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Preparing Practice-Ready Collaborative Healthcare Human Services Students: Considerations on Developing Interprofessional Education Competencies In Human Services

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Abstract

Interprofessional collaboration, consultation, and cooperation have long been a direct and indirect professional responsibility of human services practitioners in integrated healthcare settings. In order to effectively educate and train practice-ready human services students for rapidly changing healthcare settings, it is critical that human services organizations and programs examine the need for interprofessional competency education. This article provides timely considerations on developing interprofessional education competencies in human services education.

Keywords: human services education, interprofessional collaboration, integrated healthcare

Introduction

In response to rapidly increasing needs for interprofessional, or interdisciplinary collaboration in patient care, the World Health Organization ([WHO], 2010) published the Framework for Action on Interprofessional Education & Collaborative Practice. According to this Framework, interprofessional education "occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes (WHO, 2010, p. 13). The WHO describes interprofessional collaboration as an innovative healthcare strategy, which would prepare a collaborative practice-ready workforce, produce optimal health services, strengthen the healthcare system, and improve general health outcomes. Interprofessional collaboration in healthcare settings is projected to make a considerable impact in ensuring the continuity of care within multiple disciplines and improving the fragmented healthcare and management systems in the United States. In order to effectively prepare practice-ready human services professionals (HSPs), it is critical to include interprofessional collaboration in human services education curriculum. Many healthcare-related higher education programs, as well as accreditation boards have incorporated interprofessional collaboration competencies as part of their educational framework (IPEC, 2016).

Unlike other helping professionals, such as mental health counselors or social workers, HSPs are trained as generalists and often work in a wide variety of helping arenas (Johnson, Sparkman-Key, & Kalkbrenner, 2017). Interprofessional collaboration is not only an innate component of the human services practice, but also a disciplinary foundation of the field. Although interprofessionalism has always been present in human services education, literature specific to interprofessional collaboration has only emerged in recent years (Johnson et al., 2017). In order to successfully and effectively train human services students as interprofessional practitioners, it is important that we continue to explore ways to incorporate interprofessional education (IPE) into human services training programs. In this article, the importance of developing human services interprofessional competencies will be reviewed and discussed.

Review of Current Human Services Organizations' Positions on IPE

National Organization for Human Services (NOHS)

In 2015, NOHS developed the Ethical Standards for Human Services Professionals, outlining HSPs' responsibilities to clients, colleagues, the profession, the public and society, employers, self, and students. Among these fundamental values and ethical guidelines of the profession, standards that directly address interprofessional collaboration are:

- *Standard 19:* Human service professionals avoid duplicating another professional's helping relationship with a client. They consult with other professionals who are assisting the client in a different type of relationship when it is in the best interest of the client to do so. In addition, human services professionals seek ways to actively collaborate and coordinate with other professionals when appropriate (p. 5).
- *Standard 29:* Human service professionals promote cooperation among related disciplines to foster professional growth and to optimize the impact of inter-professional collaboration on clients at all levels (p. 6).

Although NOHS actively promotes interprofessional practice and advocates for the human services profession in interprofessional collaboration, it is important to note that NOHS and the Ethical Standards do not have an emphasis on IPE competencies or curricula.

Council for Standards in Human Service Education (CSHSE)

The CSHSE was established in 1979 and is the current accrediting body for human services education programs. It details the importance of including interdisciplinary training and knowledge in the curriculum for HSPs, which can be found throughout the CSHSE National Standards for an Associate, Baccalaureate, and Master's Degree in Human Services (CSHSE, 2018).

- *Standard 2e*: Describe the multidisciplinary, interdisciplinary, or transdisciplinary approach to knowledge, theories, and skills included in the curriculum (p. 2).
- *Standard 6a(1)*: Include curriculum vitae of full-time and part-time faculty who teach human services courses. The vitae must demonstrate that: Faculty have education in various disciplines and experience in human services or related fields (p. 5).
- *Standard 19f*: Interdisciplinary team approaches to problem solving (p. 12).

The CSHSE asserts that human services faculty are trained in and have knowledge of interprofessional or interdisciplinary approaches. However, there is no definition or core competencies of interprofessional practice provided in the Standards, which could be subject to individual program's interpretation and implementation of IPE.

