

Education

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One of the major foci of the Canadian First Ministers' Health Accords (2000 and 2003) was a commitment to appropriate planning and management of health human resources. Apart from determining numbers and types of health human resource personnel the First Ministers, taking information from both the Kirby and Romanow reports (and others that went before them) focused on Primary Health Care and the need for innovative delivery strategies for patient care and collaborative, interdisciplinary practice. They saw that changing the way that health professionals are educated by promoting interprofessional education for collaborative patient centred practice is one key to primary health care renewal and to recruiting and retaining a stable and well prepared health workforce in Canada.

The idea of collaborative practice is certainly not a new one. Like many good ideas in health care and elsewhere it has taken a long time (and numerous pilot projects, unreported initiatives and the like) for the focus to become a driving force in resource planning for health care delivery.

Collaborative Patient Centred Practice is defined by Health Canada as being the type of practice where there is active participation by all health disciplines relevant to a patient's care. In some ways it is not unlike the team approach that most of us practiced formally and informally in years past. As a concept it has been fleshed out to include continuous communication, active participation in clinical decision making and true respect built in for the disciplinary contributions of all health professionals. Interprofessional education, the interdependent concept, is defined as "...occasions where two or more professionals learn from and about each other to improve collaboration and the quality of care." (CAIPR, 1997) The Faculty of Health Sciences at McMaster University stresses the importance of collaboration in faculty mission state. In essence it is suggested that students who learn together gain an appreciation of other professional's roles in the delivery of health services as well as learning to respect and value other professional input in the team decision making process.

As one component of the Health Canada's health human resource strategy a 304 page research

Health Professional Education: Its Relationship to Collaborative and Interdisciplinary Practice

report of the interprofessional education initiative, Interprofessional Education for Collaborative Patient-Centred Practice, was prepared. In the overview of the report and the initiative itself, it is noted that the concepts of "collaborative patient centred practice" and "interprofessional education" are interdependent. While the interdependence is illustrated in the description of the conceptual framework underlying the report, they are treated both separately and together. My purpose in this short editorial is to focus on interprofessional education.

Interprofessional education needs to happen both before and after licensure to practice. At the undergraduate level, the timing of interprofessional education is important. It is thought that students in all disciplines need a thorough grounding in their own disciplines before engaging in interprofessional learning activities suggesting that it occur at the senior levels of professional programs. Continuing education, both for academic credit (e.g. at the graduate level) and non-credit is imperative for the practice of collaboration across the continuum of patient care. There are three broad goals for providing interprofessional education.

These are:

- Socializing health care providers in working together in shared problem solving and decision making...;
- Developing mutual understanding of, and respect for, the contributions of various disciplines; and
- Instilling requisite competencies for collaborative practice.

More specifically the objectives of interprofessional education and collaborative patient-centred practice initiative outlined in the Overview mentioned above are:

- Promoting and demonstrating the benefits of interprofessional education for collaborative patient-centred practice;
- Increasing the number of educators prepared to teach from an interprofessional perspective;
- Increasing the number of health professionals trained for collaborative patient-centred practice before, and after entry-to-practice;
- Stimulating networking and sharing of best educational approaches for collaborative patient-centred practice; and
- Facilitating interprofessional collaborative care in both education and practice settings.

A major part of interprofessional education is the fostering of practice settings where successful collaboration amongst professionals is part of the culture of care. In settings such as these, professionals will demonstrate a shift in attitudes from professional autonomy to interdependence, be able to clearly communicate their professional knowledge and skill to other professionals and will demonstrate a respect for the contributions of each discipline as it relates to particular aspects of patient care. These professionals, competent in collaborating, will act as role models and provide experiences for both pre and post licensure students help them learn to work collaboratively. Developing

collaborative practice settings where none exist requires formal competency training for health professionals on how to collaborate meaningfully and organizational and system change to focus on collaborative practices.

In a vision of interprofessional education a focus on developing teaching processes to develop the competencies necessary for current and future health professionals to work together is required. It is thought that if students in health professional programs and health professionals in practice develop the competence through formalized training that the potential for change in workforce patterns will be enhanced. Competence development in health professionals is not enough. There is a need for change in organizational processes and those at the individual team level for collaboration to be sustained and grow. The elements of collaboration need to be understood, promoted and sustained throughout the continuum of health professional learning, within the workforce of health professionals and the organizational environment in which they practice. The traditional "silo-like" practices among health professionals will not change by mastering the competencies alone.

Another pan-Canadian body that studied the issues in health human resource planning is the Health Council of Canada. In the summer of 2005 it released a report on health human resources. Part of the report focused on the professional regulatory issues inherent in professionals' scopes of practice. The report was based on a closed door conference that the Council held to discuss the issues in health human resources as they relate to health care reform in Canada. *According to the July 22, 2005 newsletter Health Edition, published by Merck Frosst Canada Ltd., the report would contain a strong plea to address scope of practice and education issues so that the phrase "having the right provider at the right place" would take on real meaning. Michael Decter, Chair of the Council at the time said that the need to have health and education working together to support collaborative practice is a major component of resource planning. More specifically he was quoted as saying "If we hope that the incoming health care professionals will work collaboratively then we should be doing more to train them collaboratively."

Since 2005 almost every University in Canada that offers health professional education has had some focus on interprofessional education at both the basic and continuing levels. According to the World Health Organization 2010, interprofessional collaboration has many benefits for both patients and professionals. Patient care and outcomes have improved and professional demonstrate lower stress and greater job satisfaction. (p.10) It has also been noted by other writers that it takes effort to establish effective. Sargeant et al, 2008 noted that interprofessional learning opportunities must be created.

For those of you who are interested in learning more about interprofessional education and collaborative practice try putting the keywords "interprofessional education collaborative" *See Editorial page 7*



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