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# VIEWPOINTS

## Interprofessional Education: More Is Needed

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In many respects it is amazing how far we have traveled since the 2003 *Health Professions Education: A Bridge to Quality* report by the Institute of Medicine made the recommendation for much needed reform in health professions education focusing on an outcome-based educational system to prepare health care professionals to meet the needs for patients in a changing health care system.[1] This report emphasized an essential need for all health care profession educational programs to prepare practitioners to provide patient-centered care in an interdisciplinary team using evidence-based practice, quality improvement approaches, and informatics ("the 5 core competencies" as they quickly became known to all). This call to action for educators and accrediting bodies was loudly heard across all the health professions. Moreover, the 2011 Interprofessional Education Collaborative report titled the "Core Competencies for Interprofessional Collaborative Practice" further modified and introduced us to concept of *interprofessionality* as the foundation of the 4 core interprofessional competency domains, provided the associated specific competencies, and highlighted the dynamic relationship between interprofessional education with practice needs and improvements.[2] These 4 interprofessional competency domains, linking back to the 5 core competencies introduced in 2003, and the identified specific competencies, learning outcomes and activities provided pharmacy educators with the systematic framework to revise and shape the PharmD curriculum enabling pharmacy graduates with the knowledge, skills, and attitude/values to be a successful and contributing member of the health care team.

One cannot open any health profession educational journal, regardless of discipline, without a paper highlighting the importance of interprofessional patient-centered practice in contemporary health care and discussing how to promote interprofessional education in health profession colleges and schools. Yet, despite the multitude of papers, reports, conferences, workshops, summits, etc, and mandates from the respective accrediting bodies, have we as health profession educators and administrators really moved towards this desired goal? Successful implementation of true reform promoting interprofessional education across all health professional programs will only result as a function of a fully integrated grass-roots faculty-driven approach, combined with top-down administrative support and leadership.

If we are to truly embrace the importance of the 4 interprofessional competency domains as core competencies, does this not require senior leadership and faculty members in health professions colleges/schools to ensure that every student who graduates from any university health profession curriculum demonstrate these competencies? This fundamental requirement does not seem any different from any undergraduate degree program where it is considered essential to demonstrate a graduate's competency in the general education core competencies mandated by the institution, state, or regional accrediting body. All who have worked at a university certainly can attest to the resources (financial, time, and personnel) invested in determining whether graduates achieved the mandated general education competencies. Likewise, the need to educate students in the 4 interprofessional competency domains and assessment of a graduate's learning in these areas will require the same investment of resources in personnel, time, and money. If interprofessional education is truly a core mission of universities and colleges/schools of pharmacy, should it not be reflected in the financial resources available to support this core mission by a significant investment by the university or by identifying unique models or approaches to support this core mission? Support for interprofessional education cannot be a piecemeal effort in individual colleges and schools, but rather it must be a concerted effort that is supported centrally by the university. Academic leaders, in addition, must be willing to demonstrate their commitment to these core competencies by supporting and recognizing faculty members who have demonstrated their commitment to implementing the educational structures, designs, and assessments for interprofessional education. Without the commitment of individual deans, vice presidents, provosts, and/or other senior leaders, the best efforts of faculty members will only go so far toward achieving the vision of interprofessional education for all health professions students.

At the department and college/school level, faculty members must take the lead in developing the curricular

structures and time frames needed to provide opportunities for various types of interprofessional interactions for students across all health professions. Administrators and senior leaders must be key partners and champions in this change process. Pharmacy education is certainly a complex process with many interacting elements, but certainly no different than that for the other health care professionals. We need to consider all the options and approaches, existing and innovative, available to promote student learning and engagement in interprofessional educational activities. Our actions and appearances suggest that over the past 10 years we have just been tinkering at the edges by making changes in selected course(s); by adding new courses or implementing new student programs and experiences within and outside of classrooms, laboratories or experiential programs; or by building new spaces designed to support interprofessional education.

Is it time for each of us to make the individual shift in our value system needed to be the risk takers who embrace the needed changes throughout our programs and in our accreditation processes that will result in a culture change within colleges and schools of pharmacy and within universities. We as educators, both faculty members and administrators, must invest in enhancing our individual knowledge and skills in this area, in developing critical and trusting relationships with other health care educators and administrators, and in assuming the risk inherent when transforming educational programs to include the much needed focus on interprofessional education. We, including this author, have all heard the many reasons from faculty members and administrators for not being able to fully embrace interprofessional education in universities. While interprofessional education can and should be started with a series of small tentative steps or approaches, at some point a truly dedicated commitment requiring significant and large changes must be undertaken. True interprofessional education requires sustained dedication and commitment to achieve the desired vision of educating students to work effectively in a patient-centered, collaborative team setting.

Successful implementation of interprofessional educational strategies requires a dedicated integrated bottom-up/top-down approach. All of us must be willing to contribute what we can to this process without haste. Margaret Meade clearly articulated what each pharmacy educator must do when she said that we should "never underestimate the power of a few committed people to change the world. Indeed, it is the only thing that ever has." Can we, as committed educators and leaders, afford to wait another 10 years before we truly achieve the 2003 IOM vision of educating pharmacy students along with other health care professionals in providing patient-centered care in an interprofessional health care setting? What are you willing to commit to this process starting today?

## References

1. Griener AC and Knebel E, *Health Professions Education A Bridge to Quality,* Committee on Health Professions Education Summit Board on Health Care Services, National Academies Press, Washington, http://www.nap.edu/catalog/10681.html Accessed October 8, 2013.

2. Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, DC: Interprofessional Education Collaborative. http://www.aacn.nche.edu/education-resources/ipecreport.pdf Accessed October 8, 2013.