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Interprofessional Education in Nursing and Teacher Preparation:

School Health 101

St. Catherine University

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Introduction

In the United States, elementary school-aged children spend 943 hours each year within their school walls (Organization for Economic Cooperation and Development [OECD], 2013). Schools are meant to be a holistic environment where all students can develop intellectually, physically and emotionally. Ripe with opportunities, changes in healthcare delivery have shifted the burden of care to the community setting (Shaw & McCabe, 2008), turning the school into a unique environment for population-based health care, and health promotion. Opportunities for collaboration have been enhanced with the implementation of the Affordable Care Act (ACA) in 2014. The ACA calls for an increase in interprofessional practice across professions, where various health providers work together to deliver high-quality care (2014). In this paper, the author examines how the competencies of interprofessional practice originally designed for healthcare workers in healthcare settings could be extended to the school setting, including the rationale and a process for doing so. Following a background on school nursing and education, a review of the literature and discussion provides support for the recommendation that academic institutions offering both baccalaureate teacher preparation and baccalaureate nursing programs should consider the development of interdisciplinary coursework focused on pediatric school health. Recommendations on how to create such a course are outlined.

Background

Within the United States, the institutions of education and healthcare are at a crossroads. Both institutions are struggling to produce the best outcomes for students, patients, families and populations. A recommendation from the Blue Ribbon Panel on

Clinical Preparation and Partnerships for Improved Student Learning, commissioned by the National Council for the Accreditation of Teacher Education (NCATE), stated: “Education of teachers in the United States needs to be turned upside down” (p.ii, 2010). To prepare effective teachers for the 21st century, the NCATE recommends a shift toward teacher education programs that are more fully grounded in clinical practice, and interwoven with academic content and professional courses to ensure that teachers will be prepared to work closely with colleagues, students, and the community. These recommendations have also been supported and echoed by President Obama and the Healthy People 2020 initiative. In December of 2015, President Obama signed the Every Child Succeed Act calling for the improved teachers training, especially for those entering high need-low income schools. Healthy People 2020 recommends the implementation of multidisciplinary public health interventions that address social determinants of health by fostering knowledgeable and nurturing families, and creating supportive environments in schools, and communities as well as increasing interprofessional learning experiences for students in health professions (U.S. Department of Health and Human Services, 2010).

To achieve these bold recommendations for education and healthcare, programs within higher education must begin to work together to prepare graduates to enter the school setting ready and capable of handling the many challenges they will face. Students, families and communities deserve a school environment that fosters collaboration, respect, achievement, and growth. As both teachers and nurses share these values, the two professions are well aligned to better understand each other's roles and language to best provide a safe and nurturing environment.

Teaching Roles and Responsibilities

American education has direct historical roots in ancient Greece, Rome, and the nations of Europe (Pullman & Patten, 2013, p. 10). Civilization brought with it efforts to teach writing, literature and cultural values (Pulman et al., 2013). Defining what those shared values are, however, can be a source of political and cultural conflict. Americans differ about how the schools should meet the needs of students but do agree with the view that all students must be served (Pulman et al., 2013, p. 15).

Teaching has moved beyond the three R's (reading, writing and arithmetic). Teachers today must understand cognitive science to plan and implement instruction and diagnose and remediate individual learning needs (NCATE, 2010). Teachers today must also master a host of social emotional competencies to meet a growing list of responsibilities: mastery of their curricula, knowing their communities, applying knowledge of child growth and development, using assessments to monitor student progress, and effectively engaging students in learning (NCAT, 2010, p.1). Teachers are on the battle-line every day. They are charged with the responsibility of educating and shaping the citizens of tomorrow, all the while being critiqued and scrutinized by the public.

