nt Asian J Med Sci. 2018 Sep;4(3):169-170. https://doi.org/10.24079/CAJMS.2018.09.001

Editorial

Leading Research in Interprofessional Health Education and Collaborative Medical Practice

Azjargal Baatar¹, Oyuntsetseg Sandag², Sumberzul Nyamjav³

¹Department of Midwifery, School of Nursing, Mongolian National University Medical Sciences, Ulaanbaatar, Mongolia; ²Department of Undergraduate Medical Education, Mongolian National University Medical Sciences, Ulaanbaatar, Mongolia; ³Department of Medical Education Academic Affairs, Mongolian National University Medical Sciences, Ulaanbaatar, Mongolia; ³Department of Medical Education Academic Affairs, Mongolian National University Medical Sciences, Ulaanbaatar, Mongolia; ³Department of Medical Education Academic Affairs, Mongolian National University Medical Sciences, Ulaanbaatar, Mongolia; ³Department of Medical Education Academic Affairs, Mongolian National University Medical Sciences, Ulaanbaatar, Mongolia; ³Department of Medical Education Academic Affairs, Mongolian National University Medical Sciences, Ulaanbaatar, Mongolia; ³Department of Medical Education Academic Affairs, Mongolian National University Medical Sciences, Ulaanbaatar, Mongolia; ³Department of Medical Education Academic Affairs, Mongolian National University Medical Sciences, Ulaanbaatar, Mongolia; ³Department of Medical Education Academic Affairs, Mongolian National University Medical Sciences, Ulaanbaatar, Mongolia; ³Department of Medical Education Academic Affairs, Mongolian National University Medical Sciences, Ulaanbaatar, Mongolia; ³Department of Medical Education; ³Department of Medical; ³Department of Medical Education; ³Department of

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (http:// creativecommons.org/licenses/bync/4.0/) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited. Copyright© 2018 Mongolian National University of Medical Sciences Interprofessional education (IPE) is an essential process for improving collaborative practice and the quality of patient, client care [1]. Collaborative practice in the form of teamwork needs nurturing and supporting if it is so achieve its full potential to improve the health and well being of patients and service users [2]. In some countries the IPE program is fully integrated and compulsory across the four-year curriculum of the health sciences faculty [3].

In some articles, the IPE training program has not been designed or implemented on the basis of interactions between the professions [4]. The basis of other articles was to design continuing education programs based on interprofessional training. The characteristic of this approach, which distinguishes it from the prior one, that it has a step-by-step explanation of how to implement the interprofessional continuing education program [4].

When developing and delivering an IPE program at any level (institutional, regional, national), it is necessary to align activities under a theoretical framework that allows for coordinated design and implementation of objectives, content, complexity and delivery. We have published on this subject previously and Miller's pyramid of clinical competence was used to guide the objectives of our activities [5]. The development and implementation of IPE in a new setting results in many lessons learned that can benefit others attempting to develop or refine similar programs. Furthermore, measuring the impact of the IPE initiatives is vital to ensure these endeavors are not futile in the healthcare setting [6]. In particular, it is important that faculty development initiatives aim to bring about change at the individual and the organizational level and target diverse stakeholders. These initiatives need to address three main content areas interprofessional education and collaborative patient-centered practice, teaching and learning, and leadership and organizational change. The initiatives need to be implemented in a variety of settings, using diverse formats and educational strategies. These programs need to model the principles of interprofessional education and collaborative practice and incorporate principles of effective educational design. Finally, to be successful they need to have a robust dissemination strategy to facilitate their implementation [7].

Given the shortage of healthcare providers in rural and urban underserved populations, innovative recruitment and retention strategies for these areas must be developed and evaluated [8]. In some countries, IPE programs have resulted in improved attitudes towards

CAJMS CENTRAL ASIAN JOURNAL of MEDICAL SCIENCES

interprofessional team's interprofessional learning, as well as self-reported ability to function within an interprofessional team. Participants in IPE programs also self-report increased confidence, knowledge, and ability to manage patients with long-term conditions [9]. This model is best for Mongolia.

