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The Importance of Interprofessional Education
to Develop Successful Interprofessional Collaborative Teams in Healthcare

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Abstract

Many individuals live with chronic illnesses, various disabilities, and other complex needs that require an array of medical services from multiple disciplines within the healthcare field. To address the medical, behavioral and social needs of these patients, there has been an emphasis on providing treatment through interprofessional collaborative teams and interprofessional practice (IPP). These teams consist of multiple health professionals from various disciplines.

To ensure IPP teams are efficient and effective in the workplace, the application of interprofessional education (IPE) is key. The goal of IPE is to increase competency in interdisciplinary collaborative skills in students and future practitioners. In addition, IPE works to strengthen positive attitudes regarding interprofessional teams as well as expose students to the importance of other disciplines in addressing the complex needs of patients.

This honors project was inspired by an IPE program based here at the university entitled Interdisciplinary Assessments of Complex Neurological Cases. In this IPE training program students from various disciplines including physical therapy, occupational therapy, speech-language pathology, audiology, and others, underwent interprofessional teamwork training and collaboratively assessed an adult with medical and therapeutic needs that crossed disciplines. Each of participating teams developed a comprehensive treatment plan and presented it all to participating faculty, students and patients.

This final paper is a compilation of research conducted regarding IPE and IPP as well as reflections of my experiences gained while participating in the IPE/IPP event. This paper will outline the benefits of IPE programs and the importance of patient-centered care. For further evidence of positive patient outcomes from the use of collaborative teams, this paper looks specifically at interprofessional collaboration within the fields of speech-language pathology and

audiology. Exploring the patient benefits of interprofessional collaborative teams in healthcare and in two specific healthcare fields will highlight the importance of this kind of patient-centered care and the need for IPE programs to deliver this care successfully. The goal of this paper is to emphasize the need of additional IPE programs at URI and for the paper to be utilized as a resource in future IPE/IPP programs.

Keywords: interprofessional education (IPE), interprofessional practice (IPP), communicative disorders, speech-language pathology, audiology

The Importance of Interprofessional Education to Develop Successful Interprofessional
Collaborative Teams in Healthcare

Introduction

Many individuals in the world today live with a variety of clinically complex needs, functional limitations and/or other health conditions (Institute for Healthcare Improvement, 2018). It is essential that these individuals receive proper medical treatment from multiple healthcare professionals to ensure behavioral, medical and social needs are met. As these complex medical conditions and cases have become more prevalent throughout the world, interprofessional collaboration among different healthcare professionals is inevitable. In recent years, there has been an increasing focus on interprofessional collaborative teams in the healthcare field in order to provide these patients with optimal patient-centered care. To ensure that all healthcare professionals are competent to work on a collaborative team, it is necessary for them to engage in an interprofessional education (IPE) program both as pre-professionals in an academic field and as current practitioners pursuing improved patient care within their practice. The goal of IPE programs is to teach practitioners how to engage in interprofessional collaboration that is efficient and effective for both the professionals and the patients. This paper will elaborate on the concept of interprofessional collaboration and illustrate the importance of IPE and how it is put into effect and will outline the process and execution of an IPE program that took place at the University of Rhode Island. In addition, this paper will present how interdisciplinary teams can be more beneficial for the patient. Finally, this paper will demonstrate the benefits of these practices specifically within the fields of speech-language pathology and audiology through my reflections following participation in this IPE program.

Interprofessional Collaboration and Interprofessional Practice

In 2001, The Institute of Medicine reported that in order to improve accessibility, quality, and value of healthcare, interprofessional collaboration among healthcare professionals was needed (Institute of Medicine (US) Committee on Quality of Health Care in America, 2001). Interprofessional collaboration occurs when “providers and patients communicate and consider each other's unique perspective” (Sullivan, D. Kiovsky, J. Mason, D. Hill, & Dukes, 2015). The interprofessional collaboration process “can better address the multiple factors that influence the health of individuals, families, and communities” (Sullivan, D. Kiovsky, J. Mason, D. Hill, & Dukes, 2015). Information regarding the patient, his or her needs, and care is shared across all the professionals in the collaborative team as well as with the patient (D'Amour, Ferrada-Videla, San Martin Rodriguez, & Beaulieu, 2005).

