The context for Interprofessional Education (IPE) in medical schools is understood best by first reviewing the underlying expectation that all graduates will be able to engage in effective interprofessional collaborative practice. Interprofessional collaborative practice is essential to "safe, high quality, accessible, patient-centered care" (IPEC 2011) and "happens when multiple health-related workers from different professional backgrounds work together with patients, families, care givers, and communities to deliver the highest quality of care" (WHO 2010).

How are health-related workers prepared for interprofessional collaborative practice? Until recently, the learning objectives, if even stated as part of an educational program's explicit curriculum, were defined by individual programs and professions. In the years following 2000, renewed emphasis on patient safety, quality improvement, and the costs of health care delivery catalyzed discussions among policy experts and health education leaders. Notably, the Institute of Medicine (IOM) report on health professions education (IOM 2003) introduced five competencies deemed essential to all health professions education programs. This was the start of many important initiatives designed to engage multiple health professions educators for the purpose of defining common curricular goals, outcomes, and activities.
The introduction of a common definition of IPE further paved the way for a new understanding of interprofessional education (IPE), i.e., "when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes" (WHO 2010). IPE rapidly attracted new interest for its potential to prepare learners for interprofessional collaborative practice. Almost all accrediting bodies for health professions education, including the Liaison Committee on Medical Education (LCME), now require IPE. Despite the logistical challenges of offering IPE experiences across multiple programs, sites, and learner levels, medical schools and health-related programs have responded with many innovative approaches. The health professions education literature on IPE offers numerous descriptions of models for curriculum delivery and assessment. Many reports describe small-scale, local approaches. However, the increase in required IPE activities will likely yield new scholarship about large-scale and multisite initiatives. Much less is known about the impact of IPE on clinical practice and health care.

What are the general goals of Interprofessional Education?
Although IPE has been part of curricular discussions for a half-century, two recent publications helped crystallize the goals of interprofessional education. In 2010, the Canadian Interprofessional Health Collaborative issued "A National Interprofessional Competency Framework for Canada" (CIHC 2010). This framework described competencies required for effective interprofessional collaboration. These were organized into six competency domains, interprofessional communication; patient/client/family/community-centred care; role clarification; team functioning; collaborative leadership; and interprofessional conflict resolution.

In 2011, the Interprofessional Education Collaborative Expert Panel published Core Competencies for Interprofessional Collaborative Practice. The competencies are organized into four domains, Values/Ethics for Interprofessional Practice; Roles/Responsibilities; Interprofessional Communication; and Teams and Teamwork. Each domain is further defined by a series of competency statements (IPEC 2011). The competencies, along with examples of learning objectives and learning activities published in these reports, shaped the development of IPE curricula and learning experiences. As shown in the graph above, the 2014-2015 AAMC Curriculum Inventory report General Goals of Interprofessional Education indicates that the most common goal for IPE is to familiarize medical students with the roles of other health professionals. Three additional key goals, also mandated in the competencies, are now reported by over 80 percent of medical schools.

New definitions, new questions
The National Center for Interprofessional Practice and Education (NCIPE) at the University of Minnesota recently advanced a new definition for interprofessional education, one they refer to as the "new" IPE. The National Center notes they "use the phrase 'interprofessional practice and education' (IPE) as a way to create a shared space between interprofessional education, interprofessional practice and collaborative practice" (NCIPE 2016). Acknowledging the gaps in the evidence to support IPE, the National Center has also called for a research agenda to "produce evidence regarding the impact of IPE and/or CP on health-specific outcomes" (Lutfiyya, Brandt, Cerra 2016). This new stage in the evolution of IPE offers great promise to educators responsible for the development and implementation of IPE learning experiences.
About the Author

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