CFMS Interprofessional Education Initiative

POLICY STATEMENT

The provision of healthcare requires collaboration and teamwork. The needs of patients encompass multiple domains of health and are often best met by a variety of practitioners with expertise in a variety of areas. Physicians in Canada have always delivered care in collaboration with other physicians as well as practitioners from other health professions regardless of the setting in which they work, and the coordination of such care is a traditional and valued role of the physician.

The nature of these interprofessional interactions is evolving, along with the number and roles of the various registered health care professions. In the last two decades in particular there has been a rapid increase in public, governmental and academic interest in the concept of collaborative care. In fact this is an international phenomenon, highlighted within Canada by concerns over patient access to the healthcare system and an ongoing shortage in health human resources. Collaborative care is increasingly seen as a means to more efficiently and effectively deliver healthcare.

Collaborative patient-centred practice is defined as the promotion of the active participation of each discipline in patient care as well as the enhancement of patient- and family-centred goals and values; it provides mechanisms for continuous communication among caregivers, optimizes staff participation in clinical decision making within and across disciplines and fosters respect for disciplinary contributions of all professionals.

Implicit in any discussion of collaborative care is the role of interprofessional education (IPE) in its implementation and development. Healthcare reform cannot occur without changes to the education system, and training should prepare students for the collaborative environments in which they are expected to practice. Undergraduate medical education in particular has been a focus for change and medical students across the country have already noticed the inclusion of interprofessionalism in their curricula. Interprofessional education is the process by which a group of students with different health-related backgrounds learn together and collaborate in providing promotive, preventive, curative, rehabilitative, and other health-related services.

The Canadian Federation of Medical Students (CFMS) as the representative body of undergraduate medical trainees in Canada has a clear interest in the discussions surrounding collaborative care, particularly pertaining to the current and future implications for undergraduate medical education. Throughout the 2007/2008 academic year, the CFMS undertook an initiative to explore the experiences, values and attitudes of Canadian medical students as they pertain to IPE. This project included a literature review, focus groups of medical students across the country, a broadly-distributed survey and a synthesis presentation, following which a set of principles were agreed upon by the CFMS General Council in May of 2008:

1. **Increasing the degree of collaboration between physicians and other health care providers is an important approach to improving healthcare access and quality for Canadian patients.**

   Medical students in Canada strongly believe that overcoming the challenges that currently face the Canadian healthcare system requires a greater degree of teamwork amongst providers. Beyond improving the quality of care for individual patients, there is the potential for increased efficiency and timeliness of care for the patient population in general.

2. **Interprofessional education is the foundation of collaborative patient care. As such, the inclusion of effective interprofessional education activities at the level of undergraduate medicine is required to promote the development of more collaborative and hence more effective physicians, as well as proficient healthcare teams characterized by mutual respect and trust.**

   Canadian medical students are generally supportive of the inclusion of IPE activities in their curricula and the vast majority assert that such experiences are a necessary part of physician training at the undergraduate level. Many in fact believe that IPE continues to be insufficiently addressed by their undergraduate medical education program.

3. **Allied healthcare professionals are involved in the teaching of important knowledge and skills to Canadian medical students and are highly valued contributors to medical education.**

   The importance of the involvement of allied healthcare professionals in medical education is recognized by Canadian medical students. While much of the knowledge and many of skills acquired in any MD program will naturally be best-suited for physicians to impart, there are a considerable number of areas where knowledge and skill sets overlap between professions, and in general an increased understanding of other professions enlightens physician practice. Nurses, physiotherapists and other professionals contribute much to the development of new physicians and their roles are much appreciated by medical students. Areas where allied health professionals can further enhance medical education should be explored.

4. **Interprofessional education opportunities must not come at the expense of core medical training, but must be designed to enhance and complement core medical training. High quality medical education must be available to all medical trainees as a first priority.**

   Given the recent increases in entry positions in schools of medicine and other healthcare professions in addition to an enhanced spirit of collaboration among them, educational experiences that span the professions should be carefully planned such that each learner retains access to the core knowledge and skills of his or her intended role.

5. **Effective interprofessional educational activities are clinical in nature, supported by theory, and directed by clear objectives. Interprofessionalism in medical curricula should include instruction on effective team function, instruction on the roles and responsibilities of the various healthcare providers, and practical experience with allied health professionals and healthcare teams. Barriers to the successful implementation of interprofessional opportunities should be systematically identified and addressed.**

Existing IPE activities in MD curricula have received mixed reviews from Canadian medical students to date. Those that are successful are integrated across the curriculum rather than modular, and experiential in nature rather than didactic. Some of the barriers identified by learners include funding, scheduling, and the attitudes of faculty members in the various professions. These can and must be overcome to improve IPE and better prepare medical learners for practice.

6. **Medical faculty members and administrators are key enablers of interprofessional education activities and should be supported through appropriate funding and infrastructure in order to implement these activities successfully.**

   Canadian medical students have generally identified their faculty members and school administrators as highly facilitative of IPE activities. These enablers are called upon to continue the momentum, but external support in the form of funding and infrastructure is also required. Our academic and government leaders can support healthy populations and a strong healthcare system by investing in IPE.

7. **Interprofessional educational activities should be based on the best possible evidence of both learner and patient outcomes, and should include learners in the planning process.**

   Evidence-based medicine includes evidence-based medical education, and Canadian medical students believe that the growing foundation of academic literature pertaining to collaborative care and IPE should serve as the basis for curriculum reform. The unique perspective of medical learners should also be incorporated in the development of IPE in order to increase the chances of successful implementation.