

Crossing Bridges: An Interprofessional Perspective

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One year ago, the *University of British Columbia Medical Journal (UBCMJ)* made history and launched the first issue of its now reborn medical journal. Diane Wu and Pamela Verma, the founders of the *UBCMJ*, believed medical students should have an academic platform to express their research and ideas. They also wanted to facilitate a learning process to publish academic articles that would be available for medical students. Since that time, the *UBCMJ* has grown well beyond any expectations. As the new Editors-in-Chief, we would like to continue the initial vision of the journal as an academic platform of communication and also expand the journal to reach individuals in all areas of medicine.

Medicine itself represents a network of individuals, from various fields, able to work together for a common goal. For the third issue of the *UBCMJ*, we hope to facilitate communication from an interdisciplinary perspective. Interprofessional education (IPE) originated due to parallel initiatives between social work and nursing in the United Kingdom during the 1960s.¹ Since that time, IPE has been the cornerstone of many health initiatives led by the World Health Organization.² The Center for the Advanced Placement of Interprofessional Education in London has become the focal point of IPE research around the world.^{1,3,4} Still, more evidence is needed to prove IPE will benefit both the students and patients involved.⁵ Current studies suggest IPE may be the solution for inappropriate communication between health professionals for patient care management.³

Despite the lack of substantial research, university faculties across the country have begun to embrace IPE and change the curriculum to encourage health professionals and students to collaborate and work together. Stephen Toope, president of the University of British Columbia (UBC), and Lesley Bainbridge, the Director of Interprofessional Education at UBC, have discussed this topic and key concepts relating to the positive and negative implications of creating an interprofessional mindset within university education (Toope pg. 8, Bainbridge pg. 9).

IPE departments in Toronto, McGill, and numerous other Canadian universities have also introduced new initiatives to be developed and implemented within the undergraduate and graduate health care education.⁶⁻⁷ Barriers in funding, scheduling within

the curricula, and lack of educators may impede the process,⁸ but with drive and determination, education connecting all aspects of health care may become a reality. To this extent, student-run clinics facilitating an interprofessional environment have been implemented in other provinces in Canada, and such programs in British Columbia are discussed in this issue (Khorasani *et al.* pg. 39).

Interprofessionalism also provides a possible solution to a system with limited resources and rising health care costs. As the global economy has faced recession, it is important to consider how health care resources will be impacted, especially with respect to structure and organization. The public versus private health care debate has been at the forefront of discussion, in an effort to determine the most efficient health care structure (see Brar *et al.* pg. 42).

As the *UBCMJ* expands, we hope to continue to facilitate communication within medicine and other aspects of health care. Providing a platform for academic discourse will allow future and past generations of students and faculty to both learn and contribute to their academic environments.

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