

Interprofessional Education for Interprofessional Practice: Will Future Health Care Providers Embrace Collaboration as One Answer to Improved Quality of Care?

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ABSTRACT

Interprofessional education is an emerging theme in the education of health care professionals in response to issues such as patient safety and workforce shortages. Future health care providers must learn how to collaborate effectively with other professionals to reduce errors and improve recruitment and retention. Health care in Canada is changing in an attempt to reduce costs and increase efficiencies, and interprofessional practice is now a priority. While barriers to interprofessional education do exist, there is a growing body of knowledge that supports interprofessional collaboration as best practice. More research is required, but there is enough evidence to suggest that interprofessional education is a current imperative.

A few years ago Esther, a 77-year-old healthy, active woman, was admitted to a British Columbia hospital for elective surgery.¹ Two weeks later she passed away. The coroner as well as the professional and health authority investigators all concluded Esther passed away due to, in large part, lack of communication between and among her health care providers.

A University of British Columbia report in 1968 highlighted the importance of interprofessional education (IPE), the need for all health professionals to collaborate effectively, and the urgency of developing educational strategies to promote interprofessional learning.² Forty years later, IPE has experienced little development at a time when the health care field is experiencing significant issues: health care costs continue to rise and funding continues to erode; the first wave of aging boomers has arrived; primary health care and chronic disease management are the emerging and important foci for health services; an existing worldwide shortage of health care providers continues to grow; and technology is revolutionizing the way we communicate in healthcare.^{3,4} In short, the world of health care is rapidly changing. One of the major areas in which service delivery will change is collaborative practice – health care providers communicating and collaborating more consistently and more effectively.⁵

IPE in health is described as a way of educating collaborative health care providers.⁶ The impetus for IPE emerges from concerns such as patient safety. Reports such as “To Err is Human”, “Crossing the Quality Chasm”, and “The Canadian Adverse Events Study” all suggest that we harm patients, often seriously, if we do not communicate and collaborate both within and among professions.⁶⁻⁸ To ensure that future generations of health care providers collaborate effectively, we need to introduce opportunities for those in the health professions to “learn with, from, and about each other” from the time they enter their professional education programs through to continuing professional development.⁹ This may be the most effective way to influence future practice.

Barriers to IPE are many and are common across all health professions.¹⁰ With respect to education, these include a lack of flexibility in the scheduling of curricular activities; the challenges of finding space to bring groups of students together; the costs required for team teaching; the complexity of assessing students’ performance in team-based settings; and a lack of interprofessional placements in the community. In the

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practice setting, the barriers include the lack of the following: funding to create the organizational changes required to support collaborative or team-based care; institutional support for a collaborative practice model; time; incentives to reinforce best practices in collaboration; and attention to teaching and learning collaborative practice skills as part of continuing professional development. However, as service delivery is redesigned, especially in areas such as primary health care, a rapidly emerging menu of IPE strategies and approaches is demonstrating positive changes in the attitudes, knowledge, skills, and behaviours of both students and practitioners. These strategies have several characteristics in common. They focus the learner's attention on patients and families and offer learning experiences in clinically relevant and interesting areas.¹¹ They offer interactive and experiential learning, and they allow time for learners to reflect on their ability to collaborate effectively.¹¹ Examples of effective interprofessional learning include student-run clinics, portfolios, team-based rural placements, health care team challenges, joint assessments of patients with complex conditions, and interprofessional problem-based learning sessions. Among educators and practitioners, there are those who believe without reservations that collaboration is the way of the future, those who do believe but are concerned that we still do not understand interprofessional education and practice fully, and those who do not see a need to change from historical and isolated patterns of practice and resist the change. Those in the latter two groups claim a lack of evidence that team-based care or collaboration generally is effective. However, there is emerging and robust evidence that interprofessional collaboration does improve patient safety and quality of care as well as improve issues such as recruitment and retention. A 2010 World Health Organization publication clearly summarizes evidence that: interprofessional education and practice improve access to care and health outcomes especially for those with a chronic condition; reduce hospital admissions and lengths of stay; and improve mental health outcomes and end of life care.¹² A recent Canadian Institutes of Health Research (CIHR) funded study found clear evidence in the peer-reviewed and grey literature that interprofessional collaboration positively impacts health human resources.¹³ Admittedly we need more robust research on IPE and collaborative practice, but there is enough evidence now to support a heavy emphasis on IPE for both students and practitioners to create a collaborative workforce for the future.

We are slowly beginning to understand what interprofessional collaboration requires. The Canadian Interprofessional Health Collaborative has just recently posted a national competency framework for interprofessional collaboration.¹⁴ The framework provides an example of a model collaborative practitioner which can help us to understand what kind of experiences will help students and practitioners learn how to collaborate more effectively. In addition to this framework, a Health Canada funded project, Accreditation of Interprofessional Health Education, is moving ahead to develop accreditation standards for IPE in education programs for medicine, nursing, pharmacy, physical therapy, occupational therapy, and social work.¹⁵ The Future of Medical Education in Canada report

explicitly notes interdisciplinary learning and practice as crucial to medical curricula.¹⁶ Increased attention is now focusing on IPE and collaborative practice as key components of a health professional's education.

IPE may be one of our most valuable tools for training collaborative practitioners, and improved collaborative practice may be one of the most effective responses to rising health care costs and increasingly complex health care needs. Across Canada and around the world, educators and practitioners are working to improve IPE teaching methods so that new generations of health care providers will embrace collaboration as one of the best ways to improve quality of care and patient safety. 

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