

# Interprofessional Education: We Are All in This Together

By Dan Hansen, PharmD

**A**lthough the topic dates back to as early as the 1960s, interprofessional education (IPE) has been gaining momentum recently.

According to the Centre for the Advancement of Interprofessional Education, “Interprofessional Education occurs when two or more professions learn with, from, and about each other to improve collaboration and the quality of care.”<sup>1</sup> It is tough to evaluate IPE through randomized controlled trials, but studies have shown short-term improvements in learning.<sup>2</sup> In education, the two most commonly cited outcomes of IPE are teamwork and defining different roles and responsibilities of health professionals, but outcomes have also focused on communication, ethics, the process of learning and the patient.<sup>3</sup> The hope is that if students are exposed to team-based care throughout their training, they will be ready to hit the ground running once they are in clinical practice and are asked to be part of an interdisciplinary team.

The responsibility for coordination and implementation of IPE rests with the health professional schools. As a result, a number of accrediting bodies have addressed the need for IPE in their curriculum. The accreditation Standards for Physician Assistant Education states “the curriculum must include instruction to prepare students to work collaboratively in interprofessional patient centered teams.”<sup>4</sup> One of the core competencies of the Accreditation Council on Graduate Medical Education (ACGME) is that “residents are expected to work in interprofessional teams to enhance patient safety and improve patient care quality.”<sup>5</sup> The American Association of Colleges of Nursing (AACN) has integrated “interprofessional collaboration” in their “Essentials” for baccalaureate, master’s and doctoral education.<sup>6,8</sup> The Accreditation Council for Pharmacy Education has woven IPE into several of their accreditation standards. Guideline 1.6 states “the college or school’s values should include a stated commitment to a culture that, in general, respects and promotes development of interprofessional learning and collaborative practice in didactic and experiential education.”<sup>9</sup> As professional schools continue to adapt their curricula, it will provide an environment for collaborative learning and break down the “professional silos” students are placed into now.<sup>10</sup>

The World Health Organization (WHO) believes that “IPE

is a necessary step in preparing a collaborative practice-ready health workforce that is better prepared to respond to local health needs.” Increased collaboration among health professionals has been shown to improve patient care and safety, decrease total patient complications and hospital admissions and reduce costs of care.<sup>11</sup> Misperceptions and a fear that professional identity may be lost are two of the barriers facing IPE and interprofessional collaboration.<sup>12,13</sup>

A study by Ateah, et al. measured students’ perceptions of other health professionals (dental hygienists, dentists, physicians, nurses, pharmacists, physical therapists and occupational therapists) before and after an IPE lecture and experiential activity.<sup>13</sup> The students rated each other in nine different categories: professional competence, leadership, independence, team player, practical, confidence, academic ability, interpersonal skills and decision making. The study showed that the perceptions of other health professions were much more positive once the students were exposed to the different roles and functions other health professions play in the health care team. That means if health professional schools change their curricula and incorporate IPE, students will recognize that each profession brings different competencies to the table and some of the barriers facing IPE and interprofessional collaboration may be eliminated.

As health professional schools emphasize collaboration and eliminate professional silos, continuing education (CE) providers need to reconsider how they deliver their programs. Often, CE focuses on a very specific topic and it is presented to a very specific audience. Instead, CE should really be more interprofessional in nature. That does not mean a physician presents to a room full of pharmacists or a pharmacist presents to a room full of nurses. Instead, it means that the CE activity should take place in a room full of representatives from multiple health professions. A recent report from the Association of American Medical Colleges (AAMC) and AACN calls for standardized CE accreditation processes that adopt IPE and performance standards that are not solely profession-specific.<sup>14</sup> It goes on to say that “health care institutions’ accreditation and regulatory bodies should incorporate requirements for IPE experiences into standards and policies.” They believe that institutions like The Joint Commission and the Centers for Medicare and Medicaid Services (CMS) should support the

creation and implementation of IPE and interprofessional collaboration because it leads to improved patient outcomes.

With the introduction of things like the medical home model, it is safe to assume that interprofessional collaboration will only increase. If IPE does indeed improve interprofessional collaboration, then everyone needs to embrace it. For IPE to be successful, it will require that students, faculty, preceptors, practitioners and CE providers work together through the implementation process and beyond.

## REFERENCES

1. Centre for the Advancement of Interprofessional Education (CAIPE). Definition of Interprofessional Education. <http://www.caipe.org.uk/about-us/defining-ipe/> Accessed December 29, 2011.
2. Remington TL, Foulk MA, Williams BC. Evaluation of Evidence for Interprofessional Education. *Am J Pharm Educ.* 2006;70(3) Article 66.

*Please note: Due to limited space, we are unable to list all references. You may contact South Dakota Medicine at 605.336.1965 for a complete listing.*

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