LETTERS

Response to Brock et al: “Health Care Education Must Be More of a Team Sport”

To the Editor: I commend Dr. Brock and colleagues for bringing the topic of interprofessional education (IPE) to the attention of *AJPE*’s readers.¹ Interprofessional education is increasingly offered to pharmacy students and, thus, is increasingly using limited time, personnel, and financial resources in colleges and schools of pharmacy worldwide.

As a researcher of team dynamics, I can’t agree more that teamwork is critical to high-quality care delivery. Yet I have two main concerns about the role IPE can play in helping us improve care delivery.

First, the World Health Organization (WHO), historically a strong proponent of IPE,^{2,3} recently revised its support for the curricular intervention, noting “low quality of evidence” of impact.⁴ Indeed, data showing that IPE helps improve collaborative behavior is lacking. The WHO’s most recent language is one of caution (“conditional” support), and invites IPE to be implemented only “in institutions with both programs and resources available to support the necessary research” to find better evidence of impact.⁴

Second, as a colleague and I have articulated in depth elsewhere,⁵ it is unfair and inappropriate to expect learners to change the health care system. Education is often and mistakenly used to solve social or system problems, as Tyack and Cuban argued eloquently.⁶ Issues as diverse as patient safety, error, burnout, inequities in pay, and power differential in health care cannot and will not be solved by IPE. Strong causal links between IPE and improved health care delivery will remain elusive to researchers because they do not exist. System change is much more complex.⁷

We do a disservice to students when we embrace educational interventions as system change interventions. If we listen to students more closely and make room for dissent and frustrations with IPE, we would surely find what others who listen find: boundary strategies aimed at maintaining professional status and vying for more power.⁸

Yes, as pharmacy educators, we need to talk about IPE. But we have to remain critical of what it can and cannot do for students and for health care, especially in light of weak evidence and significant time, personnel, and financial costs.

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