The Commission on Interprofessional Education and Practice at the Ohio State University in Columbus, Ohio was founded in order to increase the qualitative level of care of clients of the various "helping professions". The Commission stands for human service.

In our complex technological and highly specialized society the needs of the whole person are often ignored in favor of the dramatic treatment of specific problems. Therefore, the interests and composition of the organization may be unique. The Board brings together representatives of professional academic units and the counterpart state professional associations from Allied Medicine, Education, Law, Medicine, Nursing, Psychology, Social Work, and Theology. Hence education and practice are highlighted in the official name of the Commission.

Founded some ten years ago the Commission offers four graduate level courses that are cross-listed and team taught by faculty from six different professional schools and colleges at the Ohio State University and three independent theological schools in the Columbus area. This wedding of public and private professional education may also be unique. These courses include: "Changing Societal Values and the Professions", which covers topics of broad social consequence and interest such as the changing understanding of professional client rights, human sexuality, and access to professional care; "Interprofessional Care", which brings together students and faculty to develop interprofessional treatment strategies using a case-study approach; "Ethical Issues Common to the Helping Professions", which focuses on complex ethical issues arising from advancing technology and uses cases to explore topics such as death and dying, mind control, enforced painful treatment, informed consent, and professional accountability; and "Interprofessional Seminar in Clinical Settings", which provides educational experiences in interprofessional teamwork through plenary sessions and field work in a variety of settings including a medical facility, a public school, and an alcoholism treatment facility.

In addition to the four graduate professional courses, on behalf of the state professional associations, the Commission facilitates several interprofessional continuing education conferences, courses and symposia each year.

Membership in the Commission Assembly, which meets twice a year, is open to state professional associations, and professional schools and colleges located in Ohio, and extends the interprofessional interests of the Commission to professions other than the eight which participate in the academic program.
The broad base of support of the Commission is another of its aspects. Each academic unit contributes not only substantial faculty time, but also direct financial and administrative support. Financial support also comes directly from the general fund of the University and the state professional associations. This broad base of support creates an alliance which extends not only the boundaries of academic units, (no small feat in a mega-versity such as the Ohio State University), but also finds common interests and commitments between and among the university and independent professional associations. Further, the Commission is supported by two major grants, an annual and on-going grant from the Columbus Foundation and a five year grant from the W. K. Kellogg Foundation.

The educational objectives of the Commission include increasing the awareness of professional students and practitioners of the human problems and issues that extend beyond the resources of a single profession. As awareness develops, students and practitioners acquire new insights and new understandings of those complex problems. Finally, the Commission strives to educate students and practitioners in both the philosophy of interprofessional interaction and its methods. The Commission believes, however, that interprofessional collaboration is an extension of professional expertise and no substitute for it. Therefore, within each learning experience a heavy emphasis is placed upon students and practitioners interacting out of the strength of their respective professions.

Increasing the quality of human service to meet human needs was the inspiration for the founding of the Commission. The same goal remains as the source of its energy and gives direction for its future.

Course methods used in interprofessional education were developed as a result of the collaboration of faculty teaching interprofessional courses at the Ohio State University. The following represents aspects of this methodology that were emphasized during the discussions at the Lexington Conference. The methods described reflect the current thought of a particular group of faculty, the authors, and do not intend to be comprehensive of all the approaches used in every course taught through the efforts of the Commission and its participating academic units. Specific discussions at the workshop focused on case analysis methodology, case presentation techniques, readings and assignments, faculty and research.

Case Analysis Methodology:

The analysis of cases is one of the central teaching methods used in the courses facilitated by the Commission on Interprofessional Education and Practice. The study of cases is a well established experiential teaching method and can bring students of differing backgrounds into a satisfying learning experience immediately transferrable to life situations. Case studies are a form of simulation, of which Kuthie says "One goal of simulated environments is to bring the future into the present, to allow students to participate in roles that society would normally withhold for a later time. ...simulated environment include the realistic
presence of unpredictable events. The selected cases focus the attention of the students on the needs of the client while at the same time providing an opportunity to explore and experience interprofessional collaboration. Students are taught that using the interprofessional process to plan the care of a client means the client's needs are the first priority. Team development is viewed in the context of meeting the client's needs rather than as an end in itself. Instead of one interdisciplinary cooperative team which is developed through the familiar process of forming, storming, norming and performing, the interprofessional process recognizes that the client could effectively benefit from a series of teams of different types, some collaborative and democratic, some autocratic and hierarchical, and some a combination of these two extremes.