Significant improvements of America's educational system have been made and teachers should be applauded. There is still however, room for more improvement and it should start with teacher training. A teacher's first year on the job is often difficult as seen by the fact that fifteen percent (15%) of teachers leave the profession after this year (Goodwin, 2012, p. 84). When teachers were interviewed and asked why they were leaving the profession responses indicated that they felt ill- prepared for the realities of

the classroom (Goodwin, 2012, p.84). As such, if school environments are to be successful in meeting the educational challenges of high-poverty, high-need communities, the environment must be grounded in culturally specific knowledge of child development and teachers must be adequately prepared to do this work (NCATE, 2010, p. 16). A foundation of knowledge about pediatric health is one way to further add to the toolkit of resources educators have at the ready, enabling them to guide their students on a path to educational success.

Tremendous resources are spent on school services related to the health and wellness of children. The reality of today's classroom is that 27% of American children have chronic health conditions such as asthma, diabetes, severe food allergies and seizure disorders (Robert Wood Johnson Foundation [RWJ], 2010). An additional, five percent have learning disabilities (National Center for Learning Disabilities [NCLD], 2014, p.12). Even more dramatic is the rise in prevalence of autism spectrum disorder in U.S. children which increased by 119.4 % between 2000 (1 in 150) and 2010 (1 in 68) (CDC, 2010). While many of these students require classroom health and academic accommodations, few teachers have received training on how to handle the myriad health concerns and conditions, including but not limited to learning disabilities such as ADHD and dyslexia.

In one survey, 93% of teachers reported they had no training or as little as 1-2 hours of training in identifying dyslexia and related disorders, and no training on evidence-based interventions for these disorders (Decoding Dyslexia Minnesota [DD-MN] and Education Minnesota, 2016). Personal communication with an experienced school nurse supported these findings, indicating that new, inexperienced teachers described working with students with chronic health conditions and other needed

accommodations as difficult and time-consuming.

On average, teachers spend 60 minutes per day on health issues (Hill et al, 2012). Teachers express frustration about the lack of instruction and preparation they received regarding adolescent health and learning disabilities, as well as how to implement accommodations in the classroom setting. This lack of knowledge and understanding of common health challenges, learning disabilities and accommodation implementation, is further confounded by the fact that only 50% of schools have a full-time registered nurse (where full time = at least 30 hours per week), and 18% do not have a nurse at all (CDC, 2014). As such, finding resources to adequately support students academically, physically, psychologically and socially becomes an additional time burden. It is therefore logical that teacher preparation programs would be an ideal place for educators to learn with school nurses about their role and how the two professions can collaborate together so that teachers can focus on instruction (Maughan, 2016).

School Nursing Roles and Responsibilities

School health services have been described as the “hidden system” of healthcare (Robert Wood Johnson Foundation [RWJ], 2010, p. 2). Even though the practice of school nursing began more than 100 years ago, the school health system is still largely unfamiliar to policy makers and the general population. The practice of school nursing first began in 1902 when New York City schools noticed an increase in student absences due to communicable diseases. The New York City school system hired nurse Lina Rogers Struthers to reduce absenteeism by intervening with students and families regarding health care needs (NASN, 2011). Before the introduction of the school nurse, 10,567 children were excluded from school due to illness. One year later the number was

1,101 (RWJ, pg.3). Lina Rogers Struthers is credited for her leadership and implementation of evidence-based nursing care. Today the role of school nurse has expanded, but at the core, the direct connection between health and learning is what drives the role of school nurse.

School nurses today manage many chronic conditions. School nurses also track communicable diseases, promote healthy behaviors, connect families with resources, and handle medical emergencies. While primary education is free, healthcare is not. This fact represents a unique divide within the classroom, where some families have a regular healthcare provider and others rely on emergency room visits to manage chronic and acute conditions (Maughan, 2016, p. 1). School nurses can bridge this divide and may provide a critical “safety net” for children and their families (RWJ, 2010, pg.1). “Escalating healthcare costs and failure of recent educational reform initiatives to significantly improve student performance are prompting many reformers in both arenas to examine the connection between health and learning and to reconsider the potential of school nurses”(RWJ, 2010, pg. 2). Therefore, it is prudent that nursing education prepare students to be ready to meet the demands of community health nursing within the school systems.