Human Services Board Certified Practitioner (HS-BCP)

The HS-BCP credential is offered through the Center for Credentialing & Education (CCE), which was developed in partnership with NOHS and CSHSE. Although many HS-BCPs in the United States innately work in collaboration with various disciplines, such as counseling, social work, education, and medicine, at this time, there is no specific literature published by the CCE that directly addresses HS-BCP's IPE or training.

IPE in Other Disciplines of Helping/Healthcare Professions

As aforementioned, IPE is minimally discussed in the three main human services organizations in the United States. In this section, three educational program accreditation boards in related fields (i.e., counseling, social work, and medicine) are reviewed on their standards on IPE. The fields were selected based on most common interprofessional relationships that human services trainees can encounter. According to the 38 examples of occupational titles of human service workers that NOHS (n.d.) provided on their website, a great majority of them are relevant in behavioral and mental health care settings (e.g., residential counselor, mental health aide), social work settings (e.g., case worker, social work assistant), as well as in care management settings (e.g., home health aide, client/patient advocate). Additionally, mental health counseling, social work, and medical fields have recognized the growing needs for interprofessional collaboration in their training programs and have established national organization IPE guidelines as early as 2009 (Shannon, 2015). Authors of this article believe that this review would provide a valuable and practical framework for IPE development in human services field.

Council for Accreditation of Counseling and Related Programs (CACREP)

The counseling field encompasses a wide array of settings, specializations, and licensures (Mellin, Hunt, & Nichols, 2011; Johnson & Freeman, 2014). With counselors deployed in a variety of settings with complex issues, counselors and their professional organizations have begun to promote interprofessional collaboration as a way to effectively address such complex human issues in treatment (Mellin et al., 2011). The accreditation board for graduate level counseling programs, CACREP (2015) has incorporated the necessity of integrated and interprofessional care into their standards of practice. Examples of the CACREP standards that address interprofessional collaboration include:

- *2.F.1.b*: The multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation (p. 9).
- *2.F.1.c*: Counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams (p. 9).
- *5.D.2.b*: Relationships between clinical rehabilitation counselors and medical and allied health professionals, including interdisciplinary treatment teams (p. 25).
- *5.D.3.b*: strategies for interfacing with medical and allied health professionals, including interdisciplinary treatment teams (p. 27).
- *5.H.3.l*: consultation with medical/health professionals or interdisciplinary teams regarding the physical/mental/cognitive diagnoses, prognoses, interventions, or permanent functional limitations or restrictions of individuals with disabilities (p. 33).

Johnson and Freeman (2014) addressed the need for mental health counselors and counselor educators to become familiar with IPE and to incorporate IPE into counseling programs. Through IPE, counselors are able to better address complex issues in practice, understand other professionals and their roles and power, and gain a better understanding of their own counselor identity (Johnson & Freeman, 2014; Bridges, Davidson, Odegard, Maki, & Tomkawiak, 2011).

Council for Social Work Education (CSWE)

CSWE's Commission on Educational Policy and the CSWE Commission on Accreditation revised their Educational Policy and Accreditation Standards in 2015.

- *Competency 1*: …Social workers also understand the role of other professions when engaged in inter-professional teams… (p. 7).
- *Competency 6*: …Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate… (pp. 8).
- *Competency 7*: …Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process… (p. 9).
- *Competency 8*: Social workers value the importance of inter-professional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration… (p. 9).
- *Educational Policy M2.1*: …Specialized practitioners synthesize and employ a broad range of interdisciplinary and multidisciplinary knowledge and skills based on scientific inquiry and best practices, and consistent with social work values… (p. 12).

CSWE (2015) adopted a competency-based educational framework, in which its educational curriculum is developed based on "a shared view of the nature of competence in professional practice" and professional competence can be demonstrated in educational settings via "knowledge, values, skills, and cognitive and affective processes" (p. 6).

