



MidAtlantic AIDS Education and Training Center Interprofessional Education And Practice

The Institute of Medicine (IoM) identifies interprofessional learning as a means to prepare all health professionals to deliberately work together with the common goal of building a safer and better patient-centered and community and population focused health care system.



DEFINITIONS:

Interprofessional Education occurs when *two or more* persons learn about, from, and with each other to enable *effective collaboration and improve health outcomes*.

Interprofessional Collaborative Practice is when *multiple* health workers from *different professional* backgrounds provide comprehensive services by working with the team of patients, their families, caregivers, and communities to deliver the *highest quality of coordinated care* across settings.

Multidisciplinary teams are ones in which members use their *individual expertise to first develop their own answers* to a given problem, and then come together -- bringing their individually developed ideas to formulate a solution with minimal interactions across disciplines.

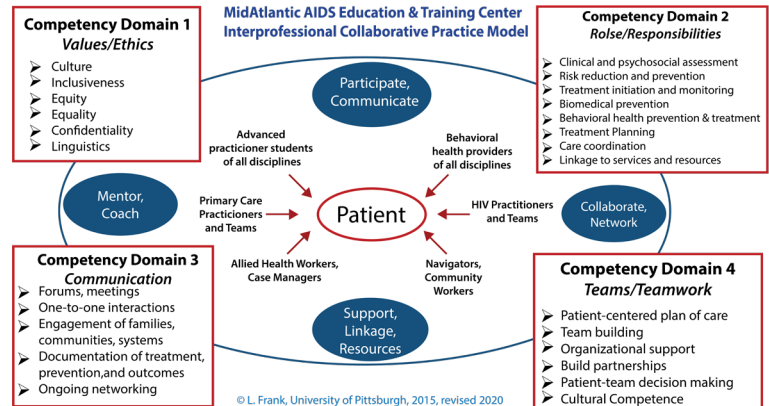
Interdisciplinary combines two or more disciplines, fields of study, or professions to solve a problem by the synthesis of ideas into something new by using methods of one discipline with another.

INTERPROFESSIONAL PRACTICE FOCUS:

- Patient/family/community-centered
- Rooted in population health and social determinants of health
- Each team member's view is a critical complement to each discipline
- Recognition that no one discipline can adequately care and plan for complex patient populations
- Improves clinical outcomes for the patient

INTERPROFESSIONAL PRACTICE IS A WAY OF THINKING: (Frank, 2022)

- How I intend to interact with others on the team
- How others interact with me on the team
- How the team interacts with the client, clinic, or community
- How the process of treatment or intervention planning is accomplished
- How the client, family, or stakeholders are involved in the intervention
- How the process is integrated into ongoing quality management
- How the process is integrated in provider, staff, and student training in clinic or community settings



CORE COMPETENCIES OF IPE:

- Interprofessional Practice is based on **four core competencies** (values/ethics, roles/responsibilities, communication, teams/teamwork). These competencies ground and set the framework for all interprofessional work.
- Practicing clinicians and health professions students must work interprofessionally to assure that care is provided in a manner that **reduces costs, optimizes individual health outcomes**, and allows HIV practitioners to function within their **full scope of practice** to enhance coordination, communication, and team functioning.

INTERPROFESSIONAL PRACTICE ENGAGES HEALTH CARE TEAMS TO: (Frank, 2022)

- Consider alternative approaches of others
- Contemplate new approaches
- Communicate with other disciplines on team
- Forge collaborations with others to intervene, strategize, solve
- Coordinate better approaches to treatment, care, intervention
- Craft an approach or intervention to be tested
- Improve engagement of patients in care
- Increase diversity and inclusion for more culturally appropriate care
- Identify discipline gaps in team membership
- Identify knowledge and skill gaps in team membership

INTERPROFESSIONAL PRACTICE OUTCOMES:

Studies have long shown that interprofessional practice **impacts:**

- Health professions education of students for future work
- Health care clinical settings for current workforce
- Community based settings for current workforce
- Incorporation of the concept **“task shifting”**
 - Essential for survival in resource poor settings
 - Increasingly embraced in western health care
- Allows and encourages disciplines **to practice to the full extent of their education and/or license**

References

- Core Competencies of IPE: <https://www.ipecollaborative.org/ipec-core-competencies>
- Frank, L & Plusen, A. Interprofessional Practice: Implication for Improving the Continuum of Care. 2018 National Ryan White Conference on HIV Care & Treatment. Retrieved from: https://aidsetc.org/sites/default/files/05_17_19_MAAETC_IPEpresentation.pdf
- Frank, L. Interprofessional Practice in Public Health, Public Health Foundations Course, School of Public Health, University of Pittsburgh, 2019: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5891914/>

MISSION

The goal of the MidAtlantic AIDS Education and Training Center (MAAETC) Interprofessional Education (IPE) is to assist in **preparing new and current health and service-delivery professionals with interprofessional practice opportunities, skills, and approaches to improve patient and population health outcomes, increase the size and strength of the HIV clinical workforce, and improve clinical outcomes in patients through didactic, skill building, technical assistance, and service-learning opportunities.**

REGION WIDE OBJECTIVES

- Develop and enhance ability to teach, model, and train health professions faculty and students to utilize the IPE core competencies.
- Increase the HIV workforce by training faculty and students in the schools of dentistry, law, medicine, nursing, pharmacy, and social work in HIV basic science, testing, prevention, and treatment.
- Provide an opportunity for students to choose HIV-related course work to obtain advanced HIV clinical competencies.
- Follow students upon completion of their academic program to determine use of IPE knowledge and skills learned in their clinical and professional practice.
- Follow and encourage faculty to continue to integrate IPE into the health professions curriculum.

MIDATLANTIC AIDS EDUCATION AND TRAINING CENTER

University of Pittsburgh, School of Public Health
Department of Infectious Diseases and Microbiology

www.maaetc.org

HRSA, HIV/AIDS Bureau, Office of Program Support

Grant No. U10HA29295

Last Modified: April 2022

© L. Frank, University of Pittsburgh, 2022

This material development is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,917,621 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government