



Literature Review

Learning Together to Work Together: Introducing Interprofessional Education (IPE) in the Generalist Curriculum

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Abstract

Many social work students have limited training, knowledge, and information about the meaning or value of interprofessional collaboration in relation to their own discipline. Incorporating innovative interprofessional activities that help students achieve the core competencies (ethics, roles/responsibilities, teamwork, and communication) established by the Interprofessional Education Collaborative are vital to include in social work curricula to prepare future professionals to provide safe, effective, team-based care within interprofessional health care teams. Interprofessional Education (IPE) seminars are one way to introduce students to the core competencies and prepare them for collaborative practice. The purpose of this study is to (1) describe the implementation of two innovative IPE seminars concentrated on the four IPEC Core Competencies and (2) assess student perceptions of their experiences related to participating in the IPE seminars. Findings indicate using seminars, either virtual or in-person, can provide meaningful interprofessional learning experiences for students enrolled in health professions programs.

Keywords: Social work education; Healthcare; Interprofessional education; Collaborative practice; Health professions

Introduction

Interprofessional education (IPE) has been recognized and supported for its potential to educate healthcare professionals with the knowledge and skills necessary to collaboratively deliver high-quality, client-centered care [1,2]. "Interprofessional education occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes" [2]. The goal of interprofessional education is to prepare future healthcare professionals to deliberately and collaboratively work together with the common goal of building a safer and better patient-centered and community/population-oriented health care system. The inclusion of different disciplines is based on the premise that the varied skill sets and expertise each member brings will complement and enhance the contributions of others. Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of a collaborative team. This is a key step in moving health systems from fragmentation to a position of strength [3] which can improve patient outcomes.

D'Amour' and Oandasan's [4,5] Interprofessional Education for Collaborative Patient-Centered Practice (IECPCP) Framework and WHO's Framework for Action on Interprofessional Education and Collaborative Practice each target education as a means of improving patient-centered and

community/population-oriented care. They each situate interprofessional education and health professions education in a dynamic relationship with health care systems that are more responsive to the health needs of the populations they are designed to serve. Student participation in IPE programming has been shown to improve self-efficacy scores for communication skills [6], attitudes towards team communication, and interprofessional collaboration [7-9]. Other studies suggest that IPE improves students' confidence in their professional role [10], attitudes toward and knowledge about other professions [9,11], clinical reasoning skills [12], and client outcomes such as improved quality and timeliness of care provided [13]. Collectively, existing research suggests that the advantages of IPE centers around students gaining better understandings of their own disciplines and roles as well as appreciating the roles and functions of other disciplines, valuing interprofessional learning, and how to work more effectively within teams to generally perceiving multidisciplinary teamwork as positive for themselves and patient outcomes.

This article describes strategies one social work program in the southeast region of the United States utilized to expose BSW and MSW students to interprofessional education in the generalist curriculum and presents findings on how early introduction to IPE impacted their attitudes regarding interprofessional education and interprofessional collaboration.

Literature Review

Linkage between Interprofessional Education (IPE) and Quality Interprofessional Care

The use of IPE and collaboration for support of an improved delivery of healthcare is rapidly becoming the standard of care across North America [14]. IPE is an essential pedagogical approach in healthcare education deemed crucial in equipping healthcare professionals to deliver safe, high quality, and optimal patient care. IPE fosters interprofessional collaboration (IPC), which is often recognized for nurturing a collaborative team approach, resulting in an improved quality of patient care, reduced costs of care, and fewer medical errors [2]. Interprofessional team-based care has shown to be effective in helping clients manage various health problems, including diabetes, obesity, heart failure, hypertension, asthma, and depression [15]. Embedding a strong IPE foundation and interprofessional learning opportunities within healthcare education is paramount and has long been emphasized by the World Health Organization (WHO). The WHO's Framework for Action on Interprofessional Education and Collaborative Practice is a call for action to educators and healthcare professionals to move toward embedding interprofessional education and collaborative practice in all services they deliver. The framework provides an integrated approach to preparing a collaborative practice ready health workforce.

