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Interprofessional Education: The Time for Collaboration Is Now

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Two years ago, I had the opportunity to become involved in a new educational program at my institution called the Worth and Jane Daniels Initiative, which brings together learners from our schools of medicine and nursing. Though the nursing school is directly across the street from the hospital, our learners rarely interact with one another. I have always found this system of learning in “silos” odd, as once we enter practice we are continuously working and collaborating with other health care professionals. Faculty from the nursing and medical schools worked together to create a curriculum that would allow our learners to learn medicine together and learn about one another—how the other was educated, what his/her scope of practice is, and who he/she is as a person. As I worked with colleagues from the school of nursing implementing our new program, we were happy to hear our students say the same thing we had been thinking: “Why don’t we always learn this way?” This was my introduction to interprofessional education (IPE).

IPE is defined as occasions when two or more professionals learn with, from, and about each other to improve collaboration and quality of care.¹ Both the Institute of Medicine and the World Health Organization have cited IPE as essential in health professions education. Back in 2003, the Institute of Medicine wrote, “All health professionals should be educated to deliver patient-centered care as members of an interprofessional team.”² The World Health Organization stated that IPE ultimately improves health services, health systems, and health outcomes.³

Several US institutions have responded to these calls, creating

campus-wide IPE programs. Canadian universities are also well known for their integrated health professions programs. However, these are the exceptions, and for the majority of us, our medical students and residents are learning medicine apart from nurses, pharmacists, and other health professionals.

So why is interprofessional education not more widespread? Implementation challenges may be partly to blame. In my opinion, the challenges faced are structural or cultural. Structural challenges include scheduling, location, and curricular requirements. The schedules of health professions schools can be vastly different, and just finding a time for groups to meet may be a big hurdle. Deciding on location can be an issue. Some IPE programs will alternate classes between school locations. This allows each group to visit and learn about the other’s “turf.” Also, health professions programs are often so packed with required material that it can be challenging to find time to put in IPE. Ideally, IPE should teach a common competency—something that both groups of learners need to know—and do so in an interprofessional way. This approach would not add course time and potentially could reduce it.

The cultural barriers may be less obvious at first but are also essential to address. Medicine and nursing cultures are different. The same is true for pharmacy, dentistry, physical and occupational therapy, and others. This is not only true of the subject areas and the approach to patient care but is also true in terms of how we are taught to think, how classes are conducted, and how school politics are handled. Tensions may exist between nurse practitioners and primary care physicians,

whose scope of practice can overlap. All of these issues come to light when creating an IPE program. Addressing these in an open and honest manner makes them easier to overcome.

In addition to the above challenges, a lack of standards to guide interprofessional education may have also limited program development. Luckily, this year, the results of a collaboration among six national education associations of health professions schools was published, giving us competencies for interprofessional collaborative practice. The Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medicine, as well as the associations for education in nursing, pharmacy, public health, and dentistry, created this work. It highlights four interprofessional competency domains that should be taught:

- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities for Collaborative Practice
- Interprofessional Communication
- Interprofessional Teamwork and Team-based care

Each domain is further defined with specific competencies that health professions students should master. Although there is already an emphasis in medical education on communication and teamwork, the competencies frame these subjects within interprofessional education and add the key domains of values and responsibilities that guide one’s collaborative practice.

Interprofessional education is an exciting and growing field that gives our learners an opportunity to get to know and better understand their

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colleagues in other health professions. In addition, it aims to prepare them to work effectively in emerging health care delivery models, such as patient-centered medical homes and accountable care organizations. Though there are some challenges to starting an IPE program, I encourage SGIM educators to consider interprofessional education. The rewards for your learners and yourself will be great.

Postscript: The Core Competencies for Interprofessional Collaborative

Practice can be downloaded here: www.aacn.nche.edu/Education/pdf/IPECReport.pdf

References

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