

CIHC Statement on the definition and principles of Interprofessional Education

April 12, 2007

Canadian Interprofessional Health Collaborative

The Canadian Interprofessional Health Collaborative (CIHC) has adopted the UK Centre for the Advancement of Interprofessional Education's (CAIPE) full statement on interprofessional education. This is consistent with CIHC's commitment to work collaboratively with organizations in other countries which share CIHC's goals for promoting and facilitating interprofessional education and collaborative practice. The CIHC emphasizes a "patient-centred" health system that enhances patient-, family-, and community-centred goals, values and decision making, and provides mechanisms for continuous communication among health care providers. Moreover the CIHC emphasizes, by its adoption of an inclusive view of "professional", the range of health care providers that can contribute to patient-centred care in Canada.

INTERPROFESSIONAL EDUCATION

"Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care" CAIPE 2002

CIHC uses the term 'interprofessional education' (IPE) to include all such learning in academic and work based settings before and after qualification, adopting an inclusive view of 'professional'.

PRINCIPLES OF INTERPROFESSIONAL EDUCATION ⁱ

Effective implementation of these principles calls for collaboration amongst government departments, employing authorities, statutory and regulatory bodies, universities and colleges, professional associations and service users and carers.

EFFECTIVE INTERPROFESSIONAL EDUCATION

Works to improve the Quality of Care

No one profession, working in isolation, has the expertise to respond adequately and effectively to the complexity of many service users' needs and so to ensure that care is safe, seamless and holistic to the highest possible standard.

Focuses on the needs of service users and carers

IPE puts the interests of service users and carers at the centre of learning and practice.

Involves service users and carers

More than that, it invites service users and carers to be active participants in planning, delivering, assessing and evaluating IPE, participation that helps to ensure that services meet the needs of those for whom they are designed.

Encourages professions to learn with, from and about each other

IPE is more than common learning, valuable though that is to introduce shared concepts, skills, language and perspectives that establish common ground for interprofessional practice. It is also comparative, collaborative and interactive, a test-bed for interprofessional practice, taking into account respective roles and responsibilities, skills and knowledge, powers and duties, value systems and codes of conduct, opportunities and constraints. This cultivates mutual trust and respect, acknowledging differences, dispelling prejudice and rivalry and confronting misconceptions and stereotypes.

Respects the integrity and contribution of each profession

IPE is grounded in mutual respect. Participants, whatever the differences in their status in the workplace, are equal as learners. They celebrate and utilise the distinctive experience and expertise that participants bring from their respective professional fields.

Enhances practice within professions

Each profession gains a deeper understanding of its own practice and how it can complement and reinforce that of others. This is endorsed where the IPE carries credit towards professional awards and counts towards career progression.

Increases professional satisfaction

IPE cultivates collaborative practice where mutual support eases occupational stress, either by setting limits on the demands made on any one profession or by ensuring that cross-professional support and guidance are provided if and when added responsibilities are shouldered.

Source: adapted from <http://www.caibe.org.uk/index.php?sid=efcbad863643686e8df855526decfb43&page=define&nav=1>
Accessed March 14, 2007

ⁱ The following principles were first published in 2001 by CAIPE to guide the provision and commissioning of IPE and to assist in its development and evaluation. They draw on the IPE literature, evidence base, and the experience of CAIPE members, underpinned by values common to all care professionals including a commitment to equal opportunities and a positive regard for difference, diversity and individuality.