





LETTER TO THE EDITOR

Collaborating for success: empowering medical professionals through interprofessional education

Başarı için işbirliğine dayalı çalışma: meslekler arası eğitim yoluyla tıp profesyonellerinin güçlendirilmesi

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To the Editor,

Interprofessional education (IPE) refers to training activities to foster collaborative learning among students from different healthcare professions with the intention to augment the quality of patient care activities¹. The goal of IPE in medical education is to establish a culture of collaborative practice among health professionals from different streams,

accordingly improve communication skills, and promote positive relationships between healthcare professionals². In addition, this also accounts for developing mutual respect for each other, and people realize the importance and significance of different streams, which eventually breaks the existing barriers². Some of the key attributes that govern the design and implementation of IPE have been demonstrated in Figure 1^{1,2}.

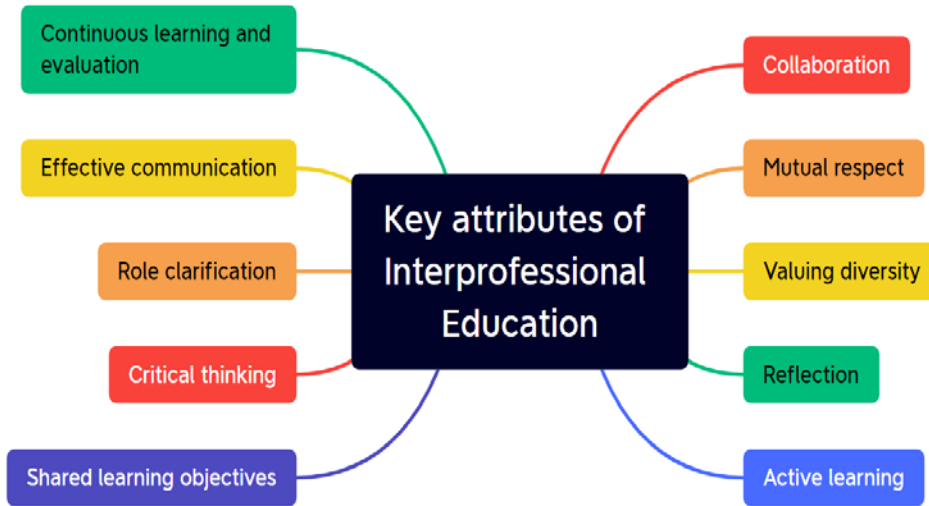


Figure 1. Key attributes of IPE.

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Importance of IPE in medical education

Interprofessional education has been linked with significant impact and accounts for significant benefits that it adds to patient care, healthcare professionals, and even the healthcare delivery system as a whole. From the patient's perspective, IPE ensures delivery of the patient-centered care, wherein each member works in collaboration to meet the comprehensive needs of the patients, and thus we can expect better learning outcomes^{1,2}. From the healthcare professional's perspective, IPE promotes effective teamwork and better communication between different health professionals³. Subsequently, this better communication and coordination, accounts for the reduction in the incidence of medical error and adverse events, which in turn contributes to increased personal satisfaction^{1,3}.

IPE plays an important role in the development of critical thinking, problem-solving, and decision-making skills, and thereby ensures delivery of safe and quality-assured patient-centered care². We must acknowledge that IPE also plays its part in augmenting the cultural competence of professionals and thus they are more equipped for better patient outcomes⁴. In addition, IPE promotes mutual respect, appreciation, and a better understanding of the ways and the role of other health professionals in the delivery of patient care⁴. Moreover, this also provides a platform for realistic simulation, wherein health professionals from different streams can work together in a safe and controlled setting, and actually prepare themselves for authentic exposures^{2,4}.