According to D'Amour, Ferrada-Videla, San Martin Rodriguez, and Beaulieu (2005), there are five underlying concepts necessary for successful interprofessional collaboration: sharing, partnership, power, interdependency and process. On a healthcare team, practitioners share the common goal of working to treat patients. In this process, it is important that they respect one another's disciplines to establish a healthy partnership. These professionals show their power and value by enlightening fellow team members with their knowledge and expertise, as well as defining their scope of practice. This will then give the practitioners the ability to see where the fields are interdependent. Interprofessional collaboration includes the interactive processes of decision-making, shared planning, and intervention which may require professionals to compromise (D'Amour, Ferrada-Videla, San Martin Rodriguez, & Beaulieu, 2005). The employment of these core concepts helps to shape and achieve successful interprofessional collaboration (Stephen,

2015). IPE helps properly established these core concepts for successful interprofessional collaboration in multidisciplinary teams (M. Buring, et al., 2009).

Interprofessional Practice (IPP)

Interprofessional practice (IPP) can be defined as the process that occurs when “multiple service providers from different professional backgrounds provide comprehensive healthcare or educational services by working with individuals and their families, caregivers, and communities” (American Speech-Language Hearing Association, n.d.). In this type of healthcare practice, professionals are able to coordinate care according to the needs of the patient (Ontario Shores Centre for Mental Health Services, 2012). Competencies to successfully incorporate IPP into one’s scope of practice are developed through the use of IPE programs.

Interprofessional Education (IPE) Programs

Interprofessional Education (IPE) programs are used to prepare practitioners to work effectively within interdisciplinary teams. The World Health Organization (WHO) defines IPE as occurring “when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (Health Professions Network Nursing and Midwifery Office within the Department of Human Resources, 2010). By participating in IPE, students and practitioners “develop competencies in the form of knowledge, skills, attitudes, and behaviors that will enable them to work collaboratively throughout their chosen careers” (Bainbridge, Orchard, & Wood, 2010). Such skills and attitudes will enable them to provide optimal patient-centered care in a collaborative manner (M. Buring, et al., 2009). Students who participate in IPE programs are given the opportunity to obtain world experience and insight for their future profession. They implement the knowledge they have acquired thus far in their chosen discipline, and in return learn about the work of other practitioners (Health Professions Network Nursing and Midwifery Office

within the Department of Human Resources, 2010). IPE assists professionals to become more competent to work in a collaborative environment (D'Amour, Ferrada-Videla, San Martin Rodriguez, & Beaulieu, 2005).

There are many different frameworks that IPE programs can follow to help prepare these individuals for effective IPP and team-based care. One well-known structure used to facilitate the development of interdisciplinary competencies for interprofessional collaboration is The Canadian Interprofessional Competency Framework (Bainbridge, Orchard, & Wood, 2010). This outline remains to be effective due to its ability to “integrate knowledge, skills, attitudes, and values in arriving at judgments (Bainbridge, Orchard, & Wood, 2010).” Unlike some IPE training programs, which focus on “the behaviors” to demonstrate competency, The Canadian Interprofessional Competency Framework helps specifically shape judgments regarding interprofessional collaboration as well as offers a way to develop collaborative skills. This framework looks specifically at six different domains regarding interprofessional competency: role clarification, patient/client/family/community-centered care, team functioning, collaborative leadership, interprofessional communication, and dealing with interprofessional conflict. The Canadian Interprofessional Health Collaborative notes that knowledge in all domains is essential to enable all healthcare professionals on an interdisciplinary team to engage in effective and efficient collaboration (Canadian Interprofessional Health Collaborative, 2010).

Interprofessional Education Program at the University of Rhode Island

This Canadian Interprofessional Competency Framework was adopted by the University of Rhode Island’s IPE training program entitled Interdisciplinary Assessments of Chronic Complex Neurological Cases that took place in the spring of 2019. This IPE program consisted of three sessions designed to strengthen competencies in and improve attitudes towards working on

an interprofessional team. Another goal of this program was to enable participating students to gain skills in delivering interprofessional healthcare effectively. Groups consisted of seven students from various health disciplines including nursing, pharmacy, nutrition, psychology, occupational therapy, physical therapy, speech-language pathology and audiology. I participated in this event representing the discipline of audiology.