While we value democratic teams we recognize that two professionals do not necessarily function better than one. (There is certainly a grain of wisdom in the old adage: a committee to produce a horse can result in a camel!) We value each profession's uniqueness and therefore the potential comprehensiveness of care resulting from interprofessional collaboration. We believe that the non-inclusion and non-involvement of certain professions in the planning of care for clients with complex problems, can only result in inadequate care. This does not mean, however, that all these professionals necessarily must meet together and agree upon a treatment plan. This would be both unrealistic and unreasonable.

It does mean that each profession needs to know more about the other professions and the skills and resources that each brings. It does mean that a case is examined from a multi-professional perspective and that these various perspectives are systematically brought to bear in the treatment of the client. It also means that students from all professions must learn more about the group skills required in interprofessional collaboration so that efficient and realistic interprofessional judgments may be reached.

The Kentucky January Team Development Manual recommends a four-stage model: 1) Develop a Can-Do-List; 2) Set goals; 3) Negotiate roles; and, 4) Make decisions for care.

In our course we suggest the following somewhat different process to analyze cases and develop comprehensive care. Interprofessional teams are formed including one person from each of the participating professions and one faculty member. The teams then:

1. Introduce themselves, including observations about the profession and skills of each member.

2. Identify and rank the client's problems.

3. Discuss professional roles and decide on the professionals needed for each problem.

4. Decide on the types of teams needed, their roles, and the sequence of services to be provided to the client.
The first step in this process is clearly a maintenance rather than task function. But our experience and the research of others both suggest that if group maintenance is not cared for there will be a significant reduction in productivity in relation to specific tasks. Further, in interprofessional collaboration it is clear that students from different professions interact initially on the basis of stereotypes of their own profession and others' professions. Taking the time to explore even the most superficial facts about the other team members and the skills and values of their professions tends to break down the stereotypes that students bring to interprofessional collaboration. This initial process builds an informed context out of which to evaluate interprofessional contributions.

The second step in the process focuses on what each team member identifies as the key problems or issues from the perspective of her or his profession. Prior to this step students are given profession specific assignments geared to the identification of the problems presented in a particular case. This enables the student to participate in the interprofessional team from a position of professional strength and information. A fundamental principle of interprofessional interaction as taught and experienced by students in these courses is that interprofessional collaboration is not a substitute for professional competence. Only when each team member is professionally informed and skilled is the contribution of that professional respected and valued and therefore able to make a significant impact on the team's treatment plan.

Once the problems are identified, the team arrives at a consensus with regard to the order in which they should be addressed. In the third step of the process the team identifies who should perform which functions in relation to the needs of the client. This identification is made primarily on the basis of professional skills, but it may also take into consideration the relationship between the client and the various professionals.

A worksheet is sometimes helpful in organizing and summarizing steps two and three:

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CASE: __________________________
The fourth step includes decisions about specific sub-team constellations, their roles and the timing and sequence of their services. Especially in complex cases students frequently find a flow chart to be helpful in identifying the various services and teams and the sequence of the care plan.

A sample case, developed for use in the "Seminar on Interprofessional Care" facilitated by the Commission follows. It includes a flow chart representing the care plan for the client.

CASE STUDY

Joe V.

Joe V. is a 45 year old migrant worker and Mexican citizen who is legally employed at seasonal farm labor in Ohio. Joe was taken to the emergency room of the county hospital after falling over some machinery while picking tomatoes in Findlay. Presenting symptoms were intense shoulder pain, dizziness, shortness of breath and general debility. The following information was elicited:

Joe had become dizzy while working and fell, landing on his shoulder. X-ray revealed simple fractures of the clavicle and upper shaft of the humerus. He has a long history of cigarette smoking but has had to give it up recently because of the lack of money to buy cigarettes. He still smokes when he had a chance to. His cough is of some years duration. Pulmonary function test revealed obstructive impairment. Other physical signs are excessive thirst and urination, hunger and weight loss. Diagnoses of emphysema and diabetes were made.

