

## From the Editor-in-Chief

### **Interdisciplinary and Intradisciplinary Nursing Education: None, Either or Both?**

Interdisciplinary education in the health sciences may finally be coming into its own.

Interdisciplinary education has been of interest for at least 40 years, largely in response to criticisms that graduates of health sciences programs do not know how to work together as a team once they enter practice. While there have been numerous serious attempts to create interdisciplinary educational programs (I recall working hard at this in the early days of the McMaster medical school, when nursing, medical and social work students met together to learn how to communicate with patients), almost all these efforts ended in frustration and complaints on the part of educators that students had so few opportunities to see interdisciplinary teams actually working together in the clinical environment.

In this issue, we have a column by Dr. John Gilbert of the University of British Columbia describing current changes in interdisciplinary education and the ingredients that we now know are essential for its success. It is not by chance that Dr. Gilbert was asked to write this column; UBC has been one of the universities most consistently committed to interdisciplinary education, and Dr. Gilbert has devoted the last 10 years to promoting it among UBC's health professions schools.

Health Canada, through its Human Resources Strategy, has created a breakthrough with the funding of the Interdisciplinary Education for Collaborative, Patient-Centred Practice (IECPCP). Dr. Gilbert is on the National Expert Panel for this initiative, which invites organizations to submit proposals for funding to support their plans. To my knowledge, this is the first time that interdisciplinary education has received this type of financial support and commitment. The outcomes should include a variety of organizational arrangements and content foci – some of which will be highly successful, some moderately successful and some not at all successful. Analysis of the reasons for the outcomes will provide welcome information to guide schools in future developments. Hopefully, this is the beginning of a new era in which interdisciplinary health sciences education becomes the norm.

When it comes to interdisciplinary education, nursing faces more challenges than most of the other health disciplines, though perhaps fewer now than in the past. The change is due to the reorganization of nursing education that has occurred over the last 10 to 15 years. Nursing has been unique among the health sciences in that most nursing schools have not been located in universities, where all the other major health professions receive their education – for example, medicine, dentistry, pharmacy, the rehabilitation therapies and social work. The move to collaborative educational programs between colleges and universities has shifted more nursing to universities, where the potential has increased for health sciences students to learn together. It will be interesting to see how nursing schools with large collaborative programs located in health sciences universities – i.e., those with medical schools (as these usually include schools of rehabilitation and dentistry, and sometimes pharmacy) – manage interdisciplinary education. At these schools, nursing students outnumber others by severalfold, and many nursing students are located in college campuses far from the university. Will these nursing schools offer interdisciplinary education only to those students located on the university campus, or will they attempt to rotate nursing students through the interdisciplinary aspects of the program? If they do not do the latter, how will their nursing graduates interpret the different interdisciplinary skills and experiences of others who graduate from their program with the same degree?

Also facing a challenge are those nursing programs located in universities that do not house medical schools and other health sciences. How will they incorporate interdisciplinary education into their curricula? Such schools as the universities of Windsor, Prince Edward Island, New Brunswick, Victoria, Ryerson and York, to name a few, face this challenge. Are there other disciplines with which they can develop collaborative exercises so that students learn the group process aspects of interdisciplinary teamwork?

Interdisciplinary health sciences education has received considerable attention and, now, considerable funding. However, the occupational group with which the majority of nurses work most closely is licensed/registered practical nurses, known in most of Canada as LPNs (RPNs in Ontario; nursing assistants in Quebec). The scope of practice of LPNs/RPNs is increasing, and the educational programs to prepare them are lengthening in several provinces. Outside Quebec, LPNs/RPNs are educated in community colleges. When diploma nursing education was the prevalent model, many community college programs integrated some aspects of RN and LPN education, but this integration has given way to collaboration between colleges and universities to educate registered nurses.

Practical nurses are left out of almost all plans for interdisciplinary education, and I see no planning for intradisciplinary education between RNs and LPNs/RPNs. Registered nurses do not fully understand the scope of practice of practical nurses, and essentially the two roles get no experience working together while they are still students. This sounds remarkably like the situation that drove the development of interdisciplinary education. However, it is unlikely that schools of nursing that prepare RNs will try to include intradisciplinary RN/LPN education in the foreseeable future. They have too much on their plates trying to make the collaborative programs work and beginning the complicated process of interdisciplinary education.

This puts the onus on employers, hospitals, home care and chronic care facilities to introduce new RNs and LPNs/RPNs to each other and to help them learn to work together. This means identifying role models from each of these groups, and from model intradisciplinary teams, to describe how they work together and what contributes to good working relationships. I am not aware of research on this topic, but it certainly lends itself to systematic study.

It has taken interdisciplinary education decades to begin to get the attention and resources it requires to determine how to make it work and, importantly, how patient care will change as a result. Hopefully, it will not be decades before intradisciplinary education gets the attention it deserves.

A handwritten signature in black ink that reads "Dorothy Pringle". The signature is written in a cursive, flowing style.

Dorothy Pringle, PhD  
Editor-in-Chief