At the beginning of the first session, prior to any formal training in IPE, students completed a pre-test which assessed their previous knowledge and attitudes regarding interprofessional collaborative teams. Following this pre-test, students were placed in their teams, introduced themselves giving a brief overview of their disciplines including scope of practice, and established their roles within the group. This exercise targeted the competency domain of role clarification (Canadian Interprofessional Health Collaborative, 2010).

Each team was assigned a volunteer (patient) who presented with a chronic complex neurological diagnosis and who required treatment from multiple healthcare disciplines. Patient diagnosis included Parkinson's disease, Multiple Sclerosis (MS), Cerebrovascular Accident (CVA), Charcot-Marie-Tooth disease, and others. Before the start of the program, patient volunteers completed a case history questionnaire and recorded a brief video to introduce themselves to their respective teams. In session one, the teams collaboratively discussed the diagnosis, symptoms, and concerns of their patients. Following a comprehensive review of the case history, the teams were then prompted to construct a plan for a team-based assessment to take place during session two.

To conclude session one, student participants were asked to give their opinions regarding how well their team worked together in this initial meeting and to relay what they learned about each discipline. Questions were also posed about how the team felt they would respond if a conflict

were to arise during the assessment session. This discussion looked at interprofessional conflict resolution and allowed students to come up with ways to negotiate and compromise during the team patient assessment as well as during the construction of the comprehensive treatment plan for the patient (Canadian Interprofessional Health Collaborative, 2010). All teams collaboratively identified how these conflicts could be avoided and outlined tactics that would be implemented if any conflict were to arise.

In this first session, I had an extremely positive experience working with my interprofessional team. We showed each other respect immediately upon meeting one another. My team made me feel supported, and we provided each other encouragement from the very beginning. We engaged in detailed discussion, asked each other questions, and made sure to include members from all disciplines. We were free to give our perspectives on this patient's case. It was clear that each student was eager to learn more about the other healthcare professions and how each participant might assess and treat this patient. Students decided what kind of discipline specific assessment they would complete to evaluate the patient. This process of assessment selection was fascinating. My team appeared competent and efficient. From the start, everyone played an active role, and each student voiced his or her opinion while also showing respect to the different perspectives of the other team members.

In session two, students engaged in an IPP event. In this case, the students acted as the volunteers' healthcare providers working collaboratively with the patients and other professionals outside their field (Ontario Shores Centre for Mental Health Services, 2012). The purpose of session two was to complete a team-based patient assessment and to develop an interdisciplinary treatment plan with the information acquired. Upon meeting the patient, the team spent 1-2 hours asking questions regarding any life issues and concerns he or she may have. Each discipline

performed appropriate screenings or assessments as well. The teams then created treatment goals for the patient to enhance overall well-being. These plans addressed a particular area of concern or life issue expressed by the patients during the interview. In addition, teams researched ways for their patient to reach these overarching life goals. Final recommendations were not individual treatment plans coming from each discipline but instead were a comprehensive plan that all disciplines worked collaboratively to create.

In this session, each student was able to showcase knowledge in his or her specific discipline. For my team's comprehensive patient assessment, students took turns asking our patient and caregiver various questions. Each student completed a quick 5-minute baseline assessment specific to his or her discipline. My team decided to complete the assessments that could be done with the patient in a seated position first followed by those that required the patient to get up and move. This order was agreed upon by all participants for the convenience of our patient. The patient had difficulty getting up from a seated position and walking around and we agreed this would be easier for her. Team members respected one another, and assistance was given when necessary. It was noted the help provided by other team members was not overpowering and was offered only when requested. During the overall assessment, we found many of our questions about functioning and everyday life overlapped across our disciplines.

In the last session of this particular IPE program, the teams presented the information regarding the complex needs of their patient and the comprehensive treatment plans developed to all students, faculty, and volunteers who participated in the program. Each poster presentation was detailed with information of the patient's medical history/ diagnosis, subjective and objective information obtained from the patient's assessment, the daily life activities in which the patient

engaged, and the team's goals and plan for the patient. The presenters concluded by giving the audience feedback on their experience during this IPE program.

Following the presentations, students took a post-test to reassess their knowledge and attitudes towards interprofessional collaboration. A group de-brief then took place in which all students and faculty discussed the success of this IPE program with one another. The teams gave feedback on the IPE training program and how it helped shape their attitudes. Many students expressed their initial insecurities about joining this program. They reported feeling pressure as they were responsible for representing their specific discipline and were expected to show a certain level of competence. The same students that came into the program feeling nervous at first noted their groups made them feel comfortable and respected. Students reported this support from their peers continued throughout each session, allowing them to become more comfortable and gain confidence in their own discipline. Peer support and respect were key factors in allowing students to strengthen their competencies in interprofessional healthcare and to shape positive attitudes on interprofessional collaboration (Student Presenters).