Social history - Joe has worked at farm labor for many years and is supporting a wife and six children. He says that he has worked in California and Ohio for some time but that his wife and children are still in Mexico. He plans to follow the crops this year as he has in the past. In good years, he can work through Texas and Oklahoma and then return home for awhile. In poor years, he must go on up to Michigan and Ohio for late summer tomato and sugar beet crops. His family went with him one year but the housing conditions were so bad that they have since elected to stay in their village in Mexico. Joe wants very much to have his family with him and has repeatedly sought help from the local pastor to bring this about, but she has been unresponsive.

Joe must work to support his family. His wife, 30 years of age, had some convent training and is an accomplished seamstress, but has been unable to work because of family responsibilities. The children are all under 12, apparently bright and helpful with the exception of the oldest boy, 11-½ years old, who has had constant problems in the mission school.

It is doubtful that Joe can be returned to his livelihood. It is evident that the family should be reunited permanently, either in the United States, if this is legally feasible, or in Mexico. It is not clear how this should be effected nor how the family can be self-sufficient.
Patient Care
Flow Chart

Case - Joe V.

R = Radiologist
D = Doctor
A = Anesthesiologist
S = Surgeon
N = Nurse

Emergency Room
X-Ray

Operating Room

Referral to Social Worker

Social Worker Team

Consultation

P = Pastor
E = Education
SW = Social Worker
D = Doctor

L = Lawyer
I = Immigration Officer
Case Presentation Techniques:

A variety of case presentation techniques have been used in courses facilitated by the Commission. These include "paper cases" which may or may not be based in whole or in part on actual situations. They are developed and presented by the faculty in order to highlight specific aspects of interprofessional interaction. The problems are carefully selected and expanded to maximize both their credibility and their usefulness in teaching interprofessional collaboration.

Paper cases are also sometimes "role-played" by actors and/or faculty members. This adds an element of reality to the presentation which encourages involvement on the part of the students. It also affords an opportunity for interaction in which the students can interview the clients and elicit further information. This is done in plenary session.

Faculty may present actual cases in which they were in fact a practitioner. This is done by interviewing an actor in front of the class and allowing students to ask questions, or by written presentation with students questioning the involved practitioner. In either case, they will modify certain details to preserve confidentiality and/or to add credibility, breadth, or depth to the case. This technique further enhances the reality of the presentation because of the subtleties of emotion that can be included. It, too, encourages interaction with the students.

Video taped presentations of real or role-played cases are sometimes used. These allow the students to experience perfected interview techniques which frequently present a more comprehensive view of the problems of the case. However, video taped presentations tend to encourage a kind of passivity on the part of students, perhaps because of the medium, and they of course do not allow interaction between students and clients.

Actual case presentations involving current clients are occasionally used when it is judged by the faculty practitioners and clients to be therapeutically appropriate. Most frequently, such cases come from among the clients of faculty members. In some of these presentations details are modified to guard confidentiality, but the reality of the situation is generally communicated to the students and encourages their involvement.

Faculty teams have struggled with the ethical questions involved in using actual clients in case study presentations. Most frequently mentioned is the problem of raising unrealistic hopes among clients. This concern has inclined faculty teams to be extremely cautious in the use of current clients.

The experience of the various faculty teams is consistent at the point of evaluating the effectiveness of the various case study presentation techniques. Generally, the closer the case is to a real situation involving real people, the more enthusiastically and intensely the students receive and work on it. The faculties, therefore, strive to present cases as realistically as possible, at the same time observing the therapeutic and ethical cautions mentioned above.
Readings and Assignment Types

Two types of readings and assignments are included in the courses facilitated by the Commission on Interprofessional Education and Practice. Profession specific assignments are made by the faculty member from the academic unit through which the student is enrolled. (All courses are cross listed by each participating academic unit.) These assignments serve to provide both the professional basis for interprofessional collaboration and feedback to the faculty member who will finally be responsible for evaluating the student's performance. These assignments may include readings, research, and papers which help the student explore specific aspects of the case that will demand his or her professional expertise. These assignments are reviewed and processed in professional groups throughout the course.

