

Health Policy

NEWSLETTER

Jefferson Center for Interprofessional Education (JCIPE) Highlighted at Institute of Medicine Workshop

I was invited to participate in the Institute Of Medicine (IOM) workshop (May 9-10, 2011) on the allied health workforce. The program examined various aspects of the allied health care workforce, to consider how it can contribute to solutions for improving access to health care, particularly for underserved, rural and other populations. The major topics of this workshop were: gauging supply and demand; critical roles of allied health professionals in various environments such as hospitals, urban and rural areas; accreditation issues; and education, particularly the future of team-based care.

My role in this meeting was as part of the panel on team-based care. Because of the current momentum of interprofessional approaches to care, there is significant interest in whether this momentum will continue and, if so, how it will affect the workforce in the future. The focus of my presentation was on interprofessional education and training. I was asked to define interprofessional education (IPE), discuss why it was important, speculate as to whether it will have a long-term impact on education, and describe the extent of involvement of allied health in IPE.

Interprofessional approaches to care (IPC) go back to the turn of the last century. Emphasis

on these approaches have waxed and waned over the years. However, during the past few years there have been serious efforts calling for an increase in IPC. Two IOM reports, "Crossing the Quality Chasm" in 2001 and "Health Professions Education: A Bridge to Quality" in 2003 made strong cases for the effectiveness of the approach. With the publication of the 2010 World Health Organization report which recommended that we should move toward embedding interprofessional education and practice in all health services, the approach appears to have gone global. There is also significant collaboration across borders, particularly between the US and Canada through the American and Canadian Interprofessional Health Collaboratives. In addition, there are 11 major university health programs with extensive IPE programs.

I identified factors that are required for programs to be successful, using the Jefferson Health Mentors Program (run through the Jefferson Center for Interprofessional Education) as a case study. In this program, first and second year students in medicine, nursing, occupational therapy, physical therapy, pharmacy and public health work in interprofessional teams over a two-year period. The students work with a volunteer from the community who has one

or more chronic conditions. The teams work collaboratively and with the Health Mentor around issues related to their chronic conditions. These include preparing a comprehensive life and health history, preparing a wellness plan, assessing patient safety and evidenced-based practice. The teams often visit the Health Mentor in their home and then return to campus to debrief regarding their experiences. The collaboration with students in other disciplines provides an understanding of the contributions of other disciplines to the provision of health care. Working closely with the patient also provides these students with an understanding of the chronic condition from the patient's perspective.

I was able to show how the JCIPE program met the criteria for successful programs and highlighted the responsiveness of the program to the extensive analyses that we do, and the positive student attitudes toward their participation and IPE. ■

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