

# Integrating Interprofessional Education and Service-Learning: A Call to Action

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## TO THE EDITOR:

I appreciate the article by Meyer et al<sup>1</sup> highlighting an important interprofessional education (IPE) collaboration between family medicine and public health that allows learners to gain the foundational skills for making community health improvements. The World Health Organization, which endorses this type of practice, stated, “Interprofessional education occurs when two or more professionals learn about, from, and with each other to enable effective collaboration and improve health outcomes.”<sup>2</sup> IPE typically takes the form of discussions, case studies, and simulation exercises. Meyer and colleagues provide evidence that participating in an IPE workshop results in increased knowledge, self-efficacy, and intention to partner with community resources.<sup>1</sup> While these are important preparatory skills to effectively engage with community, if possible IPE should not end with didactic learning and theoretical concepts. IPE teams have an opportunity to move beyond the classroom and apply their knowledge and skills to collaborate with community partners and address real-world scenarios through service-learning.

A best-practice approach for community-based health education, service-learning is a structured learning experience that combines community service with explicit learning objectives, preparation, mentorship, and guided reflection.<sup>3</sup> Students in medical school and the other health professions are eager not just to learn how to competently care for patients, but also to practice those skills by engaging with patients throughout their training years.<sup>4</sup> This early engagement through service-learning helps them form professional identities that are oriented to fostering communities where people thrive in both physical and mental wellness.

However, the published evidence base for coupling IPE education with service-learning is lacking, suggesting a dearth of implementation and research of this methodology. In fact, Higbea et al<sup>5</sup> conducted a literature review to see what def-

inition exists for “interprofessional service-learning” (IPSL) and found none, concluding that IPSL is an area of health professional education that could benefit from expansion and more research. Furthermore, a systematic review<sup>6</sup> of the IPE service-learning literature revealed deficiencies in the rigor of this research, including limitations with theory application, evaluative methodology, and alignment of service-learning with interprofessional competencies.

Medical schools are required to offer both service-learning and IPE as part of their Liaison Committee on Medical Education accreditation. Thus, medical schools that are part of academic health centers should fully invest in IPSL by innovating meaningful opportunities for their students to work with students in other professions to meet local health challenges. Opportunities for innovation include investing in IPSL as the institution’s core IPE focus area, integrating project-based learning into service-learning curricula,<sup>7</sup> offering small grants to student teams to fund interprofessional community-based projects, and researching and publishing on IPSL. This intentionality will help increase adoption of IPSL as a best practice. Through IPSL, medical schools can meet their accreditation requirements, maximize learners’ dual interests to work with other professions and with community, and realize their community engagement goals.

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