**The Value and Imperative for Health Professions Engaging in Interprofessional Learning**

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**BACKGROUND**

The beginning of the 21st century witnessed intensified, ongoing scrutiny of the health care delivery system. Continued concerns about increasing costs, health disparities, questionable quality of care, patient safety and limited access to needed services have resulted in renewed initiatives to promote teamwork and interprofessional learning in health care education. Research shows that care delivered by teams of health care professionals who understand one another’s roles and have clear goals results in better clinical outcomes and higher patient satisfaction than care that is delivered by providers who do not function as a team (Grumbach and Bodenheimer, 2004; Kramer & Schmalenberg, 2003; Lindeke & Sieckert, 2005). Interprofessional is defined as:

*a group of participants from various disciplines working together to solve a common problem, involving real interactions, reciprocal exchanges, the integration of concepts and methods, and, as a result, mutual enhancement. The interdisciplinary hallmark is a problem-solving experience in which each professional grows beyond disciplinary and professional boundaries to arrive at a common solution* (Greenberg & Bellack, 1999).

National accrediting organizations for nursing and medicine began to address interprofessional education in the 1990’s. In 1995, The Association of American Medical Colleges (AAMC) and Liaison Committee on Medical Education (LCME) recommended interdisciplinary courses as one of the means for increasing communication and collaboration among members of the health professions (AAMC, 1995). The American Association of Colleges of Nursing (AACN) published a *Position Statement on Interdisciplinary Education and Practice* that promotes collaboration as emanating from an understanding and appreciation of the roles and contributions that each discipline brings to the care delivery system, resulting from shared educational and practice experiences (AACN, 1996).

Federal initiatives through the Institute of Medicine (IOM) promote the need for interprofessional education (IPE) and collaboration through a series of reports (IOM, 2001; 2003). *Crossing the Quality Chasm* documented disturbing shortfalls in the quality of health care in the U.S. including the system changes needed to decrease the sizable gap between what we know from evidence and what we do in clinical practice (IOM, 2001). *Health Professions Education: A Bridge to Quality*, made recommendations on the education of health professional competencies including: all health professionals to be educated to deliver patient-centered care as members of an interdisciplinary team with the emphasis on evidence-based practice, quality improvement and informatics (IOM, 2003). These reports consistently call for health care providers to work together with a collective sense of accountability for patient and health outcomes. These policy reports demonstrate a paradigm shift in health care delivery away from individual providers towards teams of providers focusing on outcomes of care for the individuals and populations served (IOM, 2003). This paradigm shift has an impact on every health care setting and the way our health professions students are educated.

Foundations have supported interprofessional health professions education initiatives for more than two decades – The Pew Health Professions Commission (Shugars, O’Neil and Bader,1991; Pew 1995; O’Neil and Pew,1998), the Josiah Macy, Jr Foundation (Macy Annual Report 2010) and the Carnegie Foundation (Benner et al., 2009; Cooke et al., 2010). Each of these initiatives has fostered and/or created avenues for members of multiple disciplines to work in partnership to ensure quality and better health for a wide range of patient populations, particularly those from vulnerable and underserved communities. In addition, academic health centers have been challenged by policy makers to begin mainstreaming core interprofessional health professions educational content across disciplines to build and develop effective health teams (Allen et. al., 2004). Health professions should learn together with a full understanding of each other’s roles, priorities, expertise and experience. The belief is that interprofessional learning will promote team-based care that is the best approach to practice safe, high quality patient care (Macy Annual Report, 2010). Team-based learning is the ideal model, given it immediately and inherently demonstrates the skills and expertise of each of the professions resulting in coordinated care. Interprofessional education experiences, strategically planned and sequenced, can help foster positive attitudes and increase cross disciplinary communication skills of students who are new to their respective professions; specifically, interprofessional community based learning experiences have proven effective in building collaborative skills (Phillips, et al., 2002). Additionally, collaborative partnerships among individuals who have unique skill sets and understanding of health and disease can facilitate creative and practical solutions for improving patient care and outcomes (Lindeke & Sieckert, 2005). The Carnegie Foundation has specifically emphasized curriculum reform toward interprofessional initiatives for nurses and physicians (Benner et al., 2009; Cooke et al., 2010).

**INTERPROFESSIONAL COMPETENCIES**

The IOM report C*rossing the Quality Chasm* specified five competencies required for health care providers in the 21st Century; one was the ability to work in interdisciplinary teams (IOM, 2001). A sequel to the 2001 report entitled, *Health Professions Education: A Bridge to Quality,* essentially mandated that all health professionals be educated to deliver patient-centered care as members of an interdisciplinary team with the emphasis on evidence-based practice, quality improvement and informatics (2003). The Interprofessional Education Collaborative (IPEC), a group that includes the following organizations: Association of American Medical Colleges (AAMC), American Association of colleges of Nursing (AACN), American Association of Colleges of Pharmacy (AACP), American Association of Colleges of Osteopathic Medicine (AACOM), Association of Schools of Public Health (ASPH) and the American Dental Education Association (ADEA) developed *Core Competencies for Interprofessional Collaborative Practice*(2011).The IPEC partners identified 4 interprofessional competency domains; each of which is followed below by the primary competency.

• Values/Ethics for Interprofessional Practice

Work with individuals of other professions to maintain a climate of mutual respect and shared values.

• Roles/Responsibilities for Collaborative Practice

Use the knowledge of one’s own role and the roles of other professions to appropriately assess and address the health care needs of the patients and populations served.

• Interprofessional Communication

Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to maintaining health and treatment of disease.

• Interprofessional Teamwork and Team-based Care

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable.

A population health course set within a larger context of courses relevant to a specific discipline is an ideal place to begin to introduce interprofessional educational competencies into health professions education.

**Interprofessional Education at UMMS**

Since its inception, the University of Massachusetts Medical School curriculum has included an intensive Community Health Clerkship in the fall for all matriculating first year medical students (second year medical students since the implementation of the new curriculum in 2010). Students select from a range of community sites where they work with academic and community preceptors for two full weeks to master a specific set of objectives related to population health. For many years, the Correctional Health Community Health Clerkship functioned as a site for interprofessional learning, as students from the Graduate School of Nursing (GSN) joined medical students for this experience. The established success of this initiative, coupled with the GSN’s launch of the \* Graduate Entry Program in 2004, provided the opportunity in the fall of 2005, to have medical and graduate nursing students all work in concert during the Population Health Clerkship to understand their population and community site as well as to learn about and work with one another to improve the health of the community. This has been a highly successful interprofessional initiative and laid the foundation for many more similar UMMS IPE initiatives.

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\*The Graduate Entry Pathway provides a graduate degree as the entry level into the nursing profession for individuals who have completed a baccalaureate degree in a field outside of nursing.

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