Overcoming Barriers to Interprofessional Education:
The Example of the Joint Position Statement of
the Physician Assistant Education Association
and the Society of Teachers of Family Medicine

Jerry Kruse, MD, MSPH

(Fam Med 2012;44(8):586-8.)

A few years ago, I had the pleasure to travel the bumpy Honduran road from Nuevo Paraiso to San Juan de Flores with Ann Feilmeyer, a student of midwifery. We observed that our medical brigade of six health care professionals and 20 pre-professional students had quickly developed an interprofessional team mentality, with no trace of rivalry or competitive spirit. Noting that this rarely occurs in our parent institutions, our discussion centered on socialization and enculturation of the various health professions. Ann suggested that Brigitte Jordan’s book, Birth in Four Cultures, would shed significant light on the problem of turf battles, silos, and separation of disciplines by artificial intellectual and technological barriers. Jordan’s book does provide a conceptual framework for understanding the forces that pit competition versus collaboration, devaluation versus integration, and outcomes versus authority. Unfortunately, competition between health care disciplines breeds a divisive authoritative knowledge that more often is based on structural superiority than on efficacy. Members of one discipline become entrenched in their way of knowing and tend to devalue or dismiss the philosophical basis and effectiveness of others.

In the United States, divisive battles between health care disciplines are far too common. Among leaders, such battles lead to disagreement about administrative, legislative, and funding priorities. But far too often the forces that incite such conflict operate at the ground level. Teamwork and collaboration are inhibited. The care of patients and communities is compromised. The discord is characterized by lack of respect for the capabilities of others, lack of recognition of value, inability to share a common vision, inability to communicate goals, and difficulty in setting priorities for more efficient and effective care. The educational chasms that isolate health care professions are immense. For example, there is a wide gulf between schools of medicine and schools of public health, and each health care discipline, including family medicine, has been on the giving and receiving end of this activity. We have allowed overcompetitiveness and one-upsmanship to shape the culture of training programs and thus perpetuate toxic practice and educational environments.

Now for some good news. The physician assistant and family medicine disciplines are building a foundation of trust and collaboration in both practice and education. In February 2011, the American Academy of Family Physicians and the American Academy of Physician Assistants released a joint policy statement titled “Family Physicians and Physician Assistants: Team-based Family Medicine.” This statement recommends the recognition of physician assistants as primary care clinicians in multidisciplinary, physician-directed teams. By April 2012, the boards of directors of the Physician Assistant Education Association (PAEA) and the Society of Teachers of Family Medicine (STFM) had approved another joint position statement that focuses specifically on interprofessional educational issues: “Educating Primary Care Teams for the Future: Family Medicine and Physician Assistant Interprofessional Education.” This statement is being released publicly this month, and the executive summary follows this column. The entire document and an explanatory column can be found in the
most recent issue of the Journal of Physician Assistant Education. The column details the historical development of the Joint Position Statement, and the document itself provides a well-referenced rationale for interprofessional, team-based care and education. It details the hard work of many people in each discipline. My personal thanks go to David Keahey, MSPH, PA-C, of PAEA and Perry Dickinson, MD, past president of STFM, who both provided determined leadership and scholarship to make the Joint Position Statement a reality.

The Joint Position Statement clearly articulates the mechanisms by which PAEA and STFM will collaborate to develop innovative models of interprofessional health care education and to be a united voice that transmits the new models to a wider audience. Our organizations share the vision that much of our interprofessional education will occur in a pervasive network of patient-centered medical homes (PCMHs) founded on principles that improve health outcomes and equity and lower costs. Those evidence-based principles will be the basis for joint training models for physician assistants and family physicians. PCMH principles that are essential for this interprofessional training include:

**Coordinated Care**
The fundamental definition of coordinated care requires that the talent and ability of each member of the interprofessional team be optimized. Our disciplines are committed to understand the capabilities of the various health care professionals, to respect and recognize their value, to share a common vision and communicate goals for better care and education, and to encourage all to work at the “top of the license.” We are committed to the transmission of these principles to our learners and know that this will expand the reach of the primary care workforce.

**Comprehensive Care**
This fundamental principle is defined as the degree to which the usual source of longitudinal care provides a wide range of primary health care services. It is the most powerful of the PCMH principles for improving health outcomes. The physician assistant and family medicine disciplines will work together to assure comprehensiveness in training and practice.

**First Contact Access to Care**
Access to care in the United States is the worst in the industrialized world. Direct collaboration between primary care disciplines is the most efficient means of improvement. Physician assistants and family physicians can take the first step in modeling this principle.

