

FACULTY OF HEALTH SCIENCES: AN OPPORTUNITY FOR THE IMPLEMENTATION OF INTERPROFESSIONAL EDUCATION

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Interprofessional Education (IPE) occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.¹ The goal of IPE for students is to learn how to function in an interprofessional team and carry this knowledge, skill, and value into their future practice, especially providing interprofessional patient care as part of a collaborative team and focusing on improving patient outcomes.²

IPE is considered as an answer of the professional fragmentation of educational system today. It is because the fact that is too difficult to find the collaboration between medical students, nursing students, pharmacy students, and other health students although they will work together in the future practice. Thus, it might lead to the unharmonious

collaboration between them in the future, which might affect to the health outcomes.

IPE is needed to provide patient-centered care in a collaborative manner. One of the best ways to apply it is by establishing the “Faculty of Health Sciences”, covering multidisciplinary fields. It bridges the gap between health departments, such as medicine, nursing, pharmacy, public health, and midwifery under one roof; and also allows students from those different departments to join and learn together and about each other.

It is important to understand that IPE is *not* include students from different health professions without reflective interaction,³ a faculty member from a different profession leading a classroom learning without relating how the professions would interact in an interprofessional manner,⁴ and participating in a patient care setting led by

an individual from another profession without sharing of decision-making or responsibility for patient care.²

Some methods of teaching learning can be applied in IPE, such as interactive lecturing, case-based teaching, community activity learning, simulation-based learning, small group teaching, feedback and evaluation,⁵ which describes clinical team skills training in both formative and summative simulations that used to develop skills in communication and leadership. The courses that can be taught are such as ethics and health law, effective communication, and case study, which are expected to let the students understand about their own roles and responsibilities with the patient in the center. So, there is no overlapping between the roles of nurses and physicians, pharmacist, dieticians, etc.

Although IPE shows many benefits, the application of IPE through faculty of health science is challenging. There are some barriers can be encountered, such as the separate building structure, administration, and faculty members. A study of Canadian schools identified that the main barriers of IPE were scheduling, rigid curriculum, “turf battles,” and lack of perceived value to IPE.⁶ In addition, dealing with cultural diversity among students from different fields with different behaviors is another challenge to apply IPE.⁷

However, in spite of those barriers, the author advocates developing plan for IPE. It is suggested that all members in the educational system should have the same perception and understanding of the importance of IPE, and consider faculty of health sciences as a great opportunity for better educational system.

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