Five reasons why interprofessional education cannot work

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Situated, Sociological Perspective
Undergraduate Interprofessional Education (IPE)
IPE “occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care” (CAIPE 2002).
5 reasons why IPE cannot work.
Combines elements from 2 publications
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j.mp/PtCPt_IPE
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j.mp/PtCPt_IPE  
j.mp/LouderWords
It is still unclear whether IPE should be implemented at the undergraduate, postgraduate or practice level.

On the one hand, many scholars believe we should socialize students early into a more collaborative, “healthcare team” identity.
On the other, scholars argue that it is impossible for pre-clinical students to engage in the core activities of IPE – including role discussion and negotiation – when they do not know their future clinical role.
IPE might be developmentally inappropriate, and set our students up for disappointment (if not failure).
Undergraduate-level models of IPE train students to expect collaborative work environments, yet students and young graduates often confront a reality that is …
As newcomers in an inertial system, they are rarely in positions to confront harmful and unsafe professional hierarchies.
IPE has been widely criticized for being atheoretical and ahistorical.

Yet its model of “learning with, from and about other healthcare professionals” hinges implicitly on contact theory.
What is contact theory?
This theory suggests that bringing members of different groups together should reduce prejudice and improve intergroup relationships.

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1. Individuals who are “coerced” into intergroup interactions often experience negative contact.

2. Positive intergroup contact requires equal status among participants.

This is distressing news for IPE
… as it both coerces students into intergroup interactions AND is not designed to equalize status among participants.
Indeed, a growing corpus of critical IPE research hints at both the reinforcement of professional stereotypes among students and at the widespread frustration with IPE’s tacit acceptance of the hierarchy of professions.


Enabling contact among healthcare professionals is not enough; had it been, their history of delivering care together would arguably have ironed the kinks out of collaborative care.
We desperately need to anchor education for collaboration in a more robust theory of how the professions actually come together.


IPE aims to improve patient care outcomes by educating collaboration-ready professionals who can transform healthcare delivery.
It is absolutely reasonable to expect an educational intervention such as IPE to change the attitudes and beliefs of students, although…
The larger claim that IPE can actually change healthcare practices, however, rests on very fragile grounds.
A systematic review covering of 30 years IPE research found only 15 studies that met inclusion criteria.
The authors wrote that “it is not possible to draw generalisable inferences about the key elements of IPE and its effectiveness.”

Moreover, the WHO (2013) found “no practice-level impact assessment” of IPE on patient care, and consequently recommended implementing IPE “only in the context of rigorous research.”
Lack of evidence about IPE’s effectiveness is not proof of ineffectiveness, and educators know that documenting the impact of educational interventions is extremely hard.
But what if, after 50 years of inquiry, we stopped assuming that IPE is the key to education for collaboration, and we started looking elsewhere?
Louder than Words
Power and Conflict in Interprofessional Education Articles
1954-2013

Elise Paradis, PhD & Cynthia R. Whitehead, MD, PhD
Medical Education. 2015;49:399-407.

j.mp/LouderWords
What is the problem that IPE is trying to solve?
Power, hierarchies, conflict, and their consequences.
To what extent are these issues described and addressed in the IPE literature?
2,191 IPE-related articles (WoS, PubMed)
We (and a 3rd party) agreed that only 6 of the 2,191 articles actually discussed “sociological” rather than statistical power.
0.3%
If issues of power are known and recognized in clinical practice, why then does the IPE literature fail to address them?

And if the literature on IPE ignores these realities, how do we expect IPE to become an educational model that will improve how providers collaborate?
Failure to engage power positions IPE as a solution to an amorphous and unarticulated problem. By ignoring power and conflict, the IPE literature obscures what exactly it is that the IPE initiatives are (theoretically) aiming to correct.
5
IPE requires a “significant layer of coordination” to be developed and implemented successfully.
Wizardry of IPE coordination.


The literature fully acknowledges these pragmatic constraints and their negative impact on IPE, both in terms of the quality of the offerings and of the educational experience.
But it never considers abandoning the boat, in the hopes that one day the right mixture of “ingredients” will solve all of IPE’s problems, including its logistical nightmare.

Developmentally inappropriate
Developmentally inappropriate

Unmet assumptions
1 Developmentally inappropriate

2 Unmet assumptions

3 Unlikely to impact patient care
1. Developmentally inappropriate

2. Unmet assumptions

3. Unlikely to impact patient care

4. No attention to power
1. Developmentally inappropriate
2. Unmet assumptions
3. Unlikely to impact patient care
4. No attention to power
5. Logistical nightmare
More productive way forward.
Consider an alternative model: *uni*professional education for collaboration.
Developmentally appropriate

Theoretically grounded

More likely to impact care

Pay attention to power

Logistically straightforward
Since collaboration is a core educational outcome for many competency frameworks, its teaching is part of the educational mandate of many clinical faculties.
Focus on where we want to bring our students, develop curriculum that is scientifically sound and meets our professional objectives.
Then, we could ground education for collaboration where it has the greatest likelihood to impact and transform care delivery:
On the ground. In practice settings.
Thanks!

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Cynthia R. Whitehead
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