

FREQUENTLY ASKED QUESTIONS

About Interprofessional Education

1. What is interprofessional education (IPE)?

A profession is an occupation, vocation or career requiring special training (for example, doctor, licensed practical nurse, respiratory therapist, air traffic controller, lawyer, accountant).

Interprofessional Education (IPE) occurs when two or more professions learn with, from and about each other in order to improve collaboration and the quality of care. (CAIPE, 2002)

(see the Canadian Interprofessional Health Collaborative's (CIHC) Statement on the Definition and Principles of IPE: http://www.cihc.ca/resources-files/CIHCStatement_IPE_Final.pdf)

2. What is the difference between interprofessional and interdisciplinary?

A discipline is an academic branch of knowledge such as medicine, nursing, respiratory therapy, air traffic control, law, accounting. *Interdisciplinary* means that two or more disciplines work or learn together to solve a problem or gather information. For example, medicine, pharmacy and law have to work together if a new drug is being tested for the market.

On the other hand, *interprofessional* describes the relationship between various professions as they purposely interact to work and learn together to achieve a common goal. For example, if a patient has trouble swallowing, nurses, speech language pathologists and dietitians need to work together as a team to figure out what is wrong and how to help the patient.

3. Why does IPE matter?

A global health human resources crisis with shortages across all health provider groups poses many challenges for health and education planners and managers. The media and government leaders often talk about the fact that there just aren't enough health care providers to manage the system. However, simply increasing the number of students in health professional schools is not enough to solve this problem. Instead, health planners are beginning to look at changing the way health services are delivered and the manner in which providers interact with each other. Evidence indicates that a lack of communication and collaboration between health providers can seriously harm patients. IPE is one process that teaches students and practitioners how to effectively work across professions.

4. How does the IPE research benefit decision-makers?

Many people cite IPE as being beneficial to the health care system – potentially reducing wait times, addressing chronic disease management challenges, improving the workplace, etc. Studies report positive changes to organizations resulting from the delivery of IPE. These changes are usually around the organization of care, for example referral practices between professions, working patterns, processes and improved documentation (guidelines, protocols, shared records). However, in order for decision-makers to actually reallocate funding and resources, more information about the benefits to patients and the health care system is needed. Evidence makes the best case for IPE.

5. What are some practical applications of IPE?

IPE can be delivered effectively in a variety of clinical settings. From 2005-2008 Health Canada funded 20 interprofessional projects across Canada in a variety of settings, populations and programs. Each interprofessional scenario has a unique composition depending on the community and patient needs. CIHC has documented the successes and outcomes of each of these projects, and some have become permanent programs. Please see <http://www.cihc.ca/resources/ipe-in-action.html> for descriptions and highlights of these and other initiatives.

6. What are the key ingredients for successful IPE?

To ensure an IPE project or movement is sustainable, a number of key principles must be considered:

- ◆ One size does not fit all
- ◆ Resources are required
- ◆ Curricula changes are essential
- ◆ Collaborative learning environments must be created
- ◆ Structures must be modified to support collaboration
- ◆ IPE should be embedded in the system
- ◆ Evidence makes the best case for IPE
- ◆ Interprofessional players must engage the wider community

7. How does IPE benefit healthcare providers and patients?

Evidence shows that IPE can enable students and practitioners to learn the knowledge and skills necessary to work collaboratively. IPE can enhance practice, improve the delivery of services and may also have a positive impact on patient care.

8. How can students learn IPE skills?

Many universities and colleges now offer IPE courses and practicums to health and human service students. Most studies report that students enjoy their interprofessional experiences. Curricula changes are essential to enhance the ability for schools to offer these experiences. For more information on student engagement in IPE, the National Health Sciences Students' Association at www.nahssa.ca is a national student-run organization with active chapters across Canada.

9. How can practitioners learn IPE skills?

Many governments and health authorities recognize the importance of implementing meaningful interprofessional policies. In Canada, most health professionals are employed through or affiliated with hospitals and health authorities, which offer courses and projects specific to IPE. The use of quality improvement approaches such as Continuous Quality Improvement or Total Quality Management can support IPE in enhancing practice, delivery of services and patient care. Many practicing professionals also mentor or preceptor students and can introduce or learn interprofessional and collaborative skills from their students.

10. Where do I go to find out more about IPE?

CIHC's vision is that Canada's healthcare providers are well prepared for teamwork and collaboration with patient/clients and communities to achieve high quality care. CIHC is the national hub for interprofessional education, collaboration in healthcare practice and patient-centred care. CIHC can also help you find out who to connect with in your local area.

www.cihc.ca