



The Necessity of Approach Change From Uni-Professional Education to Inter-Professional Education in Health Sciences

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Dear Editor,

The public health challenges faced by the new world, such as epidemiological transition, the emergence of pandemics such as Ebola and Covid-19, along with inherited challenges such as aging, growing burden of non-communicable diseases, medical errors, and shortage of skilled health professionals, left no option except for inter-professional collaborations and teamwork. A fundamental response to such challenges requires a paradigm shift in the field of healthcare education (1-3). While inter-professional collaboration is essential to address challenges of the 21st century, still a uniprofessional educational approach is the dominant paradigm to train healthcare students, in which students of different programs do not have the opportunity to interact and share information with other students. The same is true about the mutual understanding of the roles and professional responsibilities of various professions. When students are trained in isolation from other professions, they won't be able to effectively collaborate with their collaborators in clinical settings and suffer from poor communication skills, impaired joint decision-making, and weakness in creating an environment based on respect and mutual trust (4, 5). In 1973, the World Health Organization (WHO) warned about the lack of purposeful teamwork among healthcare professionals and the following consequences. Then, at the International Conference on Primary Health Care, Almaty, in Kazakhstan in 1978, WHO suggested multi-professional education as a way to improve teamwork and quality of care. A decade later, in 1988, recommended inter-professional education (IPE) to foster a new generation of graduates capable of functioning as a member of an inter-professional team (6, 7). According to the WHO, IPE occurs when at least two students from various health sci-

ences learn together to effectively provide collaborative and patient-centered care (7). IPE aims to gain knowledge and mutual understanding, collective responsibility, common goal among healthcare students from various professions, in such a way to foster collaborative, safe, and comprehensive care for patients and, consequently, improve health outcomes (8, 9). The main outcome of inter-professional learning is the inter-professional socialization of students. Several studies have mentioned increased knowledge, attitudes, and performance of students in providing collaborative care in clinical settings, better adjusting stereotypes to other professional groups, and the ability to resolve conflicts in inter-professional teams (8, 10-12). Fostering the abilities of faculty members to lead inter-professional student teams as a facilitator is one of the most well-known outcomes of IPE initiatives (13). Furthermore, based on clinical studies, IPE has a positive effect on teamwork and the safety and quality of healthcare services. Besides, through valuing different professional roles in interprofessional teams, it can increase the job satisfaction of nursing staff (10, 14). During the past decades, IPE has proved itself as an effective strategy to improve safety and quality of care worldwide. Therefore, researcher' attention to this field is on the rise (15). Several institutions are especially focused on the IPE, including the Global Confederation for Interprofessional Practice and Education, Centre for the Advancement of Interprofessional Education (CAIPE), the Japan Association for Inter-professional Education (JAIPE), the European Interprofessional Practice and Education Network (EIPEN), the Canadian Inter-professional Health Collaborative (CIHC), and the Australasian Inter-professional Education and Practice Network (AIPPEN), and Regional Network for Inter-professional Education in the Americas (REIP) (3,

16).

However, there are significant differences between developed and developing countries concerning IPE initiatives. While universities of developing countries have begun IPE initiatives recently, in countries such as Canada, the United States, the United Kingdom (UK), and Australia, such programs date back to the 1960s. So, developing countries have fewer experiences in this field (16, 17).

Particularly in the Middle East region, IPE is an emerging concept. Only recently, countries such as Qatar and Turkey have made efforts to integrate IPE into the curriculum of various health professions. In 2015, Qatar hosted the first Middle East conference on IPE, and experts from Australia, Bahrain, Canada, Egypt, Iraq, Kuwait, Lebanon, Oman, Saudi Arabia, the United Arab Emirates, Turkey, the UK, and the US attended in this conference and offered the latest solutions to develop and implement IPE in the Middle East (18). All Together Better Health (ATBH) is the leading global Inter-professional Education and Collaborative Practice (IPECP) conference, previously hosted in Japan, Australia, Sweden, UK, Canada, America, and New Zealand, and will be held for the first time in the Middle East in 22 - 25 October 2021 in Qatar. ATBH provides a collaborative forum for transnational champions to promote IPECP towards improving global health through consensus-based partnerships, sharing ideas, and discussing how to address emerging health care challenges (19). Given the health challenges faced by the world, the integration of IPE within the curriculum of healthcare students is inevitable. Immediate interventions are needed to address the contradiction between the need for promoting teamwork and collaborative care, on the one hand, and lack of attention to team-centered pedagogical approaches in health science universities, on the other hand (20). Not paying enough attention to increase students' competencies for providing collaboration and teamwork may result in negative consequences in the near future. Despite evidence of poor communication and lack of effective inter-professional collaboration and teamwork in the Iranian healthcare system, not enough attention is paid to the IPE in Universities of Medical Science in Iran (21, 22).

The Ministry of Health and Medical Education of Iran, in its report entitled "Achievements, Challenges, and Agreements Facing the Health System of the Islamic Republic of Iran", has stated that emphasis on segregation and specialization along with the epidemiological transition, island thinking, absence of horizontal and vertical integration of curriculums, and communication failures are the most important weaknesses of the health education system of the country (1). Therefore, from now, policy-makers and managers are thus required to think about designing and implementing IPE programs to educate com-

petent students that can address both the current and future health needs of the country.

Footnotes

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