Due to the complexity of health concerns and the high level of autonomy required in school nursing, the NASN recommends a licensed school nurse (LSN) to be a baccalaureate prepared nurse with a public health certificate licensed through the department of education. The school nurse is both provider of care and the only person qualified to delegate care to an unlicensed care provider (National Association of School Nurses [NASN] & American Nurses Association [ANA], 2011). The school health

service provides a comprehensive approach to promoting the health and safety and prevention of illness and injury in the school population. This role requires the leadership skills of community and public health nursing found only in baccalaureate nursing programs. An LSN may be the only consistent contact children have with a health care professional, yet half of the nation's schools lack an LSN (RWJ, 2010).

School nurses find themselves in a unique and often isolated position straddling the divide between education and healthcare. While both systems strive to foster child and adolescent well-being, their priorities differ (RWJ, 2010, p. 3). The education system must answer to taxpayers and meet state and federal academic standards, while healthcare providers must comply with licensing boards and professional associations for the quality and care they provide (RWJ, 2010). School nurses may find their role in conflict and struggle to effectively communicate within the school setting. New nurses with little experience in the school setting may find this even more difficult. The use of interprofessional education (IPE) in nursing education would help new nurses feel confident entering the school setting and working collaboratively with administration, teachers and school staff.

Similar to teacher education, nursing education lacks the ability to spend much time on pediatric nursing concepts and clinical experiences (Smith & Hammer, 2007), in spite of the fact children make up 24% of the population in the United States (U. S. Census Bureau, 2011, p. 2). As children have significantly different needs when compared to adults, this gap in education is notable, particularly since upwards of 20% of nursing students desire to pursue pediatric nursing as a career path (Smith et al., 2006, p. 236). School nursing differs from acute care nursing and other community nursing

activities in many ways. Roles descriptions include responsibility for oversight for the provision of school health and promotion of health education. Lack of education on the role of the school nurse, and the complexity of meeting the demands of both school and health care systems often challenges school nurses to find the time to attend to these responsibilities to their fullest capacities. Ideally, the school nurse would work to accomplish these supportive measures with the teachers who are with the children in the classroom yet these types of collaborative relationships are often missing due to a lack of understanding and knowledge of how this might actually be facilitated.

In an informal request for feedback, school nurses from the National Association of School Nurses (NASN) were asked if they felt teachers they worked with understood their role as school nurse. Seven out of ten stated they didn't feel the teachers they worked work with understood their role as the school nurse. Asked if they felt it would be helpful for both nurses and teachers to have an interdisciplinary course where they would learn from, and teach each other about their unique and overlapping roles, all ten respondents answered "yes" (2016, NASN Member Forum). The same survey asked licensed school nurses if they felt prepared to enter school nursing as a new graduate and all ten responded "no." When asked to elaborate, participants indicated that the position of the LSN requires a "high degree of confidence" and "experience in a pediatric setting" not often gained in nursing school (2016, NASN Member Forum). While teachers were not surveyed, informal conversations indicate that teachers may feel the same way.

Interprofessional Education Defined

Interprofessional and Interdisciplinary education are two terms commonly used in the literature to describe coursework that brings together two or more disciplines in the

classroom. Interprofessional Education (IPE) defined as, “students from two or more professions learning about, from, and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010; p. 7), differs minimally from Interdisciplinary Education which is defined as “an educational approach in which two or more disciplines collaborate in the learning process with the goal of fostering interprofessional interactions that enhance the practice of each discipline...such interdisciplinary education is based on mutual understanding and respect for the actual and potential contributions of the disciplines” (AACN, 2016, p. 1). These terms are used interchangeably in the literature but both aim to produce improved health outcomes, a collaborative practice-ready workforce driven by local health needs, and local health systems designed to respond to those needs (WHO, 2010). For the purpose of this paper, the term interprofessional education (IPE) will be used as is consistent with academic institutions to date. Hallmarks of IPE include a population-centered, relationship-focused approach to education applicable across professions. In IPE courses, all course content is communicated in a common and meaningful language across the professions so that students can realize similarities and move toward appreciation and mutual respect.