Accreditation Council for Graduate Medical Education (ACGME)
          Similar to the human services field, interprofessional and integrated behavioral practice is an innate and critical component of the medical profession. Over the years, medical and healthcare fields have been in the forefront of promoting and fostering IPE and practice, evident by the Common Program Requirements developed by the ACGME (2019). The Common Program Requirements are used across the United States for medical residency and fellowship accreditation. They include IPE-friendly language throughout the handbook and firmly address IPE or IP training as part of the accreditation requirements. Examples include:

- *IV.A.5.f.5*: Residents are expected to work in interprofessional teams to enhance patient safety and improve patient care quality (p. 22).
- *VI.A.1.a.1.b*: The program must have a structure that promotes safe, interprofessional team-based care (p. 34).
- *VI.A.1.a.3.b*: Residents must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions.
- *VI.A.1.b.3.a*: Residents must have the opportunity to participate in interprofessional quality improvement activities (p. 35).
- *VI.E.2*: Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system (p. 45).

In many other medical professions (e.g., nursing), IPE and training/practice has been a staple in their program accreditation requirements and educational curricula (Abu-Rish et al., 2012; Roth, Duenas, Zanoni, & Grover, 2016). With the support of powerful national organizations as well as the recognition of increasing needs for integrated patient care, there are already a number of articles in the medical field addressing theoretical frameworks for IPE development and

implementation, learning and exit outcome evaluation tools, and patient satisfaction assessments (Abu-Rish et al., 2012; IPEC, 2016; Paradis, Pipher, Cartmill, Rangel, & Whitehead, 2017).

Current Trends in IPE

With the increasing international and national recognition and support on IPE, in 2011 the Interprofessional Education Collaborative (IPEC) Panel first published a report on Core Competencies for Interprofessional Collaborative Practice. The report defines interprofessional competencies in health care as: "integrated enactment of knowledge, skills, and values/attitudes that define working together across the professions, with other health care workers, and with patients, along with families and communities, as appropriate to improve health outcomes in specific care contexts" (IPEC, 2011, p. 2). Currently, a total of 20 national associations, such as American Psychological Association (APA), Association of American Medical Colleges (AAMC), Association of Schools and Programs of Public Health (ASPPH), Association of Schools of Allied Health Professions (ASAHP), and Council on Social Work Education (CSWE), serve as IPEC's institutional members (IPEC, 2016). IPEC continues to advance interprofessional collaborative practice by providing professional development opportunities, such as Interprofessional Education Collaborative Institute, Leading Collaborative Change Conference, and SAMHSA/IPEC Addiction Education Interprofessional Summit (IPEC, 2016). CSWE is the only helping professional organization amongst various medical professional organizations in IPEC at the moment, but it can be positively projected IPEC would be joined by a diverse variety of helping and health management disciplines in the near future.

IPE competencies are highly relevant and appropriate to be included in human services educational curriculum as a majority of human services graduates join the healthcare and management workforce as mental health technicians, behavioral health aids, substance abuse counselors, case managers, etc. CSHSE in their National Standards for an Associate, Baccalaureate, and Master's Degree in Human Services (CSHSE, 2018) advocated for an interdisciplinary approach to problem solving and providing education and training for interdisciplinary skills. Furthermore, NOHS Ethical Standards for Human Services Professionals (NOHS, 2015) discussed collaboration, consultation, and cooperation between HSPs and other professionals for continuity of care, best practices, and professional development. The movement towards and promotion for interprofessional collaboration and interprofessional education are clearly present in the human services field. It is timely and necessary to respond to this current trend via developing concrete IPE competencies in order to prepare competent, practice-ready human services students.

Review of Core Competencies for Interprofessional Collaboration

Competence-based training and education first emerged in order to supplement common limitations of knowledge and attitude-based approaches (Barr, 1998). It is now widely trusted that competence-based training models for healthcare practitioners are better suited to optimize complex patient/client health outcomes (IPEC, 2011). IPEC first developed four main domains of Interprofessional Collaborative Practice, which comprises of (a) Values and ethics for interprofessional practice; (b) Roles and responsibilities for collaborative practice; (c) Interprofessional communication practices; and (d) Interprofessional teamwork and team-based practice. Under these guidelines, interprofessional collaborators are expected to effectively advocate for their individual professions with respect for other professions, contribute to healthcare delivery within their scope of practice while communicating with other professions,

practice team-based problem solving, and apply patient-centered and community-focused approaches in healthcare in an efficient manner.

