**LCME PRINCIPLES FOR EDUCATION TO DEVELOP**

**INTERPROFESSIONAL COLLABORATIVE SKILLS (ELEMENT 7.9)**

*Approved by the LCME June 2018*

Element 7.9 states

*The faculty of a medical school ensure that the core curriculum of the medical education program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.*

This document includes general principles for including education related to interprofessional collaborative care (ICC) in the curriculum that collectively would support medical student preparation to be members of interprofessional health care teams that deliver coordinated services to patients.

Principles for Education to Prepare Students for Interprofessional Collaborative Care

Explicit attention to curriculum planning is needed for medical students to acquire the knowledge and skills to function collaboratively. The following principles for curriculum design and implementation would support this outcome:

In the curriculum, there are educational experiences with learners and/or practitioners from one or more health professions that introduce medical students to and prepare them for working in interprofessional care teams. To accomplish this, the learning experiences:

* Are based on learning objectives for interprofessional collaborative care that have measurable outcomes and relate to educational program objectives/competencies.
* Include required sessions covering foundational knowledge about such things as team development and communication, and the roles of the various health professions.
* Include participation in practical clinical experiences, such as real and simulated collaborative patient care activities.
* Are designed for the learning level of the student and appropriately placed in the curriculum in settings determined by the objectives of each experience.
* Utilize appropriate instructional formats.
* Include participation by students and/or practitioners from other health professions. The disciplines of the participating practitioners/students are appropriate for and relevant to the learning objectives of the experience.
* Include assessment1 of every student’s attainment of the learning objectives of the experience.

In aggregate, the experiences are of sufficient breadth and depth that medical students are prepared to function collaboratively in interprofessional teams. This outcome is evaluated through the review of the course(s)/clerkship(s) in which these experiences occur and the evaluation of the relevant educational program objective(s).

These general principles are not prescriptive, in that they allow the creation of many different types of ICC experiences. The experiences that schools will choose will be based on the objectives and specific desired outcomes the faculty have identified, the other health professions that will be involved (practitioners and/or students), and the clinical and other resources that are available.

1 Medical students may be supervised in IPE experiences by health professionals who are not members of the medical school faculty as long as the supervisor is acting within his/her scope of practice

(Element 9.3). Development of the final summative evaluation of a student in a course/clerkship remains the responsibility of a member of the medical school faculty.