Health workers require specific knowledge, values, and skills to work effectively in interprofessional teams, and IPE is an effective means to equip emerging healthcare professionals with these competencies. Attitudes toward collaboration among team members is a critical element for effective collaboration in interprofessional health care teams [16]. Positive attitudes toward interprofessional collaboration that are established early in education programs have the propensity to be more accepted in practice than exposure to collaboration issues in later years [17]. Hind and colleagues [18] found health professionals attitudes toward their own and other professionals impacts interprofessional collaboration. Bonitas and Gray found that student participation in an interprofessional curriculum improved attitudes and values related to interprofessional collaboration and suggested that an interprofessional approach was most effective for generating students' appreciation for, and understanding of, the significance of interdisciplinary collaboration. Glaser and Suter [19] analyzed social work practitioners experience of interprofessional teams and found that those interviewed suggested that improvement around role clarity is needed to ensure that other healthcare professionals fully understand the role of social work in healthcare. Park, et. al, [17] examined attitudes toward interprofessional collaboration among students in the healthcare profession and found that medical students reported the most positive attitudes towards physician-social worker collaboration while social work and nursing students reported the least positive attitude toward collaboration with physicians. When there is a lack of clarity around team members roles, knowledge and skills may be underused on interprofessional and collaborative practice teams. The professional standards learned in professional programs have been shown to have long standing habits in

clinical practice [20]. These findings highlight the fact that interprofessional education is essential for assisting students in developing positive attitudes for interprofessional collaboration in health care.

The Role of Social Workers in Interprofessional Care

Social workers fulfill multiple roles and functions on interprofessional teams, so it is important for social work students to be exposed to an interprofessional environment and understand the importance of interdisciplinary collaboration before they commence professional practice. In a systematic review of integrated interventions, social workers were identified as performing three primary roles: behavioral health specialist, care manager, and community engagement specialist [21]. In the role of behavioral health specialist, social workers use their training in individual and family behavioral health treatment to screen and assess people for mental health and substance use diagnoses and provide evidence-informed behavioral health treatment in the integrated setting [22]. As care managers, social workers contribute a unique perspective by raising awareness about social issues/ social determinants of health that may be impacting a patient's life [19] or affect their plan of care. In the role of community engagement specialist, social workers function as brokers by linking patients and families to resources and services in the community. For example, a social worker might help improve patient health outcomes by educating other team members about sending a patient back to an unsafe environment without proper support in place despite the patient being medically safe to be discharged. The social worker might request that discharge be delayed until the patient can be linked with the appropriate community resources/services such as meal services, medical equipment, housing, prescription assistance, financial supports and support with legal documentation [19,23]. Other social work responsibilities in interprofessional care include home assessments and referrals to other disciplines, both which involve collaboration among an interprofessional team. These tasks help to ensure that the patient can remain stable once back in the community therefore reducing the probability of a recurring admission. Social worker's training and values make them uniquely positioned to address clients' health needs and to implement interventions and treatment plans that target the social determinants of health [24-26].

The Role of Social Work Education in Preparation for Interprofessional Care

Coordinated planning among educators and health systems is a prerequisite for creating an optimal learning environment and an effective health workforce [27]. Since the Institute of Medicine [28] stressed the importance of integrated health care training, listing interprofessional teamwork as one of five essential competencies for health care professionals, many healthcare profession education programs have incorporated interprofessional learning and teamwork into core competencies, essential standards, and ongoing training opportunities. The Council on Social Work Education (CSWE) [29] incorporated interprofessional practice into its curricular guidelines in 2012 through its Educational Policy

and Accreditation Standards (EPAS). The EPAS standards mandate interprofessional training be incorporated into each social work program's explicit curriculum. Although all social work students are exposed to a variety of practice foci (micro, mezzo, macro) during their education, they may have limited training, knowledge, and information about the meaning or value of interprofessional education and collaborative practice in relation to their planned area of practice. As a result, social work students may fail to recognize opportunities to collaborate with other professionals, the types of skills required for collaborative practice, or the strategies and opportunities to develop these skills. Social work education is central to preparing future practitioners for interprofessional care and collaborative practice. For social work students, early introduction of IPE during the generalist curriculum has the potential to shape the attitudes and values of these emerging professionals and instill a collaborative attitude toward other healthcare professionals before disciplinary biases are developed. The attitudes shaped by early IPE experiences can readily be transferred to other fields of social work practice. This is important because not all social work students intend to pursue a career in healthcare.