As we consider about the health system, IPE enables better and more efficient utilization of the available resources, as each expert can pool their knowledge and skills to deliver optimal patient care⁴. Further, the adoption of IPE within educational settings can lay down seed for networking and career progression, which are very much crucial in the current era, especially keeping in mind the changing health-related needs of the community^{1,2}. The practice of IPE also gives a platform to plan and conduct collaborative research which can surely aid in the process of adoption of novel approaches to patient care⁵. Finally, we must not forget that the adoption of IPE can be acknowledged as one of the crucial indicators that accreditation agencies often look forward to while carrying out external evaluations^{2,4}.

Framework to facilitate IPE

Medical institutions that are planning to introduce interprofessional education within their settings must adopt a structured framework to ensure effective delivery of IPE that can train students to develop the required set of skills and competencies that are essential for patient-centered practice^{3,6}. The first and foremost priority is to have a vision for IPE, wherein the emphasis is to establish a culture of collaboration and teamwork, and this vision must be shared and supported by all the stakeholders (viz. administrators, faculty members, and students)⁶. Once we have the support from administrators, including leaders, we can allocate the required resources and also take appropriate steps to enable seamless integration of IPE initiatives into the medical curriculum⁷. We must create interdisciplinary curriculum committees, which have representatives from different streams, and it becomes their task to finalize the intricacies of the learning activities⁶⁻⁸.

These interdisciplinary committees must decide about the interprofessional competencies and the associated learning objectives that the students must acquire across different learning domains while being exposed to IPE^{7,8}. In addition, the nature of learning activities (including simulation-based activities, community-based projects, research projects, case-based learning, etc.) must be explicitly stated across both classroom and hospital settings⁷⁻⁹. These so-called learning activities should be defined in such a way that professionals from different streams get opportunities to enhance their teamwork and communication skills. Once the students work in teams and participate in various discussions, they learn the art of critical thinking and problem-solving. At this juncture, we must not forget that interprofessional learning activities have to be supplemented with interprofessional assessments using appropriate and relevant assessment tools, which have the provision to measure teamwork, communication, and collaborative problem-solving skills¹⁰.

One of the most essential attributes that will eventually determine the success of any IPE program in a medical college is the extent of preparedness of faculty members to facilitate IPE¹¹. This will directly depend on the nature and number of faculty development programs organized by the institutions to empower faculty members to effectively facilitate and create a learning environment for interprofessional education¹¹. It is quite important

that in such training programs, professionals from different streams are trained together, thereby giving them opportunities to work together and also add their perspectives to the discussion⁶⁻⁸.

As students are the ultimate beneficiaries, we have to take appropriate measures to make them also part of this interprofessional culture. This can be accomplished by creating student organizations comprising professionals from different streams that not only look to create opportunities to collaborate with each other but also encourages networking and interprofessional practice¹². In addition, we must organize interprofessional team meetings, wherein students from different professions can share their ideas to improve patient care and learn from each other¹². Also, students must be encouraged to reflect upon their experiences in the interprofessional sessions as it will consolidate their learning and also aid them to ascertain areas that require improvement⁸.

At the institutional level, we can plan for the promotion of interdisciplinary research works and support both students and teachers further by giving scholarships to advance their knowledge in interprofessional practice⁸. Furthermore, institutions can also organize conferences and workshops on interdisciplinary themes, which also provide opportunities for networking and sharing of best practices¹¹. It is also a good practice to recognize and felicitate both faculty and students for their contribution in the domain of IPE to encourage everyone to come forward. In addition, the institution can also formulate evidence-based guidelines to promote collaboration across different disciplines, that can also be extended into the domain of patient care^{2,8}. Finally, we must develop a mechanism to regularly evaluate the effectiveness of the ongoing IPE activities, and thereby making appropriate modifications to ensure that the impact of interprofessional education can be enhanced⁴.

Implementation of IPE: Identified challenges and potential solutions

A wide range of challenges has been identified that can impact the implementation of effective IPE in a medical college^{12,13}. These barriers can be at the institutional level (viz. existing educational policies or

fragmented educational system), resource constraints (including time, space, and logistics support), resistance from faculty who are used to conventional teaching, limited competence of faculty members to implement IPE, and different teaching schedules for different professions that makes it difficult to coordinate the IPE activities (Table 1)¹¹⁻¹³. Further, the professional identity and hierarchy among faculty members can itself be accounted as one of the biggest constraints, that limits effective collaboration between different professions¹².

