determinants of health, the transition from institution-based to team-based community care models, and other factors. It should come as no surprise that interprofessional education (IPE) in academic programmes follows a parallel path [2].

The learner will need to acquire particular and quantifiable skills created as part of the educational reform in order to develop the skill set required to practise in the IPCP environment. WHO Key Policy Issues in Transforming Health Professional Education Include Identification of These Competencies and Determination of Best Instructional Practices. The Inter professional Education Collaborative (IPEC) Core Competencies for Interprofessional Collaborative Practice, updated in 2016, is one of many organisations that have created sets of interprofessional competencies over the past ten years to prepare students in health-related fields for team-based care. While these competencies are being more and more embraced by academic institutions, it is vital to recognise that measured acceptance through IPE implementation and consistent assessment of learner outcomes remain hard. Academic and clinical players must collaborate and pool resources to develop the required future workforce in order to advance toward this vision of IPE and IPCP with an influence on the outcomes of the people served. One of the IPEC implementation Action Strategies is to create new partnerships between healthcare organisations, community settings, and educational institutions. In addition, the AHA's Committee on Performance Improvement identified these collaborations between academic and clinical stakeholders as a necessary step to address health care system challenges in preparing entry-level clinicians who are equipped to practise interprofessionally, with the WHO Framework for Action reiterating the importance of fostering these relationships [3].

According to some, effective communication between academic and clinical settings, as well as the communities served, is crucial for planning and implementation, as is the local significance of health issues. According to interorganizational relations theory, it would be reasonable to assume that this combined endeavour between regional clinical and academic partners in search of educational innovation would provide better results than either organisation could produce on its own. According to the stage model of organisational change, these innovations start with a company's awareness of and unhappiness with the status quo, which calls for inquiry through research as the next phase to pinpoint the situation as it is and put prospective solutions into action. According to organisational development theory, an organization's culture is further entrenched in the values and beliefs of its leadership [4].

Description

As a first step toward creating and launching transformational change in health professional education, collaborative exploration of present and desired practise competencies should be put into place based on the principles of organisational change theory. It is acknowledged that these skills should cross geographical and disciplinary boundaries while also being locally relevant and suited to the specific needs of the local communities and populations. The National Center for Interprofessional Practice and Education at the University of Minnesota and the Health Professions Accreditors Collaborative has developed a 2019 guide for IPE development. It acknowledges that IPE opportunities vary depending on local context and that successful implementation requires particular collaborative planning between programmes and health systems [5].

The study employed a phenomenological research design with mixed-methods data collection, which included 1) qualitative in-person in-depth interviews with knowledgeable expert respondents to provide insights into behaviours and trends of health care system leadership views on health professional education and practise and 2) a quantitative six-part cross-sectional survey to enable direct objective comparison of participants' views on prioritised health professional competencies. Studies are required to identify the most important, equally valued health professional competencies of both the academic and clinical worlds through active debate and participation of leaders from each. It has been urged to incorporate the IPEC core skills into this discussion and to employ a mixed-methods approach to gather data. Determining what entry-level healthcare professionals in one geographic location think to be the essential, prioritised competences that they must possess in order to contribute to a successful interprofessional practise model was the aim of this study.

The primary measures of patient satisfaction were the results of surveys given to patients and their families after treatments were rendered. One

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respondent claimed that patients typically rely on word of mouth and pay attention to what their friends, family members, and other acquaintances have to say. This makes the element pertaining to patient satisfaction so important. One of the organisations was planned a project to evaluate the thorough patient experience provided by a clinical integration network, which was thought to facilitate or hasten recovery as a result of exceeding expectations for care.

Conclusion

All four participants freely shared their opinions about how their companies evaluate these talents and/or behaviours during the interview without being asked to do so. All four firms achieved this by using techniques like behavioural interviewing, while two also used technology like telemining and competence modelling, to screen candidates for the needed abilities and/or behaviours during the interview process. The organisational mission and values were matched with the required capabilities of three of the four, and two of the four were also setting behavioural expectations for current personnel. According to a company spokesman, their process aids people in understanding how they might fit into the company as possible employees rather than passing judgement on them since ". If you do not have a good match with the organisation, it does not make sense for you to be hired."

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Conflict of Interest

None.

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