IPE Reflections

In any kind of IPE program, it is vital that students reflect on how well they worked while collaborating with others. Students may still be incompetent in certain areas of interprofessional collaboration. This reflection process allows students to identify such areas and seek further education or training. In addition, students must reflect on how effectively their team worked together and recognize challenges presented within the interprofessional collaboration process. This ensures students are aware of what factors are essential for delivering effective interprofessional healthcare. Individual attitudes towards interprofessional teamwork are also strengthened through this reflection. Students experience how interdisciplinary teams lead to more

of a patient-centered care during the reflection (D'Amour, Ferrada-Videla, San Martin Rodriguez, & Beaulieu, 2005).

IPE remains to be successful for the development of collaborative skills and attitudes towards interprofessional teams. Student reflections from the URI IPE training were positive and implied that these goals were achieved. Teams reported learning skills such as planning, organizing, and communicating while acting as part of an interdisciplinary team. One team reported that this training, “instilled a greater sense of understanding and respect for each of the other professions” (Student Presenters). Multiple teams found that through interdisciplinary teamwork, they were able to provide patients with well-rounded, effective and wholistic healthcare (Student Presenters). The goal of improving collaborative skills and competence in collaborative teamwork was reportedly achieved in all teams.

Generally, IPE programs allow students and professionals to become acquainted with multiple disciplines and other professional viewpoints (Robben, et al., 2012). The IPE program at URI is just one example of this. In a study by The Alliance for Continuing Education in the Health Professions, several professionals knew collaboration was essential in treating the frail elderly but didn't know how to successfully achieve this interprofessional teamwork. Through an IPE program, practitioners improved their collaborative skills and behaviors as well as their attitudes towards interprofessional healthcare teams (Robben, et al., 2012).

Patient-Centered Care Benefits of IPP

One of the many reasons interdisciplinary teams in healthcare are put into practice is to reach optimal patient-centered care. Patient-centered care is defined as “providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions” (Institute of Medicine (US) Committee on Quality of

Health Care in America, 2001). The article, *The Conceptual Basis for Interprofessional Collaboration: Core Concepts and Theoretical Frameworks*, states that there is a major focus on the client in team collaboration. The patient becomes a part of the team essentially, and with this interprofessional care, the patient becomes the center of all concerns (D'Amour, Ferrada-Videla, San Martin Rodriguez, & Beaulieu, 2005). In the traditional system, without collaborative teams, each professional focuses on his or her specific contribution to treat a focused problem (Institute of Medicine (US) Committee on Quality of Health Care in America, 2001). The patient does not receive care according to his or her major life concerns when this occurs.

In the process of delivering interprofessional care, “practitioners seek out, integrate and value as a partner, the input and the engagement of patient/client/family/community in designing and implementing care/services” (Bainbridge, Orchard, & Wood, 2010). When the needs of the patient are addressed by a team, the patient outcomes become more pertinent to their overall life concerns and goals. This type of patient participation was evident in the URI IPE training program. Patients provided feedback stating they felt their opinions were being taken into consideration. The goals of the team were not just focused on objective information but subjective input concerning the patient’s life functioning as well.

Patient Inclusion

The encouraged patient engagement that occurs in collaboration with interprofessional teams benefits the patient further. Interprofessional teams coordinate the pertinent input from each discipline involved prior to communicating this information to the patient. Patient-clinician interactions allow professionals to compose a treatment plan that addresses specific patient concerns. Therefore, it is evident that the patient begins to play a major role in the decision-making process. This increased level of patient-clinician communication allows the patient’s personal

goals, values, and expectations to be an important aspect of decisions for care. The goal of giving the patient an active role in his or her care is to increase trust in this relationship and reduce any anxiety the patient may have. Improved levels of trust and decreased anxiety regarding treatment additionally improves patient outcomes (Morley & Cashell, 2017).

