

Delivering Interprofessional Education and Teaching Teamwork



We have strong evidence that health care delivered by well-functioning teams leads to better outcomes. Interprofessional education (IPE)—in which students from medicine, nursing, pharmacy, social work, public health, and other healthcare disciplines learn about, from, and with each other in order to work together in teams—is gaining an influential foothold in health professions schools across the nation.

LEARNING TO PRACTICE EFFECTIVELY AS PART OF A HEALTHCARE TEAM

Health professions schools have historically trained their students to function as highly skilled but largely autonomous professionals. This outdated educational model, in which each discipline resides in its own silo, produces professionals ill-suited to the future of American health care.

The way health care is practiced today, stimulated in part by the Affordable Care Act, is changing and evolving toward new models of collaborative care designed to deliver better care at lower costs with better health outcomes for the nation. To develop the skills needed to work effectively in teams, healthcare professions students must learn about, from, and with each other.

BUILDING NEW SKILLS AND EXPERTISE

As providers of interprofessional education, many health professions schools and healthcare systems with an educational mission are:

- Giving health professions students from all disciplines a variety of meaningful opportunities, from classroom learning, small group learning, simulation and clinical practice settings, to learn together. This will help them to develop the competencies needed to work effectively with each other and with patients and their families.
- Providing health professions educators with similar opportunities to develop the skills and understanding needed to teach students how to work together in teams.
- Partnering with a variety of clinical practice organizations—including community-based health centers, free clinics, rural primary care practices, and more—to give health professions students, faculty, and clinicians experience working as part of a care team and to help improve the delivery of collaborative care to patients and communities through those settings.
- Including patients and family members as equal partners in the education and training of health professionals, including bringing them into classrooms to teach students and involving them in the design and implementation of IPE curricula.



OVERCOMING HURDLES TO IMPLEMENTATION

There are several ongoing and emerging challenges health professions schools face in providing and expanding interprofessional education:

- Addressing the many practical barriers to delivering IPE, including differing school calendars, lack of adequate classroom space, lack of time in already full student course loads, distance between campuses, and more. These can be overcome with strong leadership and creative uses of new educational technologies.
- Increasing the number of interprofessional educational opportunities for students and faculty alike, and integrating IPE more fully into health professions schools. This requires careful and intentional planning across all the schools.
- Developing IPE-focused partnerships between health professions education institutions and clinical practice sites. IPE needs to be involved in real work and connect to patients within the community in ways that improve patient care.
- Recognizing and integrating patients, families, and communities as equal partners on the healthcare teams that are being modeled and developed.
- Facilitating a difficult cultural shift within and among the various health professions and within the healthcare system itself.

PROMISING MODELS

↘ NATIONAL CENTER FOR INTERPROFESSIONAL PRACTICE AND EDUCATION

A public-private partnership based at the University of Minnesota, the National Center for Interprofessional Practice and Education leads, coordinates, and studies the advancement of collaborative, team-based health professions education and patient care as an efficient and effective model for improving health care quality, outcomes, and cost. The “incubator” sites of the National Center, located across the country, will be generating data on IPE and collaborative practice for a national data repository.

↘ ARIZONA STATE UNIVERSITY

The Arizona State University Schools of Nursing and Social Work, together with The University of Arizona–Phoenix Schools of Medicine and Pharmacy and the Arizona Graduate Nursing Education Project, are developing a team-based primary care curriculum for graduate students in medicine, nursing, pharmacy, and social work. Through an extensive network of clinical partners in urban and rural communities, students can gain hands-on experience working as part of a primary care team.

↘ CASE WESTERN RESERVE UNIVERSITY

Case Western’s Interprofessional Learning Exchange and Development (I-LEAD) Center supports ongoing faculty development in interprofessional education and practice. The I-LEAD Center provides faculty with access to evidence supporting interprofessional education and practice, programs and materials developed by the Institute for Healthcare Improvement and the Quality and Safety Education for Nurses initiative, and education and practice evaluation tools.

↘ UNIVERSITY OF COLORADO

At the Anschutz campus, all health professional students are oriented together. They have a series of educational experiences together across their education trajectory including bioethics, quality and patient safety, and simulated clinical scenarios.

REFERENCES FOR RELEVANT MACY SUPPORTED WORK

Macy Conference Summary: [Partnering with Patients, Families, and Communities: An Urgent Imperative for Health Care](#). 2014.

Macy Conference Summary: [Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Redesign](#). 2013.

Thibault GE. [Interprofessional education in the USA: Current activities and future directions](#). *Journal of Interprofessional Care*. 2012; 26:440–441.

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