How social work students master knowledge as individuals or as part of an interprofessional team; develops new skills; modify attitudes and behaviors; and achieve competence and expertise over time has the propensity to impact patient/client outcomes. With an emphasis on group work, multicultural interventions, and eco-systems theory (micro, mezzo, and macro), social work education is well positioned to prepare social work students for interprofessional and collaborative practice. Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Introducing IPE early in social work curriculum and providing low risk opportunities for students to be supported in their development of interprofessional skills, values and ethics, roles and responsibilities, communication, and teamwork is an important aspect of preparing social work students for practice in diverse and interdisciplinary practice setting like healthcare. The presence of social workers enhances collaborative care approaches on interdisciplinary teams, which are shown to improve health outcomes [30,31]. IPE is particularly well positioned to be integrated into existing social work curriculum since there is significant overlap with current CSWE EPAS competencies and IPEC competencies [32].

Best Practices for Designing IPE Activities

It is not enough to just create positive attitudes about interprofessional education among health care students, students need experiential opportunities to be exposed and emersed in collaborative practice experiences to develop the attitudes/values, knowledge, skills, and behaviors needed to achieve the four domains of interprofessional collaborative competence (teams and teamwork, roles and responsibilities, values and ethics, and communication). Inadequate preparation for interprofessional practice can lead to poor working relationships among professionals and negatively

impact patient care, resulting in poor patient outcomes, lack of satisfaction of patients and professionals, as well as increase in number of medical errors [33,34]. Thus, incorporating innovative and constructive interprofessional activities that help to achieve the Core Competencies established by the Interprofessional Education Collaborative [35] are vital to include in health professional programs' curricula to prepare future professionals to provide safe, effective, team-based care within interprofessional teams.

The Health Professions Accreditors Collaborative (HPAC) and the National Center for Interprofessional Practice and Education provided guidance in February of 2019 for developing quality interprofessional education programs [36]. Within this document, the importance of a rationale, outcome-based goals, deliberate design, and assessment and evaluation are discussed. The Institute of Medicine's Interprofessional Learning Continuum Model emphasizes the interrelated concepts that are a part of IPE including a learning continuum, health outcomes, and factors that promote and inhibit outcomes [34]. The Model also emphasizes the importance of both formal and informal learning approaches throughout a healthcare professional's training to develop a professional ready for interprofessional practice. An intentionally designed curriculum around interprofessional competencies is necessary for interprofessional learners.

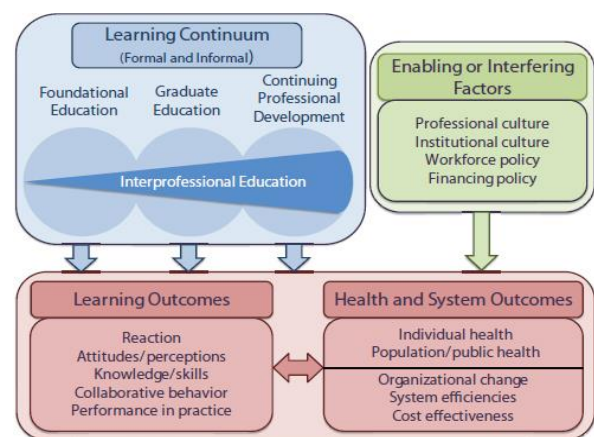


Figure 1: Institute of Medicine Interprofessional Learning Continuum Model.