Improved Interprofessional Communication

Furthermore, increased communication amongst healthcare professionals decreases the potential errors in patient care and treatment (Vega & Bernard, 2016). Studies show causes for error in the medical field are sometimes a result of miscommunication between medical professionals. To reduce these errors, IPE and IPP are recommended (Vega & Bernard, 2016). Improvement of communication gives each professional the opportunity to share his or her expertise when addressing the healthcare needs of a patient (Goolsarran, Hamo, Lane, Frawley, & Lu, 2018). As communication is improved, so is the quality of care, and errors are reduced (Ariss, 2016).

IPP in Speech-Language Pathology and Audiology

Members on an interprofessional collaborative team work together to help achieve positive patient outcomes. Two professionals that are key members on an interdisciplinary team are speech-language pathologists and audiologists. The American Speech-Language-Hearing Association (ASHA) defines a speech-language pathologist as someone who works to “prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults” (American Speech-Language-Hearing Association, n.d.). The profession of an audiologist is defined as “healthcare professionals who provide patient-centered care in the prevention, identification, diagnosis, and evidence-based treatment of hearing,

balance, and other auditory disorders for people of all ages” (American Speech-Language-Hearing Association, n.d.).

Both of these professions were represented in URI’s IPE program. The inclusion of these professionals was necessary due to the chronic complex neurological disorders presented by the volunteers. An interdisciplinary team works to treat the patient as a whole. Any sort of communicative disorder, whether it pertains to speech, language or hearing affects the patient on a daily basis. Speech-language pathologists and audiologists have the knowledge to establish treatment goals regarding the patient’s everyday life as communication plays a major role in daily living.

There are many conditions and diseases that may result in communication disorders and/or difficulties. These disorders are prevalent in a medical, clinical or school setting. It is not uncommon for a patient with complex needs to have some communication disorder or difficulty. This can be exemplified with a patient who suffers from dysphagia (difficulty swallowing) as a result of some neurological disorder. As a member of the interdisciplinary team, the speech-language pathologist would implement feeding and swallowing treatment. This patient’s collaborative team would likely include other professionals such as a nutritionist, nurse, or neurologist to improve overall quality of life. The speech-language pathologist is essential for dysphagia treatment and with collaborative teamwork this treatment becomes more functional for the patient (Foster & Wagner, 2016). In a school setting, speech-language pathologists are constantly coordinating with an array of disciplines such as special education teachers, psychologists, occupational therapists, social workers, counselors, and school nurses. These professionals work on a team to identify the needs and goals of a child in his or her Individualized Education Program (IEP).

Speech-language pathologists and audiologists assess and treat different medical issues, but the disciplines often overlap when it comes to improving communication. Audiologists contribute to differential diagnosis and provide additional guidance for preservation of hearing and assessment of balance. Audiologists educate the patient, family members and other professionals on related medical conditions if applicable (Ariss, 2016). For example, an audiologist can educate geriatricians about the correlation between untreated hearing loss and dementia. It is also within the scope of practice for audiologists to educate neurologists about vestibular disorders and to make recommendations for patients who have suffered a concussion (Kettler, 2018). As experts in hearing health care, audiologists are able to provide knowledge and expertise regarding medical conditions in order to treat the patient as a whole.

Communication is essential in our everyday activities and therefore it is vital a patient is able to communicate successfully with the world around him to improve overall well-being. As stated earlier, the patient is a key member of the team. If he is unable to communicate with or understand the practitioners, he is neither able to express his opinions and goals for treatment, nor is it guaranteed he will understand what is expected of him as an active member of the team.

Final Conclusion

The complexity of patient healthcare needs in today's world cannot be solely addressed by one discipline. The collaboration of multiple providers is required to properly address the needs of these patients (Nester, 2016). Participation in an IPE program teaches practitioners how to work on interprofessional collaborative teams that are capable of delivering optimal patient-centered care. IPE gives students the opportunity to learn the collaborative skills necessary to engage in IPP. IPE is also beneficial for current practitioners by helping increase competency in interprofessional collaboration and develop positive attitudes towards interdisciplinary teams.

Future and current practitioners benefit from IPE as well as the patients they treat. By incorporating IPE programs into healthcare majors at universities and offering continued education at healthcare facilities, there would be an increase in practitioner comfort with interdisciplinary collaboration and thus an increase in improved patient-centered care.