Interprofessional assignments are also made for the entire class. These include readings and activities designed to enhance the interprofessional dimensions of the students' understandings. Frequently these assignments include readings on group process, teamwork, leadership styles, professional interaction and professional jargon. These assignments are discussed and serve as the basis for some activities in both interprofessional groups and plenary sessions.

Faculty

Each course is taught by a faculty team consisting of one representative from each profession. Faculty assignments are made through the usual processes of each academic unit. A "Committee of Deans" (the deans and directors of the participating units) meets regularly to oversee and coordinate the academic program of the Commission. They also provide a significant link between the institutions and the Board of the Commission since the Chairperson of the Board is a part of this Committee.

All of the faculty are present at each class session. In addition to case presentations and lectures, each faculty person is responsible for his or her own professional group (most courses have a limit of 12 students from each profession) and one interprofessional group. Faculty interact during plenary sessions both formally in panels and informally in discussions. Each faculty member is thoroughly familiar with every aspect of the course since they have met throughout the preceding quarters to plan it.

While this approach to planning and teaching interprofessional courses may seem at first glance to be restrictively expensive, it can in fact be argued that it is cost effective. It makes it unnecessary for each professional unit to develop and staff its own courses in both interprofessional collaboration and on topics such as ethical issues common to the helping professions which may well be better studied in an interprofessional context. It also increases the quality of interprofessional teaching since no one profession or academic unit dominates the programs or curriculum.
Faculty have consistently experienced a revitalization of their teaching which is generated by interprofessional interaction. They make contacts, discover colleagues with common interests, and gain new perspectives on their own professions.

Research

Although the team approach is widely heralded as a promising innovation in the delivery of health services, to date the concept has attracted more rhetoric than research. An adequate theory of teams has not yet been formulated. Ducanis and Golin suggest that before an appropriate conceptual base can be formed, we need research on the use and effectiveness of the human service team. Theories concerning groups and organizations provide a framework, but there is a need for a set of interrelated principles and definitions from which to derive a hypothesis that can be tested.

There are three major aspects of teams (components, processes and outcomes) which offer a myriad of variables for investigation. However, researchers, rather than measuring what should be measured, often resort to measuring what can easily be measured. Innovative projects are usually in a rapid evolution and growth, and the system seldom is stable long enough to be satisfactorily measured. In addition, many researchers are strong advocates of the process and bring a degree of bias to the research effort. There are also those researchers who define a team in limited terms as a group which operates exclusively on democratic and egalitarian principles. It is equally important that some of the many authoritarian teams be studied.

Thus far most research on teams is largely descriptive or anecdotal depending on head counts or attitudinal measures. Broad programmatic approaches may be more useful.

Current research being undertaken by the Commission on Interprofessional Education and Practice includes a study of the interactions of practicing professionals and students in professional education to determine if meanings are communicated differently by the different professions. The preliminary results of this study will be presented at the Spring, 1983, meeting of the American Educational Research Association.

Another study, assessing the effects of the interprofessional courses facilitated by the Commission in the period 1976-81, compares the attitudes and experiences of the 422 students who have graduated and can be located (803 students took courses during this period) with those of a similar control group. The results of this study are currently being interpreted and will be summarized in the newsletter of the Commission, Interprofessional Commentary.

Finally, a search is being conducted to develop a comprehensive bibliography of the literature on interprofessional collaboration. This includes profession specific literature as well as more broadly based and circulated articles and books.
Plans for future research include the following:

1. A grant for research on the cost effectiveness of interprofessional education and practice has been submitted.

2. The identification of the types of cases which require interprofessional collaboration has been delineated as a task for one faculty writing group.

3. There is a clear need to identify, develop, and explore the effectiveness of a variety of models for interprofessional collaboration including both education and practice.

REFERENCES