One of the inherent strengths of IPE is that it breaks down professional silos while enhancing collaborative and non-hierarchical relationships (Frenk, 2010, p. 1951). Creating a common language and finding core competency harmony among professions reinforces the importance of this collaboration. The IOM report (2003) states the key to IPE is the establishment of processes for communication, cooperation, coordination, and collaboration. From this perspective, an IPE course for teachers and school nurses would

be a wise step toward the collaborative practice desired in healthcare and the school setting.

In fostering a collaborative practice, positive health outcomes can be optimized and student learning outcomes improved. Improved health and educational outcomes in school systems are logically supported by interprofessional collaborative practice. Interprofessional collaborative practice functions within four community and population-focused domains. The first of the four domains is *Values/Ethics*. Values and ethics are the foundations for practice with patient/client-centered focus. The focus on the client reduces competition among professionals and ultimately creates a trusting and respectful environment. The second domain is *Roles and Responsibilities*. That is, the “use of knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of patients and populations served” (WHO, 2010, p.21). The third domain, *Interprofessional Communication*, addresses the importance of professionals communicating with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach (p.23). The final domain, *Teams and Teamwork* seeks to build interdependence among professionals by applying relationship-building values and the principles of team dynamics to perform effectively in their role while planning and delivering patient-centered care (p.25). Considering the complex nature and the multiple needs of school children, interprofessional collaboration is an effective way to address the complex health needs of children.

IPE course work for teachers and registered nurses would better prepare teachers and nurses for the realities of today’s school environment. Without exposure to the

reality of today's elementary classroom, and awareness of the academic demands placed on educators, the school nurse's expectations may not be realistic and the teacher's expectations of the school nurse may be misunderstood. Therefore, understanding the roles and expectations of each other's professions through an IPE course may allow teachers and nurses the ability to better understand one another's roles and foster cooperation and teamwork when guiding students in the school setting. In the following section, a literature review supporting the need and development of such a course is provided.

Literature Review

Although there is abundant literature that supports interprofessional education and collaboration in healthcare settings, there is little information to guide the process of IPE in the school setting, especially among nursing students and teacher candidates. IPE is primarily a healthcare pedagogy. However, as schools take on the role of primary care setting for many families, the IPE model is increasingly applicable. While few studies to date have explored the use of IPE with nursing and education, the existing literature supports possibilities to create such collaborations. Hiller, Civetta and Pridham (2010) identify the need for educators and health professionals to receive training in interprofessional teamwork and collaboration beyond their traditional domains (p. 401). As IPE collaboratives between teacher and nursing education increase, research to support implementation strategies, the need for such collaboratives and the benefits of such programs can be realized. A call for research in this area of education has been made (Hiller et, al, 2010).

While many articles exploring the challenges related to educating nurses and teachers in school health issues, only one article explored the use of IPE within the two professions. Salm, Breenberg, Pitzel, & Crips (2010) implemented and evaluated a 14-week IPE practicum in an inner city elementary school that focused on reducing the silo effect, and increasing communication and knowledge amongst several different professional programs. These programs included pre-professional human services students (nursing, education, justice studies, kinesiology and health-studies, and social work). The goal of the course was to provide an avenue in which students could learn with, from and about each other through collaboration ultimately impacting the quality of care and education for children and youth. The students learned that pre-professionals often have ill-informed notions of one another's professional roles and responsibilities. Through reflection diaries and discussion, students noted that the practicum was an effective way to learn with and from each other. Students reflected that the experience "deepened their appreciation of the scope and breadth of the roles of other professions and of their own profession" (Salm et al., 2010, p. 254). Through further evaluation, the instructors reported that the experience improved communication skills, built relationships and encouraged problem-solving and conflict resolution. The same authors also noted the importance of professionals who are able to model Interprofessional Collaboration (IPC) within the workplace. Since IPC is a relatively new concept and many professionals did not have the opportunity to experience IPE, the authors stress the importance of ongoing student support and guidance. While challenges will arise, it is noted that clear objectives will ease the burdens of both students and mentors.

