

Chapter 10

The Physician Assistant Profession: Collaboration Through Interprofessional Education

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ABSTRACT

In the United States, quality healthcare is an expectation. The accepted healthcare delivery approach relies on interprofessional, collaborative, and person-centered teams. As a result, health professions education must implement education and training to graduate a healthcare workforce that is competent in interprofessional collaboration. Physician assistants (PA) have an important role in the healthcare team. The purpose of this chapter is to provide a historical background to the interprofessional collaborative healthcare team, the formation of interprofessional education (IPE) competencies and partnerships, and the valued role of physician assistants. The need for evidence-based results to guide IPE curricular decisions for PA programs and characteristics of published IPE activities involving PA students are summarized. Potential barriers to successful interprofessional education and resolutions to those challenges are discussed.

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INTRODUCTION

An interprofessional and collaborative health care workforce has been a proposed strategy to improve problems faced by global health systems for many years. Two motivators for interprofessional practice are the shortage of health professionals and patient safety. Despite the longstanding incentives and frequent endorsements, U.S. health systems have been slow to develop or require prototypical models of interprofessional and collaborative patient care. Interprofessional education (IPE), however, has become a widely adopted approach by the majority of health education and training programs. IPE is a path to graduate competent health care professionals, who enter the workforce prepared to function collaboratively and as an effective member of the interprofessional care team.

BACKGROUND

The concerns over medical errors and patient safety are longstanding and well described. Numerous federal and private agencies, professional organizations, and educational associations have been committed to the exploration of root causes and feasible solutions for decades. A guided look at selected reports and projects underscores the changing knowledge, involved participants, and terminology over time and shows the evolution toward today's favored interprofessional, collaborative, and person-centered approach to health care delivery.

One of the first national groups dedicated to improving patient safety and health care outcomes was the Institute for Healthcare Improvement (IHI), which began in 1986 as a part of the National Demonstration Project on Quality Improvement in Health Care. The IHI developed an Interdisciplinary Professional Education Collaborative in 1994, "with the aim of making quality improvement a standard component in the education of health professionals in all disciplines" and began the Health Professions Education Collaborative in 2003 as a part of a unifying movement around improving health care for all. (Institute for Healthcare Improvement, n.d.) For over thirty years, the IHI has partnered with diverse organizations and global communities to study and demonstrate successful and reproducible health care models for improved patient safety. Through sustained innovation, the IHI has been at the forefront of studying techniques to reduce errors, for example leading the move from team-based care to testing interprofessional collaborations. In 2007, the IHI launched the Triple Aim initiative, to provide a universal and actionable framework for optimizing health, care, and cost. The Triple Aim is representative of the many IHI sustained global training programs and tools, which are adaptable across government agencies, clinical health systems, and health professions education

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