

D3: Promoting Interprofessional Education

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2 Statement of the Problem: The standard of care deemed appropriate for the management of many
3 common medical and health conditions requires integration of multiple disciplines as well as
4 accessing care at different sites. The lack of a coordinated approach to multidisciplinary
5 assessment can result in delays in diagnosis, delayed development of appropriate treatment plans
6 and barriers to the receipt of care.¹ There is a need for health care delivery, family, and
7 community health services that are well coordinated, free of errors, sensitive to patient needs,
8 and responsive to the patient's subjective experience. To fulfill these requirements frequent and
9 full collaboration between health care professionals is imperative.^{2,3,4} Globalization, migration,
10 and widespread health disparities call for interdisciplinary and interprofessional approaches to
11 improve the health status of individuals, families, and communities in the United States and
12 abroad.^{5,6,7} Evidence from some educational programs strongly suggests that future health care
13 providers and public health workers would be better prepared to effectively meet the challenges
14 of today's health care systems through interdisciplinary curricula and interprofessional
15 education.

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17 In 2000, the National Academies of Practice brought together an expert panel representing ten
18 health care disciplines to define the issues of interdisciplinary health care and formulate clear
19 objectives to move towards an interprofessional education plan. It was hoped that such a plan
20 would lead to interprofessional practice and better health care for all Americans. The objectives
21 developed included funding requests for both interprofessional education and interprofessional
22 research along with a call for consensus on the curriculum components required for
23 interprofessional education.⁸ In 2001 and in 2002, additional reports were issued because the

1 many existing barriers resulted in only small movements toward interprofessional practice.
2 These reports amplified the call to action for new modes of health care delivery utilizing
3 interprofessional care. Multiple researchers have conducted studies with differing models of
4 interprofessional education. While the results have been published, there has been little if any
5 global movement to integrate health professions and public health educational programs.^{9,10}
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7 The concept of multiple disciplines addressing of the needs of patients, families, and
8 communities together requires that each of the disciplines understands the skills and knowledge
9 of other health care professionals in an effort to bridge communication between disciplines. The
10 terms multidisciplinary, transdisciplinary, and interdisciplinary refer to the characteristics of a
11 health care delivery team. In a multidisciplinary team, each discipline independently contributes
12 its experience to an individual patient's care. Team members work parallel to one another and
13 direct communication among team members is rare, except through the provider in charge
14 (usually the patient's primary care physician). In transdisciplinary practice, roles of individual
15 team members are blurred and their functions frequently overlap. Here, each team member must
16 become sufficiently familiar with their colleagues' disciplines in order to assume a significant
17 portion of the others' roles. In an interdisciplinary team, members work closely together and
18 communicate frequently to optimize care for the patient. In clinical practice, this type of model
19 is also referred to as "interprofessional" care. The interprofessional team is organized around a
20 common set of problems, as opposed to being organized around a single physician, and meets
21 frequently to consult. Each team member's assessment is taken into account to allow for global
22 patient management.¹¹
23

1 The focus of this resolution is interprofessional education of health care and public health
2 professionals. This is simply shared learning by students from multiple health disciplines.
3 Interprofessional Education (IPE) has been defined as an educational intervention during which
4 members of more than one health and/or social care profession learn interactively together, for
5 the purpose of improving collaborative practice and/or the health and well-being of patients.⁴
6

7 The American Academy of Pediatrics has been vocal about the need for the health and related
8 systems to focus on coordinating the health and related care of children with special health care
9 needs. In 1999 a recommendation was made that stated primary care providers and tertiary care
10 centers would work cooperatively in an effort to link patients and their families to a full spectrum
11 of services. The purpose of this resolution was to ensure the care was appropriate, not
12 fragmented or duplicated, streamlined efforts to ensure appropriate services are delivered and
13 that services were patient centered.¹² These services include health, education and social
14 services. A study published in 2008, concluded that a poor medical home lead to barriers in
15 accessing needed therapeutic and supportive services.¹³ It is incumbent on the team to
16 “cooperate, collaborate, communicate and integrate” as one of the core competency
17 recommended for health profession education.¹⁴ A team approach to health care has gained
18 support from many organizations^{15,16} and has shown promise in many health care^{17,18,19,20} and
19 health professions education^{21,22,23,24,25,26,27,28,29,30,31,32,33,34} programs. The Institute of Medicine
20 strongly suggests that one must include the interdisciplinary approach into the education of our
21 health care providers in an effort to improve patient centered health outcomes.³⁵
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23