Early IPE experiences are typically didactic or simulated to introduce concepts that will be built on through later activities. These entry-level concepts are excellent foundational knowledge that are provided in introductory experiences. It also allows for learning of materials in a low-risk environment where students can explore their perceptions. Incorporation of more complex clinical scenarios is often reserved for later learning experience once students are prepared to incorporate interprofessional skills into these scenarios. For social work students, the latter typically occurs when students move into the specialized practice curriculum. In our scaffolded social work curriculum, we implement a variety of interprofessional learning experiences that allow for building of skills related to interprofessional competencies. These experiences start with seminars, build to simulations, and end with complex patient care. In order to introduce the IPEC Core Competencies to BSW and MSW social work

students during the generalist level curriculum, a series of seminars were implemented with students and faculty from nursing and pharmacy. BSW students enrolled in SOWK 3910 Field Practicum Seminar and first year traditional MSW students enrolled in SOWK 7000 Introduction to Social Work participated in the seminars. These seminars allow for students to engage with one another and the content in an interactive fashion that will allow for future building on this knowledge while preparing them for collaboration in practice. The purpose of this manuscript is to describe the implementation of these innovative seminars concentrated on ethics, roles/responsibilities, teamwork, and communication, and elucidate knowledge on how students' early introduction to IPE impacted their attitudes regarding interprofessional education and interprofessional collaboration.

Methods

Seminars are foundational to the IPE program at our University as it introduces and helps students further understand teamwork and collaboration in an interprofessional healthcare team. The team of faculty leading the seminars utilized the Core Competencies established by IPEC [35] to design and implement all activities. During the series of two seminars, students worked in multidisciplinary teams to address ethical issues in healthcare, discuss and practice effective communication, and examine the roles and responsibilities of each team member. Creative, interactive teaching strategies were incorporated and included simulation in the large classroom setting, gaming, and team-based activities. Traditionally these seminars were conducted in-person in an Active Learning Classroom (ALC). Following COVID restrictions, the seminars were moved online through utilization of Zoom. Students listened to the introductory seminar material together and then were moved into break out rooms in Zoom to complete the interprofessional activities as teams much as they would have in the ALC.

The focus of the first seminar included two roles and responsibilities activities, an ethics case, and a communication activity. In the initial roles and responsibilities activity, students discussed their separate and shared functions. They go through a list of activities that are performed in the care of an individual and each student determines what role they feel they and other healthcare professionals can fulfill. Once this is completed, they share their answers with their small group and discuss the differences that were noted. This allows for further introduction of each discipline's role as well as learning more about what one another does as a healthcare professional. An additional activity related to the role of each healthcare professional is done through a live surveying tool, such as PollEverywhere or Kahoot!, that allows students to be introduced to various aspects about training and future practice responsibilities of each discipline. An ethics activity where students work together to triage patients after a disaster allows them to solve an ethical dilemma. Lastly, a communication activity is completed where students discuss positive and negative aspects of a pre-recorded communication scenario where things go poorly amongst an interprofessional team. All activities are completed in small interprofessional groups of students and large group debriefing is completed after each activity.

The second seminar occurs several weeks after the first and allows students to implement some of the knowledge and skills learned in the initial seminar through an escape game, which simulates a team providing patient care. The escape game is built using Google Forms and students work through the game in their small groups. The games have focused on different topics including fall prevention and caring for a patient with COVID-19. Each of the games introduces concepts of patient care and each discipline's role in caring for the patient.

A pretest-posttest design incorporating the Student Perceptions of Interprofessional Clinical Education-Revised (SPICE-R) Instrument was utilized to assess the changes in student perception after completion of the sequence of two seminars focused on key interprofessional concepts. The SPICE-R is a validated 10-item tool developed by Dominquez and colleagues [37] to assess student perceptions of experiences related to interprofessional education and practice. Two examples of statements from the tool are "My role within an interprofessional healthcare team is clearly defined" and "Health professionals should collaborate on interprofessional teams." Students were instructed to provide responses, rating from strongly disagree to strongly agree, related to interprofessional teamwork. The SPICE-R was administered before the first seminar and immediately following the second seminar. The sample included senior-level nursing (BSN) students, BSW juniors and seniors, first year MSW students, and first year students from the pharmacy (PharmD) degree program at our institution. All responses were collected anonymously in an online Qualtrics survey. Statistical analysis was conducted in SPSS utilizing two-way ANOVA and independent t-tests to compare student responses prior to and after seminar experiences and between in-person versus online delivery method. This study received exempt approval from the University Institutional Review Board for protection of human subjects and research.

