



CAME Voice/Voix

An Interprofessional Learning Continuum: we have a bit more to do...

Louise Nasmith, University of British Columbia - louisena@mail.ubc.ca

The National Academy of Sciences (NAS) recently published the report “*Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes*”. Although the focus of this report is on research, specifically the best methods for measuring the impact of interprofessional education (IPE) on the delivery and functioning of the health care system, it also makes important and useful recommendations for medical educators. IPE is defined broadly as occasions when two or more health professionals learn together in order to acquire the competencies to practice collaboratively. Many professions have adopted the CanMEDs framework that includes a specific role for the Collaborator. The NAS report stresses the need for a comprehensive conceptual model that demonstrates the “interprofessional learning continuum” that includes foundational education, graduate education and professional development.

Despite significant work in advancing IPE in Canada over the last decade, Undergraduate and postgraduate medical education programs have difficulty meeting the accreditation standards related to IPE. Classroom-based activities have been developed, but are they truly integrated into learning and ultimately into practice? Students often tell us that what they are taught is not what they see in practice. This should not be surprising given the lack of professional development in and around collaborative practice for those already in the healthcare system. The NAS report argues for better alignment between education and health systems and across the various stages of professional development. There is an as yet unmet need to recognize formal and informal IPE teaching and to develop a structured and purposeful approach to IPE in all health professional programs.

We should always remember that IPE is a method not an end, and that collaborative practice in support of improved patient outcomes is the desired outcome. As with all of the CanMEDS competencies, collaboration must be integrated throughout the learning continuum not only for students in training but also for practitioners who serve as their preceptors and role models. The NAS report serves as a timely reminder that IPE is a critical part of the medical education spectrum and something that we must work harder at realising in all of our programs.

The NAS report is online here: <http://www.nap.edu/21726>