While not specific to nursing and education, two articles were identified that explored the use of an IPE course between social work and nursing. It was felt that the reported findings of these studies could be applied to the use of IPE in nursing and teacher education and are subsequently presented here. In one study, Chan et al. (2009) reported that nursing students learned to cultivate a deeper understanding of caring based on openness and a non-judgmental approach from social work students. Social work students learned daily activities of the nurse and observed the natural process of trust and communication in the context of caring. Researchers reported that students developed an enhanced understanding of each other's relationship-centered practice which subsequently improve communication. The basic framework for introducing two different professions in the classroom is one that can be applied easily to school and teacher education with the possibility for similar results.

In another study on social work and nursing IPE coursework, Lam, Chan, and Yeung, (2013) implemented a two-phase practicum for students. Phase one consisted of two interprofessional problem-based reflective seminars. Phase two was a field practice in community settings. Students appreciated the interprofessional reflective seminars where they learned about the foundations of IPE and how IPE enhances the educational experience. Lam et al. (2013) concluded that generally a teacher is an expert in education; a nurse in biomedical and nursing knowledge; and a social worker in counseling service. Given the dual physical and psychosocial school foci, these three professional experts could work together towards the type of interprofessional school health services that are currently lacking (p. 1996).

Other professional bodies have also successfully used IPE from which teacher and nursing education can learn from. Ogenchuk, Spur, Bally (2013) created a practicum experience for students from the healthcare professions of nursing, dentistry, and kinesiology with the goal of creating an interprofessional clinical experience and promote health and wellness of children. Students reported that the program allowed them to view students in a more holistic fashion. The opportunity to work with kids on a daily basis in their school environment allowed student to consider the contextual components of health. The authors recommend post-secondary institutions provide education opportunities for students in the school setting so that they are ready to work in a collaborative manner post graduation (2013, p. 297).

While understanding the benefits of IPE in higher education is important, additional literature supports the need for exploring ways in which teacher and nursing education can be improved. In one article, Carter, Kelly, Montgomery, and Cheshire (2013) noted the shift in healthcare toward primary care. For some families, the school is their place of primary care. As such, the authors state that nursing students should be exposed to community settings such as schools for personal and professional development to better serve the communities in which they will practice. Additional benefits to including community settings such as schools include a reported increase of 6-12% in student's National Council Licensure Examination (NCLEX) scores following placement in a primary care community setting. Nursing students may not immediately consider the school as a place of practice, however, as Salm, Greenberg, Pitzel and Cripps (2010) state, schools are the ideal setting for health promotion practice.

Summary

The literature presents several themes relevant to the proposal of offering an IPE course for educators and nursing students at the baccalaureate level. The shift in healthcare towards primary care with the school being an ideal setting for community-based clinical practice is one of particular relevance to this proposal. Additionally, finding shared values is noted as a vital component to successful IPE. Highlighted in the research is the importance of foundational IPE knowledge gained through an IPE seminar early in the course. Of great consequence were the noted reduction of the silo effect, an increased understanding of the distinct and overlapping roles of educators and health providers, and enhanced communication and teamwork skills. When well-planned and implemented, IPE can benefit patients [students], families and populations. As stated earlier, there is a dire need for further research on the topic of IPE in the school setting, which holds considerable potential toward improving both education and health care outcomes for students.

Recommendations

Teachers and school nurses share common goals for student success and healthy development. However, first-year teachers and new school nurses may not understand the necessary collaboration required to create this holistic environment. Academic institutions offering both baccalaureate teacher preparation and baccalaureate nursing programs have a unique opportunity to provide interdisciplinary course-work focused on pediatric school health topics. Improved school health and educational outcomes require the collaboration of teachers and school nurses.

