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Commentary

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Interprofessional Collaboration and Interprofessional Education

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COMMENTARY

The recent re-affirmation of the Affordable Care Act (ACA) by the U.S. Supreme Court reassures many of us that we are moving in the direction of better access to health care in the U.S. Whether there is adequate access to the *highest quality and safest* health care is a different question. What else is needed to grow and solidify quality and safety in health care? The U.S. Institute of Medicine,^{1,2} emphasized the need for more, and more effective, interprofessional collaboration to achieve improved healthcare quality and safety standards. According to the Interprofessional Education Collaborative (IPEC) expert panel, representing nursing, medicine, dentistry, pharmacy, and public health education, the IOM reports highlighted the fact that "...*how* care is delivered is as important as *what* care is delivered."^{3, p. 4} An effective interprofessional collaborative approach involves a deliberate, planned system for patient care based on trust, collaboration, communication, role clarity, and shared commitment among clinicians from various relevant health disciplines, related closely to the needs of the patient.³ Health care curricula must also be planned carefully to ensure that students are equipped to practice within an interprofessional collaborative framework in many types of settings. One assumes that the readers of an interprofessional journal such as PNNOJ appreciate the value of collaborative interprofessional teamwork, as well as the contributions of a variety of health care disciplines to the development of interdisciplinary knowledge for improved practice, and acknowledge the importance of collaboration to promote the best outcomes in the care of neonates, infants, and children.

Concerns about the nature and definitions of interprofessional health care approaches and questions about how to facilitate are not new; however, less than optimal progress toward full interprofessionality has been achieved.^{3,4} New graduates of health care programs need specific competencies to function effectively in an interprofessional context.³ These competencies for interprofessional practice include: valuing patient-centeredness, having conflict management, communication and collaborative leadership skills, understanding of the scope of practice in other health care disciplines as well as their own scope of practice, and appreciation of best practice approaches to deliver safe and effective health care, regardless of setting or specialty.^{3,5} Educators in a variety of health care preparation programs, including medicine, nursing, and allied health disciplines, continue to explore methods to promote these competencies during their students' educational processes. Specialized interdisciplinary courses, clinical training opportunities in interprofessional environments, creation of interprofessional student teams for patient care, and interprofessional simulation experiences may be methods to promote interprofessional education and facilitate development of interprofessional team competencies. Little is known yet about the outcomes of these as they relate to safety and quality of care after students graduate into professional practice. An interesting corollary (and potentially a future driver) of interprofessional competency initiatives has been the development of classroom, lab, conference, simulation, and meeting spaces designed with the goal of promoting both planned and informal interaction and learning among health professions students.⁶ Right now, my own university's nursing and health professions colleges are examining our curricula to determine how to best promote the development of interprofessional competencies in our students, and

are in process of designing classroom, lab, simulation, and faculty and student meeting spaces which may help to facilitate achievement of this goal.

Infusing these competencies into health professions curricula is a necessary but not a sufficient step toward safer and higher quality patient care processes. Students are strongly influenced by the behaviors and practices of clinicians they observe and work with during their clinical rotations. To learn to be members of well-functioning interprofessional teams, students most likely benefit from observing and participating in well-functioning interprofessional teams. Let's challenge ourselves by asking how well we each are modeling the competencies associated with interprofessional collaboration and teamwork. What else can we do in the clinical setting to support and help students develop essential competencies for interprofessional collaboration and practice? How do we continue to move out of our theory, evidence, and practice 'silo's', and show the students in our health care settings, the clinicians of the near future, that we appreciate the interprofessional collaborative 'whole', beyond the sum of our single-disciplinary 'parts', when it comes to care of our patients and their families?

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