1 The use of interprofessional teams in health professions programs have enhanced student
2 learning and created opportunities for service to the community³⁶ and have supported the
3 attainment of important elements of community capacity such as participation, training in
4 groups, information sharing, networking, critical reflection,³⁷ and cultural competency.³⁸
5 Interprofessional student health teams have been used to address the maldistribution of health
6 care professionals and to improve access to care for underserved rural populations^{39,40}

7
8 APHA has previously adopted policy resolutions supporting interprofessional cooperation in the
9 management of hypertension⁴¹ and diabetes⁴² and within community health centers.⁴³

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11 Despite a growing body of evidence, the ultimate impact of interprofessional education and
12 multidisciplinary approaches to patient care remains uncertain⁴⁴, and a lack of knowledge about
13 key non-physician professional roles persists.⁴⁵ More rigorous studies are required to provide
14 reliable evidence.^{46,47}

15
16 Despite the potential benefits, many barriers to interprofessional education persist, including
17 already overcrowded curricula in health professions schools and schools of public health, lack of
18 support from faculty and administration, financial constraints, and perceived isolation of some
19 health professions.⁴⁸ The development and successful implementation of an interprofessional
20 education approach is dependent on a variety of factors including the attitudes of students,
21 faculty, administrators, and practitioners.^{49,50,51} Strong individual disciplinary cultures often
22 persist, which may lead to territorialization, not integration. Stereotyping of other disciplines
23 continues and providers need to be taught how to properly function within a team approach to

1 care.

2

3 Three inter-related barriers to interprofessional collaboration were recently identified: the way in
4 which each profession educates its students, the lack of a common foundation when health
5 professions try to work in team settings, and health care delivery models that make it difficult to
6 provide high quality patient care.⁵² It is quite natural for providers to be resistant to change and
7 fearful about the potential loss of autonomy in an interprofessional model. In addition, some
8 organizations that employ health care teams may be more resistant to innovation and change.

9

10 In order to create a culture for interprofessional collaboration in clinical practice, these barriers
11 must be overcome. A shared learning environment and collaborative practice setting may help to
12 alleviate these tendencies. Interprofessional continuing education may also help to facilitate a
13 positive and collegial team environment. Evaluation of a program's effectiveness is a key
14 element to overcome the relative lack of evidence for an interprofessional approach to education
15 and ultimately to interprofessional patient care environments. Such evaluations would provide
16 the opportunity to assess health outcomes and patient satisfaction. In this way, programs can
17 learn from previous success and failures.

18

19 Carroll-Johnson summarizes what interprofessional collaboration could achieve for all, "Imagine
20 a world where each group's expertise is held in regard, offered, and shared as the need arises.
21 Imagine a time when the patient can determine which kinds of practitioners he or she needs or
22 wants, and then imagine a system that makes those professionals available."⁵³

1 The American Public Health Association

2 1. Calls upon health professions education programs and schools of public health to
3 incorporate coursework and clinical training emphasizing cross-disciplinary and
4 interprofessional interactions including the development of an interdisciplinary
5 curriculum;

6
7 2. Calls upon health professions education programs and schools of public health to
8 evaluate the outcomes of curricular changes to assess differences in students' and
9 graduates' communication skills, knowledge, attitudes, and understanding of the roles of
10 different members of the interprofessional health care team;

11
12 3. Urges health professions education programs and schools of public health to rigorously
13 evaluate the impact of interprofessional education on professional practice and health
14 care outcomes;

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16 4. Encourages providers of continuing professional education to offer training and courses
17 in interprofessional care featuring a multidisciplinary faculty of recognized experts from
18 different disciplines and different health care fields;

19
20 5. Urges health care researchers to form interprofessional collaborations for the study of
21 health care education and health policy;

22

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1 6. Urges the Agency for Healthcare Research and Quality and other funding agencies to
2 fund research on the effectiveness of interprofessional health care education.

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