Competency-based education emphasizes a specified level of performance based on a student's knowledge, skills, and attitude [10, 11]. It is noteworthy that the low scores in the domain of 'Teams and Teamwork' underscore this domain's complex concepts which students find more difficult to master. However, the competency requirements relating to in interprofessional practice are essential to and to guide certification, hiring, and matriculation [12]. Moreover, these competencies are applicable beyond prelicensure education because they contain some critical content for pain, assessment management and intervention as integrated in professional health care teams [13-15].

In conclusion a set of national and international healthspecific competencies ideally represent the full range of knowledge, skills, and attitudes that trainees should possess when they obtain a degree or certificate in their profession. However, until licensing or certification bodies require assessment of these competencies, such competency standards represent an aspirational list designed to guide curriculum development and consistency within the field.

References

- 1. Howkins E, Bray J. Preparing for Interprofessional Teaching: Theory and Practice. Oxford, UK: Radcliffe publishing; 2008.
- Safabakhsh L, Irajpour A, Yamani N. Designing and developing a continuing interprofessional education model. Adv Med Educ Pract 2018; 9: 459–67.
- Tamura Y, Seki K, Usami M, Taku S, Bontje P, Ando H, et al. Cultural adaptation and validating a Japanese version of the readiness for interprofessional learning scale (RIPLS). J Interprof Care 2012; 26: 56-63.
- El-Awaisi A, Wilby KJ, Wilbur K, Hajj MSE, Awaisu A, Paravattil B. A Middle Eastern journey of integrating Interprofessional Education into the healthcare curriculum: a SWOC analysis. BMC 2017; 15-7.
- 5. Steinert Y. Learning together to teach together: Interprofessional education and faculty development. J

Interprof Care 2005; 1: 60-75.

- Deutschlander S, Suter E, Grymonpre R. Interprofessional practice education: Is the 'interprofessional' component relevant to recruiting new graduates to underserved areas? Rural Remote Health 2013; 13: 2489.
- Darlow B, Coleman K, McKinlay E, Donovan S, Beckingsale L, Gray B, et al. The positive impact of interprofessional education: a controlled trial to evaluate a programme for health professional students. BMC Med Educ 2015; 15: 98.
- Gruppen LD, Mangrulkar RS, Kolars JC. The promise of competency-based education in the health professions for improving global health. Hum Resour Health 2012; 10: 43.
- 9. Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet 2010; 376: 1923–58.
- Dow AW, DiazGranados D, Mazmanian PE, Retchin SM. An exploratory study of an assessment tool Derived from the competencies of the Interprofessional education collaborative. J Interprof Care 2014; 28: 299–304.
- Institute of Medicine (US) Committee on Advancing Pain Research, Care, and Education. Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research 2011. Available at: https://www.ncbi.nlm.nih.gov/ pubmed/22553896.
- 12. Gaskin DJ, Richard P. The economic costs of pain in the United States. J Pain 2012; 13: 715–24.
- Bement MKH, Barbara JSM, Terry MN, Christensen N, Jennifer MM, Koebner IJ, et al. An Interprofessional Consensus of Core Competencies for Prelicensure Education in Pain Management: Curriculum Application for Physical Therapy. Phys Ther 2014; 94: 451–65.
- Gebbie KM. Competency-to-Curriculum Toolkit: Developing Curricula for Public Health Workers. Columbia University School of Nursing and Association of Schools of Preventive Medicine 2004 [accessed on 15 July 2018]. Available at: http://www.phf.org/resourcestools/Documents/Competency_to_Curriculum_Toolkit08.pdf.
- 15. Arthur MA, Battat R, Brewer TF. Teaching the basics: core competencies in global health. Infect Dis Clin North Am 2011; 25: 347-58.