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Interprofessional education: implications and development for medical education

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Abstract This paper considers the development, delivery and implications of interprofessional education (IPE) using a 4-dimensional curriculum development framework. This framework involves: considering curricula for the education of the workforce of the twenty-first century and the rationale for IPE; defining learning outcomes taking into account national and professional accreditation standards; learning activities and assessment; and institutional support.

PALABRAS CLAVE
Educación interprofesional;
Práctica colaborativa;
Desarrollo curricular;
Aptitudes interprofesionales;
Trabajo en equipo

Educación interprofesional: implicaciones y desarrollo para la educación médica

Resumen En este artículo se aborda el desarrollo, la prestación y las implicaciones de la educación interprofesional (EIP) utilizando un marco de desarrollo curricular cuatridimensional. Este marco incluye: la consideración de los planes de estudios para la educación de la plantilla del siglo XXI y el fundamento de la EIP; la definición de los resultados de aprendizaje teniendo en cuenta las normas de acreditación nacionales y profesionales; las actividades de aprendizaje y evaluación, y el apoyo institucional.

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Introduction

Interprofessional education (IPE) is not a recent phenomenon. Early initiatives began in the 1940s in the USA, Canada in the 1960s, Sweden in the 1970s and the UK in the 1980s,[1] plus Australia in the 1970s.[2] Nor is IPE confined to these countries in the developed western world. In a series of books on leadership for IPE that I am co-editing there are chapters from Kenya, Indonesia and the Philippines as well as India and Japan. As defined by the Centre for the Advancement of Interprofessional Education (CAIPE), IPE has the aim of improving patient care through an interactive learning process: 'IPE occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care' (CAIPE, 2002).[3] Its outcomes include teamwork and collaborative practice. The rationale for IPECP (interprofessional education for collaborative practice) varies from country to country. I have discussed these in a review of IPE[4] and referred to the Lancet Commission's shared vision and strategy for the education of health professionals.[5] The commission highlighted the problem of professional silos, in which health professions are educated and practise separately from each other. Collaborative practice and an understanding of the roles and responsibilities of each health profession are essential for health services to cope with the ageing population and increasing incidence of chronic and complex conditions.

The World Health Organization has long been a supporter of IPECP. Its *Framework for Action*[6] came 22 years after the important document *Learning together to work together for health*.[7] The WHO is driven partly by the recognition that there is a worsening shortage of health care workers globally and that how such workers are educated must be discussed and reframed. This is outlined in the 2013 publication *Transforming and scaling up health professionals' education and training*.[8] These guidelines are based on the best available evidence in relation to education and make recommendations for changes in policy in areas such as faculty development and pedagogical methods as well as IPE. In relation to IPE the document states that 'Health professionals' education and training institutions should consider implementing IPE in both undergraduate and postgraduate programmes' while recognizing that 'the quality of the evidence supporting this recommendation is low, and the strength of the recommendation is conditional' (p.14).

There is certainly a need for more in-depth evaluation[9] and research relating to the effectiveness of IPECP. Existing systematic reviews show mixed results and mainly positive outcomes in post-qualification training rather than at the undergraduate level. The Institute of Medicine is currently developing guidelines for research in this area. Also in the USA the National Center for Interprofessional Practice and Education in Minneapolis is conducting longer-term projects across several states. The National Center is funded for five years and is evaluating different models of IPECP to see how they may impact on the triple aim, whose three dimensions are:

- Improving the patient experience of care (including quality and satisfaction).
- Improving the health of populations.
- Reducing the per capita cost of health care.[10]

In this paper I outline some important factors to consider when developing IPE within a medical programme in partnership with other health professional schools or department, drawing on my own experience and that of colleagues. The structure of the content is based on the 4-dimensional curriculum development framework of Lee et al.,[11] which has the following dimensions:

1. Identifying future health care practice needs.
2. Defining and understanding capabilities.
3. Teaching, learning and assessment.
4. Supporting institutional delivery.

Arguing the case of interprofessional education within a medical programme

It is always difficult to argue the case for adding new learning requirements to medical school curricula. The introduction of IPE into curricula has been difficult in many places due to over full timetables and the logistical problems relating to large numbers of students having to undertake the same learning activities. However, many accreditation bodies have included interprofessional learning outcomes within their standards, prompting an increasing number of medical curriculum committees to look at introducing or developing IPE further in their institutions.

Dimension 1 focuses on the need to develop new or refresh existing curricula to meet the needs of 21st century healthcare. The medical graduates of today will be practising well into the second half of the century and need to be equipped to meet the changing demands and needs of the health service in which they will work and the patients whom they will serve, as well as to understand their global responsibilities as world citizens. IPE development requires a champion to argue eloquently for the need for collaboration, who is interprofessional in outlook, who is able to bring together the various health professions to agree on a common core curriculum and who is up-to-date with the field. Such a champion cannot of course work alone. Each health professional school needs its own champion to join with the others to drive educational change and to plan for longevity. There are so many examples of champions setting up interprofessional activities who then move to another institution (what I have called a 'championectomy') after which the interprofessional initiatives wither and disappear. Of course, for success, there must be buy-in from senior leadership within the school and adequate resources for implementation.

Competencies for interprofessional education for collaborative practice

Dimension 2 uses the term capabilities but to resonate with most medical curricula I will use the terms learning outcomes and competencies. It is important early on to define the common learning outcomes for all the students who will be involved in IPE. Given the interactive focus of the definition of IPE, the generic learning outcomes for collab-