The Future Health Care Workforce: Interprofessional Education in Community Settings

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Introduction

As health systems continue to evolve, health professions schools strive to prepare graduates for future practice within dynamic health care delivery systems. Each individual field strives to develop future health professionals who can successfully work together with other health care professionals through interprofessional collaborative practice. Acquiring these interprofessional competencies is essential to the delivery of safe, high quality, accessible and person-centered care that is expected. The World Health Organization defines interprofessional collaborative practice (IPCPC) as occurring "when multiple health workers from different backgrounds work together with patients, families, caregivers and communities who deliver the highest quality of care" [1]. Interprofessional education is defined by the World Health Organization as "When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes" [1]. In many cases within local communities, successful public health practitioners utilize these behaviors. In these settings a team of health professionals cares for entire communities, through a reliance on collaboration and coordination by various health professionals, each utilizing their own unique skill sets.

In 2011 an expert panel sponsored by the Interprofessional Education Collaborative (IPEC) released core competencies for interprofessional collaborative practice to direct educational activities for learners in these fields. Educational leaders from six health professions came together to consider the needed competencies of their graduates, and to describe how policy, curricular and/or accreditation efforts can support these desired outcomes. The involved organizations are the American Association of Colleges of Nursing, the American Association of Colleges of Osteopathic Medicine, the Association of Schools of Public Health, the American Association of Colleges of Pharmacy, the American Dental Education Association and the American Association of Medical Colleges [2]. The American Association of Colleges of Nursing developed “Essentials” for various professional levels integrating behavioral expectations around interprofessional collaboration and direct competency statements resulting in quality and safety outcomes through team-based competencies [3]. Medical schools accredited by the Liaison Committee on Medical Education are required to integrate interprofessional education into curricular activities. Many postgraduate residency programs are also integrating interprofessional learning activities into training programs for physician trainees [4]. The Association of Schools of Public Health released learning outcomes related to interprofessional learning [5]. Each health profession is individually moving toward expecting interprofessional competency from its graduates through educational change [2].

IPEC members have agreed on overarching competency domains for inclusion in learning activities. These include Values/Ethics for Interprofessional Practice, Roles/Responsibilities, Interprofessional Communication, and Teams and Teamwork. These domains are further described by more specific competencies that can direct learning objectives. Variable curricular methods can be utilized to help students grasp these interprofessional competencies, through didactic and practical approaches. As adult learners, health professions students can benefit from active learning with clinical integration and appropriate developmental progression. Modeling interprofessional collaborative practice among health care teams in real clinical settings by both faculty and providers, can both improve outcomes for patients and help students understand their own role within a team [2].

Each of the health professions are finding innovative ways to integrate interprofessional competencies into their existing curricula, as well as to develop new approaches to deliver this content together. Individual institutions are developing innovative community oriented partnerships with other affiliated health professions schools. Previous studies have documented that clinical experiences are an ideal way to develop and implement IPE programs by utilizing teams interacting with actual patients in community health centers to target prevention and early intervention. Clinical learning is central to IPE in health profession programs, and permits students to utilize the skills learned in practice [6]. Other programs have documented a combination of both clinical and didactic learning as effective strategies for delivering interprofessional learning [7]. Outcomes measured in these programs relate to the students’ awareness of each other's values, recognition of disciplinary knowledge, an appreciation for each other and discussion between the disciplines about further collaboration. The researchers report that discussion between the nursing and social work student teams “enhanced their understanding of their decision making process in their assessment and management of a patient” [8].

In many neighborhoods community health centers or public health clinics serve medically and socially complex patients, who benefit from an interprofessional approach. Many of these clinics already utilize a collaborative approach because of the nature and needs of their patient population. Leaders within community health centers or public health clinics should seek opportunities to engage with educational leaders from various health professions, and host students within their clinical practices for learning activities. Both students and patients can benefit from these placements as teams provide high quality care through behaviors modeled, and by engaging with learners insure that they can integrate interprofessional competencies into their own future practice. By integrating students within these interprofessional teams, we begin the process of increasing access to care and addressing social determinations of health as a method of providing holistic wrap
around services by exposing the next generation of health providers to the diverse needs of our population. Ultimately, entire communities benefit from having a developed workforce that can competently work as a team, as well as integrate itself into community settings.

References