



Interprofessional Education for Undergraduate Health Science

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Introduction/Background

Healthcare today is challenged by the aging population, chronic diseases and healthcare policy. The goal of high quality, cost-effective and accessible care requires a competent workforce of healthcare professionals. Healthcare related occupations are expected to grow 19% between 2014 and 2024 (U.S. Department of Labor [USDL], 2015, December 17).

The education of all health professionals is intrinsically linked with the healthcare system. The Global Commission on Education of Health Professionals for the 21st Century (Frenk et al., 2010) described a model which complements the World Health Organization (WHO) Framework for Action on Interprofessional Education and Collaborative Practice (2010). The model addresses the healthcare needs of the population coupled with educational systems that prepare a competent labor force. The key component to the successfully preparing health professionals who are competent in collaborative practice environments is interprofessional education.

Purpose

This project evaluated the current health related curricula and subsequently proposed a BSHS program with multiple tracks. The project is in conjunction with the EEAI and supports the mission of the sponsoring university to "...focus individual attention to student success...and responsiveness to the evolving needs of the broader community..." (Edinboro University, 2017).

Methods

Systematic searches were completed to: (a) understand undergraduate health science curricula in US universities; (b) evaluate the workforce opportunities for a graduate with a BSHS degree; and (c) determine the need for such a program in western Pennsylvania. A strengths, challenges, opportunities, and threats (SCOT) of the university's health related programs was completed. This was done in conjunction with the university's extensive program review.

Results to Date

Core courses, specialty tracks, and interprofessional education were found consistently across numerous health related curricula. Collaboration between professionals in 10 different disciplines is readily apparent.



A search of various sites found occupations and job postings which are consistent with the overall need for healthcare providers in the next 10 years (USDL, 2015; Indeed.com)



Results to Date (cont'd)

The SCOT analysis of EU's health related programs found 15 health related programs with similar foundational courses and available faculty. Additionally, there is no degree available to those interested in a general health science degree – whether to prepare graduate school or for direct entry into the job market. The development of a BSHS degree to complement current programs would promote the university with a focus in health science and broaden the opportunities for current and future students.

Conclusions

The current healthcare workforce environment requires preparation of healthcare professionals to meet local, regional, national, and global health needs. A BSHS degree is supported by data from the U.S. Bureau of Labor Statistics as well as general job searches and the university is poised to prepare graduates to meet these health needs. Additional collegial work with interprofessional educators across the campus will determine the appropriate steps to develop, revise, and package a health science focus for the university.

References

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