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Interprofessional Practice and Education: Multiple Lenses Bring a Sharper Focus

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Credentials Display

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In Clifton Springs, NY, a group of professionals gathered as a team to discuss the distinct value of human engagement and participation in everyday occupations. The gathering included an occupational therapist, a social worker, a nurse, an educator, two architects, and two physicians. One of the physicians had recently been awarded funding from the Harvard Medical School to study the value of occupation as a health determinant. It was a productive meeting with the most significant outcome being the agreement to establish a new organization. This new organization was to be called the National Society for the Promotion of Occupational Therapy. The date was March 17, 1917.

One hundred years later, the American Occupational Therapy Association held its centennial anniversary in Philadelphia, where over 13,000 occupational therapy practitioners and students assembled to celebrate the distinct value of occupation in everyday life. Among the many artifacts illustrating our rich history was a life-sized photograph of the founders who met on that spring day in 1917: George Barton, William Dunton, Susan Johnson, Thomas Kidner, Evelyn Gladwin Newton, and Eleanor Clarke Slagle. In their course of study, all occupational therapy practitioners learn these names. Perhaps one in particular may come to mind if asked to recall one of the founders of the profession. More important than recalling a single name is the acknowledgement that a team of diverse professionals founded our profession. Our founders were the first interprofessional team in occupational therapy.

Considering the heightened emphasis on the value of team-based approaches to education and practice among all health care professions, this special issue of the *Open Journal of Occupational Therapy* (OJOT) is timely. Occupational therapy is driven by the philosophical idea that collaboration is essential in delivering health and human services. The profession has clear mandates from both public and private funding sources, who have declared that an interprofessional approach to professional education and practice is essential for best practice outcomes. As stated by the World Health Organization, “it is no longer enough for health workers to be professional. In the current global climate, health workers also need to be interprofessional” (WHO, 2010, p. 36).

In preparation for this special issue, the guest editors discovered an excellent resource for all professionals interested in and committed to advancing interprofessional practice and education. The National Center for Interprofessional Practice and Education, created in 2012 with support from the United States Department of Health and Human Services, various foundations, and the University of Minnesota, is an invaluable source of information. Its mission statement indicates that it “offers and supports evaluation, research, data and evidence that ignites the field of interprofessional practice and education and leads to better care, added value and healthier communities” (National Center for Interprofessional Practice and Education, 2017, para 1). The center is solely dedicated to the scholarship and advancement of interprofessional collaboration among all health care practitioners. Its website provides links to global interprofessional education

and practice resources

(<https://nexusipe.org/informing/about-ipe>).

In addition to the rich resources provided by the National Center for Interprofessional Practice and Education, the Interprofessional Education Collaborative (IPEC) offers exceptional professional resources. A major contribution of this organization has been the development and publication of the *Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel* (Interprofessional Education Collaborative [IPEC], 2011). These competencies, many of which are embedded in the articles published in this special issue of OJOT, are categorized into four major domains as described by the IPEC. They are:

- Competency Domain 1: Values/Ethics for Interprofessional Practice
Work with individuals of other professions to maintain a climate of mutual respect and shared values.
- Competency Domain 2: Roles and Responsibilities
Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of the patients and populations served.
- Competency Domain 3: Interprofessional Communication
Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.

- Competency Domain 4: Teams and Teamwork

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely efficient, effective, and equitable.

The specific roles, responsibilities, and competencies that are detailed in each of these general statements provide a set of standards by which a team can conduct a self-study to determine the scope and quality of its interprofessional practices.

As our profession moves beyond its first 100 years, it can reasonably be expected that interprofessional practice and education will become a mainstream method for solving the complex health care needs of individuals and targeted populations. This special issue of OJOT recognizes and celebrates this evolution with articles about interprofessional practice and education, including applied research, descriptive models of practice and education, and informed professional opinions. We conclude the series of articles with a "They Said-They Said" interview with an interprofessional team who has successfully collaborated for nearly 2 decades, continuously working to apply the core competencies. Finally, the Sponsor Profile features Dr. Jennifer Creek, a clinician-educator-scholar, who successfully engaged in interprofessional teamwork in an international context and who continues to champion this approach.

We are grateful for all of the authors who collectively shared their distinct contributions to inform and promote interprofessional practice and education in the occupational therapy profession. It is our hope that readers will be inspired by this information and strive to integrate the Core Competencies of Interprofessional Practice and Education into their clinical and educational roles. Through multiple lenses of shared expertise, commitment, and knowledge, a sharper focus on those served will bring the desired outcomes we strive to achieve in our professional capacity.

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