The goal: Understanding the evidence that has been collected and reported about interprofessional education (IPE).

Decision-makers in government and health administration have identified collaborative practice as one strategy for managing some of the challenges facing our health care system (i.e. patient safety).

We need to be able to present decision-makers with evidence that IPE leads to interprofessional collaboration in practice and contributes to improved health outcomes. Short-term and pilot projects have shown that IPE has the potential to enhance practice, improve the delivery of services and make a positive impact on patient care.

Over the past decade there have been a number of reviews about IPE. The full paper Synthesis of Review Evidence for Interprofessional Education gives a summary of what evidence is available and how it can best be used.

We’ve Found that IPE

- Can improve collaborative practice, enhance delivery of services and have a positive impact on patient care.
- Has the potential to enable students and practitioners to learn the knowledge and skills necessary for interprofessional collaboration.
- Can be effectively delivered in a variety of education and practice settings.
- Is generally well received by participants.
- Has been advanced using quality improvement approaches.

Next Steps

- Initiate a dialogue between decision-makers and researchers about how to improve the evidence linking IPE to collaborative practice.
- As the hub for interprofessional education and collaborative practice in Canada, CIHC can connect individuals and organizations in this dialogue.
- Researchers and decision-makers work with knowledge exchange experts to ensure that the evidence produced can be used to develop and implement new strategies for collaborative, patient-centred practice.