Reflections (1)

• Vision is (almost) everything!
  – Social accountability: Health, wellness rather than health care
• Aligning clinical accreditation and educational accreditation is critical!
  – Social accountability: Patient-centered care
• Conceptual models of accreditation are generative!
  – Susan Phillips: Tension between profession, accreditors & regulators
• Collaborative partnerships diminish tensions and drive change!
  – “Don’t charge up the hill without looking over your shoulder”
• Team-based care and IPE can be used to leverage change
  – Continuing professional development is the most important locus for IPE
Reflections (2)

• The need for change is ubiquitous, but implementation strategies are scarce!
  – “The what is clear, the how is much less so”
• Enhanced outcome measurement (and validated toolkits) is much in demand!
  – Distal outcomes (related to individual and population needs) should take precedence over proximal (learning) outcomes
• Blueprints can be helpful but context may dominate!
  – Clashing cultures often bedevil innovation
• Resource redistribution is essential!
  – “It’s a zero sum game” (at least in HICs)
• Leadership, leadership, leadership!
  – “The main task of leadership is to manage uncertainty and foster collaboration”
Well Being

Health

Health Care
Educational Reform
Learning
Patient
Caring
Practice Redesign

MICROSYSTEM
- Structure
- Financing

MESOSYSTEM

MACROSYSTEM
Enabling or Interfering Factors

Professional culture
Institutional culture
Workforce policy
Financing policy

Learning Continuum
(Formal and Informal)

- Foundational Education
- Graduate Education
- Continuing Professional Development

Interprofessional Education

Learning Outcomes
- Reaction
  - Attitudes/perceptions
  - Knowledge/skills
  - Collaborative behavior
  - Performance in practice

Health and System Outcomes
- Individual health
- Population/public health
- Organizational change
- System efficiencies
- Cost effectiveness