

### Interprofessional Education (IPE) and Chiropractic



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The traditional method of health professional learning includes uniprofessional (“silo-like”) education where one profession is educated in isolation. The spectrum of learning, however, ranges from uniprofessional (“silo-like”) to multiprofessional (in “parallel”) to interprofessional education (IPE).

“Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.”<sup>1</sup> Effective interprofessional education works to improve the quality of patient care, focuses on the needs of service users and care providers, involves service users and care providers, encourages professions to learn with, from and about each other, respects the integrity and contribution of each profession, enhances practice within professions and increases professional satisfaction.<sup>1</sup>

The overarching goal of interprofessional education is to promote interprofessional collaborative patient-centred practice. “Demands on the health care system are increasing. Chronic diseases such as cardiovascular disease, diabetes, respiratory disease and mental illness are on the rise, and patients and their families want to be actively engaged in managing their health conditions, expecting the right care at the right time. Health care organizations are feeling pressured to provide more timely services, while at the same time working with finite human and financial resources. For these reasons, new ways of approaching care are needed, and different solutions will be required to meet future demand.”<sup>2</sup> Way et al define Interprofessional Collaboration as “an interprofessional process of communication and decision making that enables the separate and shared knowledge and skills of health care providers to synergistically influence the client/patient care provided.”<sup>3</sup> Patient-centred collaborative practice helps to “promote the active participation of each discipline in patient care. It enhances patient and family-centred goals and values, provides mechanisms for continuous communication among caregivers, optimizes staff participation in clinical decision making within and across disciplines, and fosters respect for disciplinary contributions from all professionals.”<sup>4</sup> Way et al list the seven elements of collaboration as being mutual trust and respect, autonomy, responsibility, communication, coordination, assertiveness and cooperation.<sup>3</sup> There is increasing evidence that an interprofessional collaborative environment may offer benefits such as increased access

to health care, improved outcomes for people with chronic diseases, less tension and conflict among care providers, better use of clinical resources, easier recruitment of care providers and lower rates of staff turnover rates.<sup>5,6</sup>

The Romanow report indicated that “In view of ... changing trends, corresponding changes must be made in the way health care providers are educated and trained. If health care providers are expected to work together and share expertise in a team environment, it makes sense that their education and training should prepare them for this type of working arrangement.”<sup>7</sup> Health professionals schools have already started to incorporate IPE as part of their curriculum.<sup>8,9</sup> In order to keep pace with other health professional training and the new practice realities we need to consider incorporation of IPE in the chiropractic undergraduate core curriculum. Questions need to be asked where and when IPE should be taught in the curriculum. Arguments exist for IPE infusion both when students are starting their educational programme (early exposure) and when students are towards the end of their programme (delayed exposure). Chiropractic educational institutions need to identify the core competencies of knowledge, skills/behaviours and attitudes that should be taught and assessed for interprofessional collaborative patient centered practice. All elements of collaboration including concepts of teamwork, group dynamics and development, psychology of groups, sources of conflict and strategies to deal with conflict should be considered when formulating these competencies.

Chiropractic undergraduate curriculum traditionally has been taught in isolation at chiropractic colleges. In North America, chiropractic education is generally not part of the university or college system (with access to other health professions) and as such IPE infusion may pose difficulty. Opportunities need to be sought and innovative linkages need to be explored with other health care education institutions that are working to incorporate interprofessional education as part of their core curriculum.

## References

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