Course Design/ School Health 101

The previous sections of this paper have outlined support for an IPE course designed for student nurses and teacher candidates. The recommended IPE course, *School Health 101* (SH101) would bring students together to achieve the goals of creating an interprofessional clinical learning experience that introduces students to pediatric and school health topics. Using the Framework for Action on Interprofessional Education & Collaborative Practice developed by the World Health Organization Study Group on IPE and Collaborative Practice ([WHO-IPE], 2010) along with Fink's (2013) Taxonomy of Significant Learning as guides, the process for developing such a course will be outlined below.

The WHO study group identified key mechanisms for achieving both IPE and collaborative practice. The mechanisms are organized into broad themes and grouped into three sections: 1) interprofessional education, 2) collaborative practice, and 3) health and education systems. For the development of this IPE course, a focus will be placed on the first of the three sections, IPE. IPE is shaped by mechanisms driven by both the educators and the curriculum (see Figure 1, p. 21). Development of *School Health 101* (SH101) would require professors from both professions to design a curriculum that promoted and ensured student learning outcomes congruent with the desired goals and objectives of the course. The Development of an IPE curricula is a complex process, one that involves staff from different facilities, work settings and locations (2010, p. 24). Development, implementation, and sustainability of SH101 would require supportive institutional policies and commitment from leadership. Equally important is good communication among all involved, enthusiasm for the course, and a shared vision and

understanding of benefits of SH101. The WHO framework also encourages identification of a champion who is responsible for coordination and problem solving (2010, p. 24). Instructors of SH101 must be prepared for roles in development, delivery, and evaluation of IPE.

Teacher preparation and nursing education do not have a similar pedagogy thus making curriculum design difficult, though not impossible. IPE has been found to be most effective when principles of adult learning are used, learning methods reflect the real world practice experiences of students and interaction occurs between students (2010, p. 24). The SH101 course would follow these recommendations. The course would link learning with hands on activities, provide clear outcomes, and assess what has been learned. Learner outcomes would need to be well constructed, leveled appropriately, and directly related to the accreditation requirements and recommendations while considering the context of the school's philosophy.

Constructing shared objectives is achievable through identification of similarities between the core competencies. Verma et al. (2009) suggest understanding and respecting shared core competencies and establishing a shared vocabulary are the vital first steps towards a cooperative IPE course (p. 53). Teachers and nurses have such shared competencies from which to draw clear objectives. For instance, there are nine essentials for baccalaureate education published by the American Association of Colleges of Nursing (AACN) which provide standards by which entry-level nursing curriculum is developed. Essential VI, Interprofessional Communication and Collaboration for Improving Patient Health Outcomes (2008) is compatible with the NCATE (2010) report which recommends that for teachers to be successful, they need to be able to collaborate,

communicate, and problem-solve to keep pace with the rapidly changing learning environment (pg.1). Other similarities between the two professions also exist. Nurses naturally teach when providing care and promoting health while teachers naturally provide care when working within their classroom and guiding students. Both professions value all aspects of healthy childhood development: cognitive, social, psychological, and physical. Most importantly teachers and nurses value learning and health, and recognize the two go hand-in-hand.

According to the IPE framework (2010) and Fink (2013) achievement of course outcomes requires the inclusion of adult learning principles and learning methods, as well as contextual learning opportunities. It is important to remember that desired outcomes will depend on the student's physical and social environment as well as their education level (2010, P.25). The outcomes must also be learner-focused and related to the domains of learning such as those developed by Bloom et al. (1956). A review and reflection of the college or university learning domains may also be useful when creating learning objectives (see Table 1; p. 20).

While construction of course goals, objectives and outcomes are essential, contextual learning is essential to the achievement of course outcomes. Fink encourages significant and active learning experiences that allow students to take what they learn within their courses and connect to what they hold within their "life file" (2013, p. 7). An example of a contextual and significant learning experience for SH101 students would be an immersion experience within the school environment. Students could be assigned to work as a team: one nursing student and one teacher preparation student. Students would spend time in the assigned school (ideally high-need, low-income school) and together

shadow the school nurse and classroom teacher. Depending on the allotted course credits, it is envisioned that students would spend a minimum of two 4-hour shifts with each professional. During this immersion students would observe how effective collaboration or lack thereof can promote or inhibit positive student learner and health outcomes. By contextualizing school health topics into their unique professional identities, students could then make recommendations for how teachers and school nurses might improve collaborative efforts to improve student learning and health outcomes.