Results

Data was collected over the course of 5 semesters, to include 5 cohorts of students that participated in the IPE program. Within the sample, 353 (49%) participants were senior-level, undergraduate nursing students, 301 (41%) were second-year PharmD students, and 70 (10%) were junior and senior-level, undergraduate social work students or first year first semester MSW students. The pretest was completed by 724 participants and 720 participants completed the posttest. There were 577 students who participated in the in-person format, while 149 participated using the online modality. To protect anonymity, students were not matched with their pre and post answers.

A two-way between-groups analysis of variance was conducted to explore the impact of in-person versus online seminar delivery method on student perceptions of interprofessional teamwork pre- and post-seminars. Participants were divided into two groups (Group 1: in-person; Group 2: online). The interaction effect between the two main effects (in-person and online; perceptions of pre/post seminars) was statistically significant for all items. Therefore, because of the significant interaction, independent t-tests were conducted between online and in-person for all

pre variables followed by independent t-tests for all post variables. No statistical significance was noted in all post variables between the two groups, but there was statistically significant difference among all pre variables. Thus, the students' initial responses were different depending on whether they participated in-person or online. But, regardless of delivery method, in-person or online, the same outcomes were achieved as demonstrated by similar posttest scores.

Independent t-tests were conducted to compare pre and post variables separately for the in-person and online delivery methods. As shown in Table 1, results of the SPICE-R from

the group that participated in the seminars in-person indicated statistically significant improvement in students' responses in 4 out of the 10 questions. There was a noted improvement in the other 6 questions, albeit not statistically significant. As shown in Table 2, when comparing the groups that completed the seminars online, results of the SPICE-R indicated that there were statistically significant improvements in combined social work, nursing, and pharmacy students' responses for each item, indicating the seminars improved their perspectives of working in interprofessional teams.

Questions	pre/ post test	N	Mean	t	P value
Working with students from another health profession enhances my education.	Pre	575	4.38	-1.608	0.108
	Post	577	4.46		
My role within an interprofessional healthcare team is clearly defined.	Pre	575	4.19	-4.412	<.001*
	Post	577	4.39		
Health outcomes are improved when patients are treated by a team that consists of individuals from two or more health professions.	Pre	575	4.59	-0.528	0.598
	Post	577	4.61		
Patient satisfaction is improved when patients are treated by a team that consists of individuals from two or more health professions.	Pre	575	4.52	-1.801	0.072
	Post	577	4.59		
Participating in educational experiences with students from another health profession enhances my future ability to work on an interprofessional team.	Pre	575	4.42	-1.206	0.228
	Post	577	4.47		
All health professional students should be educated to establish collaborative relationships with members of other health professions.	Pre	575	4.49	-1.650	0.099
	Post	577	4.56		
I understand the roles of other health professionals within an interprofessional team.	Pre	575	4.03	-6.526	<.0001*
	Post	577	4.35		
Clinical rotations are the ideal place within their respective curricula for health professional students to interact.	Pre	575	4.17	-3.829	<.0001*
	Post	577	4.35		
Health professionals should collaborate on interprofessional teams.	Pre	575	4.53	-1.176	0.240
	Post	577	4.58		
During their education, health professional students should be involved in teamwork with students from other health professions in order to understand their respective roles.	Pre	575	4.42	-2.161	0.031*
	Post	577	4.51		

*P<0.05; Note: Students completed the pretest before participating in the seminar #1, then completed the posttest immediately following seminar #2.

Table 1: Pre and post assessment data from SPICE-R for In-person delivery method.