On a similar note, even students from different professions can have such views pertaining to other professions, and thus we must look to neutralize them. We must understand that we have to also develop valid and reliable assessment tools to measure the attainment of interprofessional competencies¹⁰. Further, the presence of diversity among healthcare professionals can account for challenges pertaining to language barriers and cultural differences¹¹. In addition, the absence of multiple opportunities for interdisciplinary collaboration can also prove to be a bigger challenge for the development of robust IPE activities¹⁴.

As we need role models in conventional medical education for students to imbibe the desired skills, the same stands true for even IPE, and limited exposure to IPE role models in clinical settings make it difficult for students to understand effective teamwork and collaboration¹⁵. Finally, even for those institutions that have made a beginning in IPE, it is crucial to ensure sustainability, and there lies the importance of leadership and administration in the institution¹⁻³. There is an immense need to overcome these challenges to facilitate IPE by creating an enabling environment that supports interprofessional collaboration, and many such strategies have been proposed in Table 1^{11,12,14,15}.

In conclusion, interprofessional education has a special place in the medical education delivery, as it has the potential to encourage collaborative practice, patient-centered care, and effective teamwork among different types of healthcare professionals. Thus, it is the need of the hour that each medical institution should explore opportunities for interdisciplinary learning and adequately prepare their students for the complexities of modern healthcare.

Table 1. Potential challenges in introduction of silence and Proposed solutions

Potential challenges	Proposed solutions
Institutional barriers	<ul style="list-style-type: none"> Engage in conversations with institutional leaders, faculty, and other concerned stakeholders about the scope and significance of IPE and the range of benefits that can be attributed to the domain of patient care Share examples from institutions where IPE has delivered encouraging results Create liaisons with other departments or institutions that have successfully implemented IPE to facilitate better planning and implementation Ensure that IPE and related activities are in alignment with the institutional goal of producing competent healthcare professionals and better patient outcomes
Time constraints and shortage of resources	<ul style="list-style-type: none"> Start the program with limited activities and gradually expand to include different activities without expanding the overall duration of the curriculum Identify key learning objectives and IPE activities, and based on their scope in improving patient care prioritize their incorporation into the curriculum Optimize the act of utilization of available resources (viz. look for external funding, employ technology for virtual simulations or interprofessional activities, etc.) Establish collaboration between departments to share the available resources and infrastructure
Faculty: Resistance and competence levels	<ul style="list-style-type: none"> Organize faculty development programs that provide training and support in different aspects of IPE Share success stories and case studies of faculty members who have implemented and delivered encouraging results with regard to the attainment of learning outcomes and patient outcomes Create a platform for faculty members to share their experiences, the potential challenges, and provide them with the potential strategies to overcome these challenges
Competing priorities	<ul style="list-style-type: none"> Instead of being rigid, the IPE schedule can be kept flexible, with a mix of different time slots, and asynchronous online activities Perform curriculum mapping to identify shared learning opportunities and accordingly align teaching schedules to minimize conflicts Look for the involvement of students in the planning stage and obtain their input on scheduling preferences
Barriers between different professionals	<ul style="list-style-type: none"> Give opportunity and platform for students and faculty from different streams to have a respectful dialogue Organization of team-building activities (like research projects or community-based assignments) to neutralize the existing barriers Encourage role modeling Initiate interprofessional mentorship activities in the institution to enhance understanding of the importance of different professions
Student attitudes	<ul style="list-style-type: none"> Plan interprofessional experiential learning activities that motivates the student to work collaboratively and develop mutual respect. Train students in cultural competence within IPE Encourage students to reflect on their learning experiences in different IPE activities to ensure deep learning

As the research paper does not involve interaction with human or animal subjects, there are no Ethical Concerns.

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