STFM and PAEA have long understood the importance of usual sources of comprehensive, longitudinal care and share a common history of generalist education. This common philosophical underpinning has already led to close collaboration in many educational institutions. It is our hope that the new document will spur a more rapid development of interprofessional models throughout the United States. It is also our hope that our united voice will be a stimulus for other primary care educational organizations to join us in creating an expanded advocacy platform for better systems of health care education and delivery.

In this time of fiscal austerity, high health care costs, and poorer than expected outcomes, public and private enterprises demand a real commitment to teamwork and collaboration between the health care disciplines. Efficiency, effectiveness, and equity must be improved. The looming shortage of health care professionals must be addressed. These issues are best handled when the talents of all members of the health care professions are understood and optimized. The type of teamwork that came naturally to the pre-professional students in Honduras must not be snuffed out by the socialization that too often occurs in our formal training programs. Our educational institutions and our professional organizations must assure that the proper curricula are in place and the proper attitudes are consistently exhibited to make such optimization a reality. The physician assistant-family medicine educational alliance is a step in the direction of better education, better health and better health care. We stand ready to work with educators in many health care disciplines to topple silos and erase turf boundaries for better health care.

**CORRESPONDENCE:** Address correspondence to Dr Kruse, Southern Illinois University, Department of Family and Community Medicine, PO Box 19671, Springfield, IL 62794-9671. 217-545-0200. jkruse@siu.edu.

**References**
The practice of medicine has become increasingly complex with the role of medical teams becoming more critical than ever. Professional medical education is changing to a model that emphasizes collaboration by a diverse group of clinicians to deliver team-based health care. The Society of Teachers of Family Medicine (STFM) and the Physician Assistant Education Association (PAEA), both representing educators who prepare their graduates in the foundations of primary care, have partnered to craft this Joint Position Statement with recommendations for increased educational collaboration, with the ultimate goal of expanding the availability of primary care teams who train and practice together.

The histories of the family medicine and physician assistant (PA) professions have been entwined since their inception in the 1960s. Family medicine was created to meet the need for a medical specialty whose scope of practice spanned prenatal care to end-of-life care. The PA profession arose in response to a shortage of primary care physicians. PAs, who are educated in a generalist, team-based model, are well-suited to partner with primary care physicians to meet the general health care needs of our population as a whole.

As the educational process for both professions has evolved, several trends have emerged. The patient safety movement has led to an increased focus on interprofessional teamwork, which underscores the importance of improved communication among different providers to minimize medical errors. In addition, economic instability associated with state and federal government cutbacks has created mounting financial pressures on educational institutions. These fiscal constraints, coupled with greater use of ambulatory care settings, are further compounded by increased competition for clinical training sites. Lastly, the trend toward competency-based education and outcomes assessment has shaped the educational process for both professions.

The patient-centered medical home (PCMH) model provides a framework to achieve more effective, safe, timely, efficient, equitable, and patient-centered health care. While reports from PCMH pilots demonstrate improvements in patient care and patient/clinician satisfaction as well as reductions in health care disparities and costs, the model is not without challenges. Declining numbers of PAs and medical students entering primary care careers, along with the increased demand for primary care providers in the advent of health care reform, present considerable challenges regarding access to care. Recommendations for incentives and regulatory reform help to counteract these challenges. In addition, interprofessional experiences in primary care that bring together medical and PA students with family medicine residents can prepare these students to work in highly functional interprofessional primary care teams in their future practices.

**Position Statements**

With the rising importance of team-based advanced primary care models and the foundational importance of interprofessional collaboration for the primary care workforce of the future, the Physician Assistant Education Association and the Society of Teachers of Family Medicine make the following position statements:

1. We believe that the United States' future primary care workforce needs are best met through the training and deployment of integrated teams of health professionals who provide and coordinate care within a patient-centered model.

2. We recommend the development and integration of new interprofessional curricula for medical and PA students and family medicine residents.

3. We recommend that medical schools, PA programs, and family medicine residencies expand the use of interprofessional clinical sites for students and residents, where they will learn how to efficiently and effectively provide patient-centered, team-based care as members of future patient-centered medical homes.

4. We encourage the development of federal and private funding sources for family medicine and PA programs to create innovative interprofessional curricula that would result in expansion and increased effectiveness of patient-centered medical homes.

5. We encourage collaboration with other health professions and disciplines to expand the scope of interprofessional team education and practice.