Bibliography

- American Speech-Language-Hearing Association . (n.d.). *Speech-Language Pathology* . Retrieved from ASHA : <https://www.asha.org/students/speech-language-pathology/>
- American Speech-Language-Hearing Association. (n.d.). *Audiology*. Retrieved from ASHA: <https://www.asha.org/Students/Audiology/>
- American Speech-Lanugage Hearing Association . (n.d.). *Interprofessional Education/Interprofessional Practice (IPE/IPP)*. Retrieved from ASHA : https://www.asha.org/eweb/OLSDynamicPage.aspx?Webcode=olsconsumereducation&utm_source=ASHA&utm_medium=banner&utm_campaign=bhsm19
- Ariss, A. (2016). Incorporating Interprofessional Practice and Education into Your Practice . *Audiology Today*, 14-16.
- Bainbridge, L. N., Orchard, C., & Wood, V. (2010). Competencies for Interprofessional Collaboration . *Journal of Physical Therapy Education* , 6-11.
- Canadian Interprofessional Health Collaborative. (2010, February). *A National Interprofessional Competency Framework*. Retrieved from Canadian Interprofessional Health Collaborative : http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf
- D'Amour, D., Ferrada-Videla, M., San Martin Rodriguez, L., & Beaulieu, M.-D. (2005). The conceptual basis of interprofessional collaboration: Core concepts and theoretical frameworks. *Journal of Interprofessional Care*, 116-131.
- Foster, E., & Wagner, A. (2016). *Interprofessional Collaboration with Aphasic Patients: A Survey Based Study on Implementation and Benefits*. Illinois State University: Graduate Independent Studies - Communication Sciences and Disorders.

- Goalsarran, N., Hamo, C., Lane, S., Frawley, S., & Lu, W.-H. (2018). Effectiveness of an interprofessional patient safety team-based learning stimulation experience on healthcare professional trainees. *BMC Medical Education* , 192.
- Health Professions Network Nursing and Midwifery Office within the Department of Human Resources. (2010). *Framework for Action on Interprofessional Education & Collaborative Practice*. Geneva: World Health Organization.
- Heassley, A. (2018). Audiology, Interprofessional Collaboration & School Health Services. *Audiology Today*, 14-27.
- Institute for Healthcare Improvement. (2018). *Who are people with complex needs?* Retrieved from The Playbook: <https://www.bettercareplaybook.org/questions/who-are-people-complex-needs>
- Institute of Medicine (US) Committee on Quality of Health Care in America. (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington DC: The National Academies Press.
- Kettler, M. (2018). The Audiologist: A Partner Within a Health-Care Team . *Audiology Today* , 10-11.
- M. Buring, S., Bhushan, A., Broeseker, A., Conway, S. B.-H., Hansen, L., & Westberg, S. (2009). Interprofessional Education: Definitions, Student Competencies, and Guidelines for Implementation. *American Journal of Pharmaceutical Education* , 59.
- Morley, L., & Cashell, A. (2017). Collaboration in Health Care . *Journal of Medical Imaging and Radiation Sciences* , 207-216.
- Nester, J. (2016). The Importance of Interprofessional Practice and Education in the Era of Accountable Care. *North Caroline Medical Journal*, 128-132.

- Ontario Shores Centre for Mental Health Services. (2012, December). *Interprofessional Practice and Interprofessional Care*. Retrieved from Ontario Shores: https://www.ontarioshores.ca/about_us/our_approach/interprofessional/
- Robben, S., Perry, M., van Nieuwenhuijzen, L., van Achterberg, T., Rikkert, M., Schers, H., . . . Melis, R. (2012). Impact of interprofessional education on collaboration attitudes, skills, and behavior among primary care professionals. *Journal of Continuing Education in the Health Professions*, 194-204.
- Stephen, A. (2015, August 8). *Fostering Interprofessional Collaboration in Health Care*. Retrieved from Campaign For Action: <https://campaignforaction.org/fostering-interprofessional-collaboration-healthcare/>
- Student Presenters. (n.d.). Interdisciplinary Assessments of Chronic Neurological Cases. *URI IPE Event*. Kingston, RI.
- Sullivan, M., D. Kiovsy, R., J. Mason, D., D. Hill, C., & Dukes, C. (2015). Interprofessional Collaboration and Education . *American Journal of Nursing* , 47-54.
- Vega, C., & Bernard, A. (2016). Interprofessional Collaboration to Improve Health Care: An Introduction . *Medscape Education Clinical Briefs* .