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Interprofessional education: It is more than a passing fad

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In contemporary health sciences education, it is hard to avoid the term interprofessional education or IPE. The pedagogical philosophy of IPE has been around for some time, but in recent years it has evolved into a required component of a contemporary health sciences education. Accreditation standards for various health professions now require programs to both address and assess IPE within the curriculum and co-curriculum (Accreditation Council for Pharmacy Education [ACPE], 2015; American Association of Colleges of Nursing [AACN], 2006; Liaison Committee on Medical Education, 2015).

Likewise, a multitude of journals are dedicated to interprofessional education, practice, and/or care.¹ In many respects, practice is driving the need for expanded interprofessional collaboration, and the Patient Protection and Affordable Care Act (ACA; 2010) emphasizes the need for health teams and collaborative care networks.

IPE is defined as when “students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (World Health Organization [WHO], 2010). In the past, IPE has been described using various terms including interdisciplinary, multi-professional, multi-disciplinary, and trans-professional education. IPE is the preferred term since it better encompasses the goal of team-based care across various healthcare disciplines.

In recent years, the drumbeat for educational reform in healthcare disciplines has become more pronounced. Recent publications have served as lightning rods for expanded interprofessional education (Frenk et al., 2010; Interprofessional Education Collaborative Expert Panel [IPEC] 2011). These articles provide further context interrelating the health and educational systems, and they provide models for competency-based education with specific levels of learning including core competencies for interprofessional collaborative practice.

In 2010, Frenk and colleagues provided an extensive review focusing on health professionals for a new century. The intent of the article was to reflect on the 1910 Flexner report (1910) and to provide a contemporary report for the 21st century. This article provided a candid review of gaps and inequities of health throughout the world and the struggles health systems face in trying to keep up. Likewise, it stated, “professional education has not kept pace with these challenges, largely because of fragmented, outdated, and static curricula that produce ill-equipped graduates”. In this publication, the commission contends there is a clear need for redesign of professional health education that includes interdependence in education and transformative learning (Frenk et al. 2010).

¹ Examples include: *Journal of Interprofessional Education & Practice*, available at: <http://www.journals.elsevier.com/journal-of-interprofessional-education-and-practice/>, *Journal of Research in Interprofessional Practice and Education*, available at: <http://www.jripe.org/index.php/journal>, and *Journal of Interprofessional Care*, available at: <http://www.tandfonline.com/toc/jjic20/current>

A subsequent publication from IPEC (2011) provides a detailed framework for schools and universities to expand IPE. IPEC establishes four core competencies for interprofessional collaboration, and the panel's recommendations are widely endorsed by the following groups:

- American Association of Colleges of Nursing*
- American Association of Colleges of Osteopathic Medicine*
- American Association of Colleges of Pharmacy*
- American Association of Colleges of Podiatric Medicine
- American Council of Academic Physical Therapy
- American Dental Education Association*
- American Occupational Therapy Association
- American Psychological Association
- Association of American Medical Colleges*
- Association of American Veterinary Medical Colleges
- Association of Schools and Colleges of Optometry
- Association of Schools and Programs of Public Health*
- Association of Schools of Allied Health Professions
- Council on Social Work Education
- Physician Assistant Education Association

*Founding Member

The IPEC report provides various key items relevant to IPE expansion. It starts with operational definitions of IPE and it includes interprofessional collaboration, teamwork, and team-based care. Additionally, it provides a detailed discussion regarding the need for core competencies and describes a framework for action regarding interprofessional education and collaborative practice. They put forward four interprofessional collaborative practice domains that are community- and population-oriented as well as patient- and family-centered:

1. Values/ethics for interprofessional practice
2. Roles/responsibilities
3. Interprofessional communication
4. Teams and teamwork

The purpose of this journal supplement is twofold. A primary goal is to provide an overview of an expanding interprofessional education program within the Academic Health Sciences Center (AHSC) at East Tennessee State University (ETSU). A second, yet equally important, goal is to offer initial evidence of the success of the program from an educational, service, and research standpoint.

To describe the program and initial success, three articles give an overview of IPE expansion. The supplement starts with an article from Dr. Bishop, the Vice President of Health Affairs at ETSU, regarding a bottom-up and top-down leadership approach allowing various health professionals to collaborate and build upon previous successful interprofessional collaboration. The subsequent article (Florence & Byington) details the 25 years of IPE at ETSU including initial grant funding, the development of an interprofessional communications course, and rural

health outreach. The third article (Baker et al.) describes the concept of the program, the initial feasibility and efficacy, and subsequent transformations occurring based on the growing experience.

The supplement ends with two articles addressing the service and research component of interprofessional growth at ETSU. The article by Pack and colleagues examines cultivating an environment of interprofessional research around the common issue of prescription drug abuse and misuse. On a related note, the final article (Polaha et al.) reviews a successful collaborative practice model of training in a pediatric primary care setting.

The work performed at ETSU shows a deep and well thought out approach to holistically teach, assess, and promulgate interprofessional education, research, and collaboration. Clinical practice is driving the need for expanded interprofessional collaboration with the clear expectation that graduates are not only “practice ready” but also “team ready.” The changing model of health sciences education driven by practice and advocated by accreditation guidelines shows this concept is more than simply a passing fad.

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