

## VIEWPOINTS

### Interdisciplinary Healthcare Education: Fact or Fiction?

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The focus of our title is education, but the notion of interdisciplinary healthcare is not a new idea. Indeed, authors Given and Simmons entitled their provocative article from 1977, "The Interdisciplinary Health-Care Team: Fact or Fiction."<sup>1</sup> The Institute of Medicine (IOM) report *Crossing the Quality Chasm: A New Healthcare System for the 21st Century*,<sup>2</sup> recognized the need for an interdisciplinary approach for optimal patient outcomes. The report also emphasized that healthcare practitioners will need to adopt new skills and approaches to patient care delivery and their interactions with one another. While not impossible, doing so in the workplace will require significant training and a shift of mindset. Clearly, this type of change needs to be adopted and implemented.

Collaboration among health professionals is the key to positive patient outcomes. Each member of the healthcare team has been trained with specific knowledge and skills, which allow them to do what they do best. Coming together as a team will bring specific strengths of each discipline to focus on the care of the patient and will supplement any weaknesses of other teammates. Effective interdisciplinary teams decrease costs, improve patient satisfaction, and reduce morbidity and mortality through patient safety and error reduction, while improving overall healthcare worker satisfaction and professional relationships. A "silo" approach to healthcare cannot continue.

As noted in the IOM report, the best place to initiate such transformations in healthcare is in the education of our students. If healthcare professionals are trained to perform as interdisciplinary teams working together, taking advantage of the skills and knowledge of their teammates, the change can be implemented when these students graduate and enter their chosen profession. With such an approach, individuals entering the workforce will do so with the mindset that collaboration among all healthcare practitioners is how patient care should be approached.

For interdisciplinary education to be effective and have the desired outcomes, there must be acceptance of this premise at all levels. Administrators, particularly across colleges and disciplines, must lead their institution

with a vision that interdisciplinary approaches to education are the key to best case outcomes. "Walking the walk" and demonstrating this approach with colleagues in other areas of healthcare education will result in others taking their lead and working toward effective interdisciplinary teams.

Faculty members must demonstrate that interdisciplinary approaches to healthcare are most advantageous by working with and treating colleagues in other disciplines with respect and working with them as effective team members. Faculty members from different disciplines co-teaching students in multiple environments or collaborating on research can be a successful way to demonstrate teamwork and effective interdisciplinary relationships. Modeling the way through their own behaviors and attitudes is a favorable method of ensuring that students learn how to be effective healthcare team members.

Students in each healthcare area should be exposed to all other disciplines during their training. This should be approached in didactic and experiential settings. If students work together at all levels of training, being taught by faculty members from multiple disciplines, the potential for improved interdisciplinary approaches in the workplace will be greatly enhanced. In addition to learning to work together as team members, students in different programs can learn from one another as well. Upon graduation and entering practice, their approaches to practice will model how they were taught.

Northeastern Ohio Universities College of Pharmacy will admit students in August 2007 with an integrated pharmacy and medical curriculum. We have curricular blueprints that are being used to develop true interdisciplinary education involving both colleges. Students will be taught together in large lecture classes as well as in small group settings to foster active learning and interaction regarding patient care challenges common to both disciplines. Teaching and learning will involve teams of students from both disciplines learning side by side, emphasizing our colleges' core values: the 5Cs of Competence, Communication, Caring, Character, and Community. It is the intent of this interdisciplinary education to emphasize evidence-based practice and to maximize

pharmacy and medicine student interactions throughout. The new curriculum will enable students from each profession to branch off into discipline-specific teaching, and foster appropriate identification as a professional in their discipline. Students will model in the classroom what they will be expected to do in future practice. Learning to work together in teams will not only enhance collaboration among the disciplines but will also increase patient satisfaction enhancing patient care outcomes.

The best methods for effective and ideal healthcare relate to interdisciplinary approaches to positive patient outcomes. As the old saying goes, “practice makes perfect,” and beginning this type of practice in the training of

healthcare professionals will enable the workplace and patient care to change such that the goals of *Crossing the Quality Chasm* can be achieved. While true interdisciplinary healthcare education is still somewhat elusive, it should be a focus for us in the pharmacy academy. In our institution, we will endeavor to render the answer to our rhetorical question that it is fact indeed.

#### **REFERENCES**

1. Given B, Simmons S. The interdisciplinary health-care team: fact or fiction? *Nursing Forum*. 1977;16(2):165-84.
2. Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press; 2001.