Questions	pre/ post test	N	Mean	t	P value
Working with students from another health profession enhances my education.	Pre	149	2.63	-12.559	<.0001*
	Post	143	4.54		
My role within an interprofessional healthcare team is clearly defined.	Pre	149	2.63	-11.602	<.0001*
	Post	143	4.41		
Health outcomes are improved when patients are treated by a team that consists of individuals from two or more health professions.	Pre	149	2.63	-12.796	<.0001*
	Post	143	4.57		
Patient satisfaction is improved when patients are treated by a team that consists of individuals from two or more health professions.	Pre	149	2.63	-12.792	<.0001*
	Post	143	4.58		
Participating in educational experiences with students from another health profession enhances my future ability to work on an interprofessional team.	Pre	149	2.63	-12.444	<.0001*
	Post	143	4.52		
All health professional students should be educated to establish collaborative relationships with members of other health professions.	Pre	149	2.63	-12.675	<.0001*
	Post	143	4.56		
I understand the roles of other health professionals within an interprofessional team.	Pre	149	2.63	-11.026	<.0001*
	Post	143	4.31		
Clinical rotations are the ideal place within their respective curricula for health professional students to interact.	Pre	149	2.63	-10.827	<.0001*
	Post	143	4.34		
Health professionals should collaborate on interprofessional teams.	Pre	149	2.63	-13.420	<.0001*
	Post	143	4.65		
During their education, health professional students should be involved in teamwork with students from other health professions in order to understand their respective roles.	Pre	149	2.63	-12.435	<.0001*
	Post	143	4.53		

*P<0.05; Note: Students completed the pretest before participating in the seminar #1, then completed the posttest immediately following seminar #2.

Table 2: Pre and post assessment data from SPICE-R for online delivery method.

Improvements in students' responses via the SPICE-R were evident for all items in both the in-person and online

groups. In the group that participated in seminars in-person, 4 out of 10 responses were statistically significant while the

group that participated online demonstrated statistically significant improvement on all 10 items on the tool. When comparing all pre and post variables separately, it was noted that the group that participated online rated pre scores much lower than the group that participated in-person. All post variables were very similar, yet no statistically significant difference was noted when comparing with independent t-tests. In addition, no statistically significant differences were noted by discipline in scores and items. Therefore, the same outcomes were achieved with both groups, but the online group rated perceptions of IPE teamwork lower before seminars. Thus, findings indicate in-person and online can both be impactful approaches to conduct IPE experiences for social work students.

Implications for Social Work Education

Findings indicate using seminars, either virtual or in-person, can provide meaningful interprofessional learning experiences for social work students and students enrolled in other health professions programs. Findings suggest that social work programs that do not have the physical space to host IPE events or have other logistical barriers to implementation could use an online platform to provide experiences for an interprofessional group of students. Or, if programs do not have other health professional disciplines within their institution, providing seminars in an online format may be an effective option to provide meaningful interprofessional experiences with distant programs. After implementation of IPE seminars at our institution, we learned that it was more effective to have them delivered early in the semester. Early incorporation of these activities allowed for students to learn the basics of the IPEC Core Competencies before being expected to practice as part of an interprofessional team in the field and apply those competencies. By students having early exposure, they appear to enter other experiences with more background knowledge and confidence about their own role as a practitioner. Seminars can set the stage to be a member of interprofessional teams which is essential for all social work practice but particularly salient for preparing a collaborative practice ready health workforce.

Limitations include the sample being from only one institution, which is a large, public institution in the south eastern United States. Only social work, nursing, and pharmacy students were included and participated in seminars. It is recommended to continue evaluation of IPE learning experiences, such as seminars, to strengthen interprofessional curriculum and pedagogy.

Conclusion

This innovative approach of incorporating intentionally interactive, activity-based seminars during the didactic component of the generalist level social work curricula was effective and may be utilized to prepare students to provide safe, collaborative practice and establish positive working relationships with other healthcare professionals. These

findings highlight the fact that exposure to interprofessional education during the generalist curriculum can indeed assist social work students in developing positive attitudes for interprofessional collaboration in health care and strengthen interprofessional competency in the domains of teams and teamwork, roles and responsibilities, ethics, and values, and communication.

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