The good old adage of “too many cooks spoil the broth” will never go along well with the future health care delivery models. Experts who predict major changes in health care delivery have closely linked positive health outcomes with collaboration and teamwork. Among the various strategies planned to achieve this goal, the one that has gained prominence is interprofessional practice. This approach, first adopted in health and social care, has already started paying rich dividends.

Hall and Weaver defined the word ‘interprofessional’ as a group of individuals from different disciplines or professions working and communicating with each other. In the environment of interprofessional learning, every member provides his/her knowledge, skills and attitudes to augment and support the contributions of others (Hall & Weaver, 2001).

The health care delivery system of present day is extremely complex both at the organizational and individual levels. With reference to healthcare delivery, it is obvious that the tasks that were carried out by a single individual/profession in the past are now performed by more than one healthcare provider including doctors, nurses, paramedics and allied health professionals. This heterogeneity has not been working well for the benefit of the patient for obvious reasons related to teamwork and collaboration. Too often confusions and problems arise. It is in this context that collaborative practice involving multiple professions becomes significant. Interprofessional practice is a byproduct of this confusion and concern.

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Interprofessional team in the context of healthcare delivery encompasses members from different professions, disciplines and/or occupations with diverse and specialized knowledge, skills, and methods of their own. They communicate each other and work together as a team to provide the maximum possible quality and individualized patient care (Greiner & Knebel, 2003). They may also collaborate for improving health outcomes of a community. Improving the quality of water and sanitation and controlling vector borne diseases through interprofessional collaborations are a few examples among them. Hence, the Canadian Interprofessional Health Collaborative (2011) definition of interprofessional collaboration as ‘partnership between a team of health providers and a client in a participatory collaborative and coordinated approach to shared decision making around health and social issues’ is more holistic (A national interprofessional national competency framework, Canadian interprofessional Health Collaborative, 2011).

To develop a workforce ready to indulge in interprofessional practice would mean a big shift in health professions education. We have to design cognitive, psychomotor and affective competencies with interprofessional education and practice to suit the requirement.

The four inter-professional competency domains identified by an expert panel in their report include 1. Values/ethics for inter-professional practice (IPP), 2. Roles/responsibilities, 3. Inter-professional communication and 4. Teams along with teamwork. The report delineates each of them to a set of more specific competency statements (Interprofessional Education Collaborative Expert Panel. Core competencies for interprofessional collaborative practice: Report of an expert panel, 2011).

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Values and ethical practice are crucial in fostering good relationships among the professionals and patients. Addressing interprofessional ethical concerns is useful in delivering quality health care and in formulating public health policies and programs.

Roles and responsibilities keep changing in an interprofessional setting, as it would mean no more working in silos. Hence, role clarification aids in understanding one’s own role and that of others in the context of interprofessional health care.

Communication skill is an important interprofessional competency that enhance interprofessional team function in health care. Ineffective communication can not only hamper collaboration and teamwork but also affect patient safety resulting from medical errors. Many research studies from this field show that implementing systems to enable team communication can substantially improve the quality of healthcare.

Effective teams are at the heart of effective interprofessional practice. Interprofessional teamwork is affected by a range of factors of which some are individual and some organizational. Having clear goals and shared sense of purpose are important for the success of an interprofessional team.

The competencies for interprofessional education have to be outcome driven, patient centered, and community oriented. As the strategy involves multiple professions, it has to be applicable across the professions and practice settings. The competencies must be relationship focused and sensitive to the context. As applicable to any educational system, we have to integrate the necessary knowledge and skills essential for interprofessional practice across all stages of learning.

As health professions educators, how do we take this idea forward? The main task is not necessarily defining the curricular content and competencies. Providing prudent learning activities and coupling them with valid assessment schemes can also be achieved with some effort. Faculty development seems to be the most laborious yet the most vital component in the whole exercise.

The regular grievances associated with resource constraints will surface again. There is a need to explore newer faculty development models that equip health professions faculty with the fundamental concepts of interprofessional education and practice. This is an appropriate space for sharing the details of one such initiative.

Manipal University in collaboration with FAIMER (Foundation for Advancement of International Medical Education and Research), Philadelphia has launched a unique platform, Manipal University-FAIMER International Institute for Leadership in Interprofessional Education (MUIFIIPE), a fellowship program that focusses on leadership in inter-professional education and practice.

This program offered at MUIFIIPE adopts a multifaceted approach with an interprofessional ‘project’ as the focus for restructuring professional teams and processes which will support a culture of interprofessional practice. We believe that initiatives of this kind will provide leadership and expertise to enhance the coordination and capacity building of interprofessional education and practice aimed towards enhancing health outcomes. The details of this program are available at http://mu.faimerfri.org/muiiipe.

References