

A “CLARION” Call for Embracing IPE as the Status Quo for Preparing Health Professionals to Engage in Interprofessional Health Research

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Abstract: Complex health conditions and the social-economic determinants that contribute to disease and injury incidence, prevalence, and health inequalities require multifaceted evidence-based interventions that only interprofessional research teams who collaborate across traditional disciplinary lines can generate. Interprofessionally driven and derived research evidence is the method of du jour. Nonetheless as a whole, health professionals who are often members of interprofessional health research teams are products of educational systems wherein they were educated in disciplinary silos. Health professionals that learn about, with, from each other during their foundational education will be better prepared to function as interprofessional research team members. With the impetus of policy-makers, and accrediting bodies as well as support from funders, educational institutions are cautiously adopting interprofessional education (IPE). However, there remains a lack of empirical evidence about the downstream results of IPE, namely health and health systems outcomes. Thus, the IPE arena is ripe with opportunities for health and health services researchers.

Keywords: CREATE, Health Professions, Health Research, Interprofessional Education

1. Complexities of Health Problems Require Different Approach

Acute and chronic complex health conditions such as autism, diabetes, cancer, renal disease, traumatic brain injury among others and the social-economic determinants that contribute to disease and injury incidence, prevalence, and health inequalities require multifaceted evidence-based interventions that only interprofessional research teams who collaborate across traditional disciplinary lines can generate. Namely, interprofessional teams that work together to critically analyze these challenges and the contributions that socio-economic determinants make to health outcomes; teams that generate theory, test hypotheses, design and trial interventions without allegiance to disciplinary perspectives. Teams that then promote the translation of effective interventions into best practices which facilitate positive health outcomes are essential.

Interprofessionally driven and derived research evidence is the method of du jour. This becomes quite apparent as one

considers that NIH has endorsed the use of common data elements (CDEs) [1] and the use of PROMIS (Patient Reported Outcomes Measurement Information System) generated measurement tools for conducting research. PROMIS encompasses covers patient reported physical, mental, and social health domains applicable across clinical populations including a 10-item global health scale [2]. PROMIS tools measure health status from the patient's perspective. Notably, NIH funded clinical researchers are encouraged to work in interdisciplinary teams to systematically collect, analyze, and share data across the research community; to use standardized methods of measurement and data collection. The purpose of these NIH initiatives is to improve the quality of data and to provide effective mechanisms for data comparison and combination across studies therefore generating research that translate to safe, quality effective clinical practice that supports better health-related quality of life and health outcomes. However, the uptake of this approach has been rather slow with many researchers clinging to traditional methods of conducting research in intra-disciplinary insolation. Nonetheless, the

complex health challenges of society surpass the capability of any one discipline.

2. IPE the Foundation for a Different Approach

The foundation for achieving well-functioning interprofessional teams and their resultant research is interprofessional education (IPE). Health professionals that learn about, with, from each other during their foundational education will be well prepared to form effective interprofessional research teams [3, 4]. The WHO posits that IPE will result in interprofessional teams that recognize welcome new perspectives and approaches that value the professional contributions of various team members, that work together to collectively identify health-related challenges and share the responsibility for generating solutions. This is not a new idea. More than 20 years ago, the Pew Commission [5] recommended that health professions curricula be reformed to accommodate interprofessional socialization and to promote interprofessional contact early in the educational process. Ten years later the IOM stressed that if health professionals are to collaborate effectively in interprofessional teams that must be educated to do so [6].

Students have led the way in embracing IPE and heralding a clarion call about its role in delivering quality and safe health care services. In 2002, students at the University of Minnesota organized to under “CLARION” with a goal of exploring the effectiveness of team-based health delivery on health outcomes. Students engage in analysis of complex case scenarios and work in teams to generate root cause analyses. CLARION competitions are now held nationally [7]. The 2014 competition was designed around the “Triple Aim” goals of improving the patient care experience, enhancing the health of populations and decreasing the per capita cost of care. These goals are integral to reforming health care delivery and the focus of health research.

Nonetheless, the integration of IPE into curricula remains a challenge because health professions faculty have maintained the tradition of educating various health professionals in educational silos. Other stakeholders are also invested in these silos including textbook publishers, program accreditors, and university administrators. The resultant educational system supports duplicative textbooks, accreditation processes, and educational structures that have been strongly entrenched for decades. Globally, organizations that provide health professions education have failed to provide the catalyst for reform of dysfunctional and inequitable health systems because of “curricula rigidities, professional silos, static pedagogy (i.e. the science of teaching), insufficient adaptation to local contexts, and commercialism in the professions” [8]. These practices continue despite the potential for achieving the goal of interprofessional collaboration that leads to the creation of solutions for complex health care problems arrived at via interdisciplinary research and translation of evidence.

