

HIP: Informing Interprofessional Health Care

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From the Editor

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We've all had the experience of going to a doctor's office and having to redundantly explain, on intake forms or verbally, the same chief complaint to each practitioner we see. These practitioners may be interdisciplinary, in that they understand and can communicate to the patient where specialty care beyond their own expertise can be had, but these health care providers do not necessarily directly collaborate for the good of a single patient. Often health care workers are described as a team, but the fragmented nature of practices in the U.S. all too often makes that team loosely-knit, inefficient, and guilty of poor communication.

While this situation is commonplace, there are many examples where health care is practiced in a truly interprofessional manner. According to D'Amour and Oandasan (2005), "interprofessionality"

"is defined as the development of a cohesive practice between professionals from different disciplines. [...] [I]t involves continuous interaction and knowledge sharing between professionals, organized to solve or explore a variety of education and care issues all while seeking to optimize the patient's participation. [...] Interprofessionality requires a paradigm shift [...]" (p. 9)

Pioneers in this form of interprofessional care include the Veterans Administration Medical Centers and some managed care providers, like Kaiser Permanente on the west coast. This mode of practice has many advantages, including efficiency, convenience and, most importantly, better care.

Health and Interprofessional Practice was started to provide examples of how this model can be brought into action, both in the education and practice of health care providers. HIP started in the winter of 2011 with a brainstorming session of library and health care educators who wanted to provide open access to information that would help inform and grow the practice of interprofessional care. In this, our inaugural issue, we will explore several modes of

interprofessional practice:

Reisch et. al. explain the community-based rehabilitation (CBR) model as demonstrated in Nicaraguan elder centers ("hogares"). Their model brought students from dental health science, occupational and physical therapy, pharmacy and physician assistant studies together to help this vulnerable geriatric population.

Brumitt et. al. discuss provision of musculoskeletal screening and health care to migrant farm workers. This model allows for education of community health nurses and physical therapy students, in addition to providing care interprofessionally. In a similar vein, Stein et al. address how profession-centric teaching may not be as effective and beneficial to patient care as interprofessional education in nursing and pharmacy.

Last but not least, Beales et al. describe the family health team model from Canada, which seeks to overcome the sometimes detrimental mono-professional culture.

We're in for a thought-provoking and horizon-expanding journey – and we encourage your feedback along the way, as we explore different topics and perspectives that we hope, in one way or another, will contribute to the growth of interprofessional care.

Welcome to HIP!

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Editor-in-Chief



D'Amour, D., & Oandasan, I. (2005). Interprofessionality as the field of interprofessional practice and interprofessional education: An emerging concept. *Journal of Interprofessional Care*, 198-20. doi:10.1080/13561820500081604