

## Jefferson Hosts Third Interprofessional Education Conference

In 1972, the Institute of Medicine (IOM) first articulated the need for interprofessional education for all health professionals.<sup>1</sup> Interprofessional education and collaboration has continued to be identified as a cornerstone strategy to deliver high-quality, safe, effective, efficient, patient-centered, team-based care.<sup>2</sup> Over the years, many national and international organizations have reaffirmed the need for interprofessional education, including the Agency for Healthcare Research and Quality (AHRQ), Health Resources and Services Administration (HRSA), the Josiah Macy, Jr. Foundation, Pew Commission, Robert Wood Johnson Foundation, and the World Health Organization.<sup>3-5</sup> As a result, Interprofessional education (IPE) is fast becoming an accepted way to prepare future health professionals to successfully collaborate as members of health care teams.

In response to this need for new models of care, Thomas Jefferson University implemented the Jefferson InterProfessional Education Center (JCIPE) in 2007 with the mission, "To promote excellence in health through interprofessional education and scholarship." The Center has developed a comprehensive approach to IPE, consisting of interprofessional preclinical/didactic education, clinical simulation and clinical education within team-care settings in a variety of venues, including Thomas Jefferson University Hospitals. In October 2008, The Center held a one-day conference to share these activities with the larger University community. As the Center grew and developed more comprehensive programs a second conference was organized in 2010, which was initially envisioned as a local and regional meeting. As a result of the increased national interest in IPE, papers delivered by many of the leaders in JCIPE at national and international conferences and through their work with the

fledgling American Interprofessional Health Collaborative, the conference soon grew into an international event drawing presenters from across the US and Canada.

JCIPE held its' third conference on May 18-19, 2012, entitled "Interprofessional Care for the 21<sup>st</sup> Century: Redefining Education and Practice." Two hundred sixteen individuals from the US, Canada and Australia attended the conference, which featured 61 peer-reviewed presentations. In addition to sharing important research outcomes in interprofessional education and practice, a major focus of the conference was discussion of the core competencies for IPE developed by the Interprofessional Education Collaborative (IPEC), an expert panel convened to define a common language and the major competencies necessary to engage in successful interprofessional education (IPE) and collaborative practice.

The program featured keynote addresses by two leaders in IPE: Carol Aschenbrener, Executive Vice President of the Association of American Medical Colleges and Dr. Susan Meyer, Associate Dean for Education in the School of Pharmacy at the University of Pittsburgh. Dr. Aschenbrener identified key initiatives of the IPEC intended to help universities and other organizations integrate IPE into their curriculum in a meaningful way. She also discussed the role of competency-based learning and assessment in creating a continuum of physician education and its relationship to IPE in the AAMC portfolio. Dr. Meyer provided an overview of the IPEC core competences and the principles that guided the panel's work in their development. She also provided some specific examples of how the competencies are being used to stimulate conversation on

university campuses and to guide surveys of interprofessional learning activities.

Many individuals from the Jefferson community, representing the University and the Hospital, were involved during the Saturday sessions, sharing the results of their research and interprofessional programs. As in past conferences, in order to encourage dialog among participants, the format for this meeting allowed for more sharing of IPE experiences rather than a series of submitted papers. This discussion-heavy format exposed participants to more ideas and tended to be more useful in helping them understand what they could do to improve their own programs.

The success of this conference highlights the important role of collaborative, team-based care that is responsive to patient values in the transformation of the health care system. It also highlights the leadership role that Jefferson has assumed in helping to facilitate this transformation. ■

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For more information on the Jefferson Interprofessional Education Center visit: <http://jeffline.jefferson.edu/jcipe/>.

## REFERENCES

1. Institute of Medicine. *Educating for the Health Team*. 1st ed. Washington, D.C.: National Academy of Science, 1972.
2. Institute of Medicine. *Health Professions Education: A Bridge to Quality*. Washington D.C.: National Academies Press, 2003.
3. Interprofessional Education Collaborative. Core competencies for interprofessional collaborative practice: Report of an Expert Panel. 2011.
4. American Interprofessional Health Collaborative. Team-based competencies: Building a shared foundation for education and clinical practice: Conference Proceedings. February 16-17, 2011.
5. World Health Organization. Framework for action on interprofessional education and collaborative practice. 2010.