INTRODUCTION

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A recent Internet search using the term *interprofessional education* yielded over 600,000 entries; a similar search for *interdisciplinary education* generated almost 1,000,000 results. Although it can be said that a rose by any other name would smell as sweet, word choice does matter in this context (Choi & Pak, 2008). This text distinguishes *interprofessional* (from different professions) individuals engaged in practice from *interdisciplinary* (when speaking about the various disciplines) and *multidisciplinary* individuals (who draw on different disciplines but remain within the boundaries) (Choi & Pak, 2008). Although the idea of interprofessional teams in health care has existed for more than a century (Freeth, Hammick, Reeves, Koppel, & Barr, 2005), the uptake of interprofessional and interdisciplinary education (IPE) in the United States has been relatively slow, especially when compared with the growth of IPE internationally.

The process of integrating IPE and interprofessional practice (IPP) in the United States has been complicated by the division of the health and social care systems, the growth of medical specialties, and the fragmented systems of health education (Hall & Weaver, 2001; Institute of Medicine [IOM], 2003, 2008; Wagner et al., 2001). There is a clear imperative to better prepare students and the current workforce. Policy initiatives such as the Patient Protection and Affordable Care Act of 2010 (ACA), which calls for better care, better health, and smarter spending, require a systemic integrated approach to removing the financial, structural, and institutional barriers to IPE and IPP. There are signs that some of the structural and historic barriers are slowly coming down. In the past five years, the number of IPE programs has grown. Is it possible, as Freeth and colleagues (2005) suggested, that IPE is here to stay, even in the United States?

Current indications are that IPE is gaining significant momentum, but sustaining the commitment of institutional resources to support IPE will require evidence that it is worth the investment. There is little doubt that IPE has the potential to improve student knowledge, attitudes, values, and skills, but how this translates to achieving the goals of the ACA is not yet fully established. The IOM (2015) concluded that the

current evidence is lacking, and developing this evidence is a complex process that will require a purposeful integration of a multitude of systems and a long-term commitment.

THE IMPORTANCE OF IPE AND IPP

There are a number of factors that influenced the development and organization of this text. During my 20 years of social work practice, the majority of which were spent providing geriatric care management services to older adults and their family systems, I have had the opportunity to participate in countless numbers of interprofessional teams. The collective knowledge and skills of the team translated into significantly better outcomes and, in some cases, unanticipated positive outcomes. One such example is the case of Mr. S.

Case Study: Mr. S

Mr. S was residing in a nursing home, having maxed out his skilled care coverage under Medicare. When admitted to the nursing home, it was thought that he would never be able to return home. When I first met Mr. S, he still had significant left-side weakness that left him with limited movement in his left arm and with no control of his left leg, so that he was unable to stand. At the last case conference, Mr. S and his family were informed by the attending physician at the nursing facility that his care needs were greater than could be reasonably met at home and that they should be planning for his long-term placement in a nursing home.

All Mr. S wanted was to get out of the nursing home and return to his home. Most important, he stated that all he wanted out of life now was to live long enough to attend his daughter's wedding, which was scheduled to take place in 10 months. After the doctors told him that it was unlikely he would be able to go home, he was ready to, as he put it, "just give up." Our office was called to provide mental health services to treat Mr. S's apparent depression.

The interdisciplinary team that began working with Mr. S and his family at the nursing home included a community-based geriatric care manager, a mental health professional, and a physical therapist who was paid privately by the family. The team eventually grew to include an architect for home modification, an aqua therapist (Mrs. S indicated that her husband had been a lifelong swimmer), and a personal companion who was a contemporary that shared similar interests. This team collaborated with the patient and his family to develop a comprehensive interdisciplinary plan. The care manager assumed responsibility for facilitating constant communication about progress and setbacks with all the members of the team.

After nine months of rigorous physical and occupational therapy supplemented with weekly aqua therapy, not only did Mr. S attend the wedding, but he was able to walk his daughter down the aisle. It was experiences like this and others that motivated me to enter academia. Although Mr. S and his family had the resources to pay for services that are not available to everyone,

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> the cost for implementing the plan of care was significantly less than the cost of long-term institutional care and also improved the quality of life for both Mr. S and his family.

Interprofessional Perspectives in Education and Practice was also motivated by my 15 years developing graduate and continuing education curriculum. This text attempts to address a gap in the current body of literature by focusing on successful programs and practices in the United States that administer health and social care in a unique context.

The experiences of participating in interprofessional teams throughout my practice career and then becoming a social work professor, at which time I became a trainer and advocate for IPE and IPP, provided further motivation for this text. It was my social work education and training that gave me the opportunity to develop curriculum designed to train workers from various disciplines to work on interprofessional teams in a timely and practical way. So, too, was the experience of joining an interprofessional team of academics that developed the ITEACH program presented in chapter 11. This experience solidified my resolve to make certain that the social work frameworks of social justice, oppression, and person in environment would be critical contributions that from my perspective were frequently overlooked in other IPE programs. If health care is to become person centered or, as my colleagues say, patient centered, this content must be a foundation on which to build effective interprofessional learning opportunities for students and the workforce.

The role of the social worker on the interprofessional team as a patient advocate is complex and frequently not fully understood. And although I do agree with Freeth and colleagues (2005) that the interprofessional team is a unique type of team, the theoretical foundations and practical knowledge of group dynamics included in most, if not all, social work curricula could be used to expand the social work role that should be recognized as a valuable asset to any interprofessional team.

ORIENTATION TO THE TEXT

As an editor and contributor to this text, I had to decide how to best balance the competing demands of a common voice while honoring the perspectives and voice of different professionals. Although I provided some guidance regarding the content of each section and chapter, I did not edit the contributors' preferred terminology. For example, although "person-centered care" is the preferred vernacular in social work, "patient-centered care" remains the preferred and dominant vernacular in most health care professions.

This book is divided into four sections, each with a different focus. Part 1 establishes a context to better understand the history and development of competence-based education, IPE, and its evaluation. Part 2 provides a review of the four core competencies of interdisciplinary education. Part 3 comprises five chapters from academic programs in the United States. Part 4 provides a perspective on IPP in a variety of different areas. The authors were encouraged to use case illustrations as needed.

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