Additional considerations when designing an IPE course include the feedback and assessment procedures used. Fink (2013) recommends looking beyond tests and focusing on “educative assessment.” Educative assessment is forward looking, contains criteria and standards, includes a self-assessment and provides “FIDeLity” feedback (Fink, 2013, p. 94). Fink (2013) argues that for feedback to be educative it must be *frequent, immediate, discriminating, and delivered lovingly* (p. 94). Considering Fink’s recommendations SH101 teams would debrief (self-assessment) after each day and reflect on interaction, realization, or new knowledge gained. At the end of the immersion experience teams would choose a school health topic of focus and create a presentation for their peers that would be evaluated based on their collective growth in knowledge, skill, attitude, and ability to learn from, with, and about one another. Students might also provide recommendations to their teacher and school nurse mentors on how they might include lessons learned into their own practice. Throughout the course, “FIDeLity” feedback would be provided to teams by both nursing faculty and teacher education faculty. Upon completion of the course a course evaluation and faculty evaluation would also be requested.

Table 1.

Learning Outcomes, Integrating Concepts and Learning Activity for School Health 101

Student Learning Outcomes Upon completion of this course, you will be able to ...	Integrating Concepts University/Fink's/IPE	Learning Activity
Recognize the connection between health and learning	Context and Environment/ <i>Integration/Values, Ethics, communication</i>	Debriefing Sessions Reflective Journal
Define Interprofessional Education.	Knowledge and Science / <i>Foundational Knowledge/ ALL</i>	Paper and/or Presentation
Create a school-based health improvement project using nursing and teaching skills to plan, design, and evaluate in collaboration with peers.	Personal and Professional Development /Application/ Roles and Responsibilities	Immersion, Paper and/or Presentation
Predict performance of health promotion and teaching techniques, based on research, that will improve school health and learning outcomes	Quality and Safety /Learning <i>How to learn/Roles and Responsibilities</i>	Immersion, Paper and/or Presentation
Collaborate with resources to assist with on-going understanding of various cultural norms, traditions and health ideologies that may affect school health	Relationship-Centered Care / <i>Human dimension/ALL</i>	Immersion, Debriefing Sessions Reflective Journal Paper and Presentation
Value interprofessional collaboration and its ability to directly impact positive school-based health outcomes to reduce educational disparities.	Teamwork / Caring/ Communication and Teamwork	Immersion, Debriefing Sessions Reflective Journal Paper and/or Presentation

Summary

Curricular mechanisms such as scheduling, attendance, and shared objectives may be a barrier to implementing an IPE course for teaching and nursing candidates, but can be overcome through thoughtful planning and consideration of all involved. Logistics and scheduling of students engaged in different programs of study may require flexibility and determination by educators, staff, and students to achieve desired outcomes. Using

the literature and the recommendations provided previously make the IPE course SH101 both logical and feasible.

Conclusion

Growing numbers of children face conditions that severely impact their ability to learn and develop. As a consequence, both kindergarten-12 schools and higher education must modify practices to better serve children (Corrigan, 2000, p. 176). It is time for change and improvement in healthcare and academia. The development of an IPE course for pre-licensure nursing students and teacher candidates represents an understanding of this opportunity. IPE provides learners with the experiences they need to become part of a collaborative, practice-ready workforce. Implementation of School Health 101 may be confronted with challenges during planning and delivery, but it is time for change and improvement. Institutions of higher education have an opportunity to be leaders in the improvement of the school environment. Preparation of teachers and nurses who are ready to face, and embrace, the challenges they will encounter and ultimately overcome to improve the health and education outcomes of children is worth the effort.

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