It’s as if we are sailing upstream in turbulent waters. Yet there seem to be tranquil waters ahead. Currently, educational policy, funding and standards are converging to create an environment in which IPE is supported, facilitated, and heralded. The recent IPE competencies set forth by Interprofessional Educational Collaborative [9] include; a) mutual respect and shared values for interdisciplinary team work, b) knowledge of disciplinary roles and responsibilities along with understanding of their respective contributions to addressing health care needs, c) skilled communication that supports a team approach to designing and implementing interventions that support health maintenance and treatment of disease, and d) effective application of teamwork principles constitute a solid foundation of engaging in interprofessional clinical practice and research. These educational competencies have been endorsed by six national educational associations including the American Dental Education Association, American Association of Colleges of Pharmacy, American Association of Colleges of Nursing, Association of Schools and Programs of Public Health, American Associations of Colleges of Osteopathic Medicine, and the Association of American Medical Colleges [9]. Accrediting organizations such as the Commission on Accreditation of Athletic Training Education [10] and the Liaison Committee on Medical Education [11] have followed suit and have begun to integrate these competencies into their accreditation standards. Some may see the accreditors’ adoption of IPE educational standards as a stick. Nonetheless, several carrots have been offered by both private and public organizations.

These organizations have also come forth to provide resources that support the implementation of interprofessional education, clinical practice and research. Among those public organizations, HRSA has established a “Coordinating Center for Interprofessional Education and Collaborative Practice for proposes of building capacity for IPE and interprofessional collaborative health care practice. HRSA is one of the largest funders of health professions educational programming and has mandated that IPE be integrated into proposals for educational program funding including those submitted under the “Nurse Education, Practice, Quality and Retention” and “Advanced Nursing Education” [12]. The Josiah Macy, Jr. Foundation has assumed a leadership role among private organizations supporting IPE; making IPE one of the Foundation’s five priority areas for funding support. Macy has created 3 funding mechanisms for supporting the adoption of IPE into Health Professions Education including curricula reform, faculty capacity building, and succession planning for producing a faculty workforce skilled in IPE competencies [13].

IPE has been touted as a possible solution to developing a health professions workforce that is prepared to work together to design solutions to the challenges of intervening with a population who is diverse, often presents with several concurrent chronic conditions, and is inclined to seek information about their own health outside of the traditional health care setting. However, there remains a lack of empirical

evidence about the downstream results of IPE, namely health outcomes and health systems outcomes [14]. Thus, the IPE arena is ripe with opportunities for measurement of outcomes and empirical testing of methodologies. In its recent consensus report the IOM has asserted that the evidence base for IPE must be strengthened. Hence, the IOM Consensus Committee offered a conceptual framework for measuring the effect of IPE on health system outcomes. The conceptual framework consists of; a) a learning continuum, b) enabling or interfering factors, c) learning outcomes, and d) health/health system outcomes. The complexity of the framework requires “well-designed” investigations implemented by constituent groups that operate from transdisciplinary perspective using mixed-methods [14].

3. Conclusions

It's often said that policy, money, and societal demand have come together to create the perfect storm for sailing into the future with health professionals who are prepared for engaging in teams to create evidence-based solutions to the complex health challenges that we face as in today's health care environment. However---the future is now. We can no longer afford to embrace the status quo of educating health professionals in silos. The health of the public depends on it. Therefore, educators as well as researchers must eagerly enter into the new realm of education enthusiastically embracing interprofessional education, moving beyond traditional educational schedules, curricula, practicums, and other perceived barriers to design and implement evidence-based approaches to education that inform high quality health care delivery and health research.

This is indeed the time to CREATE the infrastructure for making IPE methodologies part of the fabric of health professions education. Let's CREATE:

- Create incremental progressive opportunities for students and faculty to build their capacity for engaging in IPE.
- Engage and support informal leaders and faculty champions by providing incentives and structures that supports their implementation of IPE-based learning activities that facilitate students' achievement of the IPEC competencies.
- Assist students as they strive to conceptualize how IPE undergirds their clinical practice.
- Test innovative strategies for integrating IPE into health professions curricula and metrics that examine the usefulness of IPE for altering behavior in practice as well as encouraging the proclivity for engaging in collaborative practice and research [14].
- Endeavor to emanate enthusiasm for the process and the outcomes in addition to learning from mistakes.

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