In 2016, IPEC revised and republished its core- and sub-competencies in order to better affirm the value of interprofessional collaboration, organize the competency topics, and address the Triple Aim (i.e., improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care). IPEC's 2016 expanded competencies outline more streamlined clinical collaboration geared towards public health professionals, clinical care providers, and other various professionals. The updated competencies are as follows

- Work with individuals of other professions to maintain a climate of mutual respect and shared values
- Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations
- Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease
- Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable. (p.10)

On an organizational scale, IPEC's Core Competencies continue to influence national educational accreditation guidelines, as evident in various fields including nursing, public health, and pharmacy (IPEC, 2011). A major change in the update is the emphasis on promoting population health and health equity, as well as the impact of diverse, cultural identities has on health outcomes. These values align well with human services field's mission to advocate for equality, equity, and diversity in educational and professional settings.

IPEC's Core Competencies are easily applicable to many innate characteristics of helping professions, such as the human services field. In fact, Vanderbilt University's Schools of Medicine and Nursing developed Vanderbilt Program in Interprofessional Learning (VPIL) in conjunction with Belmont University and Lipscomb University Colleges of Pharmacy as well as Tennessee State University's Department of Social Work (Vanderbilt University, n.d.). VPIL is specifically designed so that learners from multiple disciplines learn and practice in clinical settings as a team from a patient, family, and community-centered orientation. Similarly, the Eastern Virginia Medical School (EVMS) and Old Dominion University in Southeastern Virginia collaborated on the Professionals Accelerating Clinical and Educational Redesign (PACER) program, in which medical, nursing, physical therapy, counseling and dental hygiene students participated in interprofessional care learning (EVMS, 2018). Students were given opportunities to practice comprehensive screening for socioeconomic and environmental health-related issues, to identify social determinants and barriers to health, and to assess complex and unique needs of patients with low socioeconomic status as part of the Interprofessional Care Clinic (IPC).

Human Services Implications

Human services undergraduate and master's students are trained with a systemic and community-based theoretical lens, which would better prepare them to effectively work in a diverse array of interprofessional settings (Johnson et al., 2017). One of many human services practitioners' key responsibilities is to identify and address patient/clients' basic human needs as generalists, working alongside with a variety of professionals, and medical and healthcare professionals have just begun to recognize the importance of collaborating with helping professionals in order to optimize health outcomes. HSPs are a much-needed addition to this shifting IP health care frame. Thus, incorporation of IP competencies and frameworks in human services education and training would provide them with a unique toolset in a rapidly evolving healthcare system in the United States. In the sections below, the critical connection between human services field and competency-based education is explained in depth and consideration points for developing human services-specific IPE competencies are discussed.

Human Services Education

Competency-based education (CBE) is effective and popular in fields in which the practical application of knowledge is essential (Johnstone & Soares, 2014). CBE program curricula and individual course structure are common and expected in human services education, due to the field's explicit needs for training practice-ready students. CSHSE-accredited human services programs have incorporated competency-based guidelines as they are equipping learners with theories, knowledge, and skills necessary in practice. Two major benefits of competency-based education are that CBE (a) reduces barriers between academics and labor markets via demonstration of mastery and application of skills; and (b) is an affordable and cost-effective approach in education without having to compromise the quality of education (Johnstone & Soares, 2014). Due to the innate nature of human services (i.e., skills application of human services theories), CBE is directly and indirectly integrated in human services education.

Johnstone and Soares (2014) developed five core principles of CBE in higher education programming, including (a) the degree reflects robust and valid competencies; (b) students are able to learn at a variable pace and are supported in their learning; (c) effective learning resources are available anytime and are reusable; (c) the process for mapping competencies to courses, learning outcomes, and assessments is explicit; and (d) assessments are secure and reliable. In the human services educational context, interprofessional competencies can be implemented in a program or course curriculum to clarify and highlight the level of competencies that are needed to successfully prepare students to practice in integrated behavioral settings. Thus, it would not only be timely, but also integral to consider developing IPE competencies in human services education to systematically and effectively prepare practice-ready students.

Considerations in Developing IPE Competencies Relevant to Human Services

In the following section, key considerations in IPE development, implementation, and assessment in the human services field will be discussed. These sections are conceptually based on the three main themes of IPE research identified by Abu-Rish et al. in 2012. The main themes include (a) the conceptual basis for IPE and related competencies; (b) strengthening research methods of IPE; and (c) developing IPE implementation models that fit current health professions curricula.

Expansion of IPEC's core competencies. IPEC (2011; 2016) noted that the Core Competencies for Interprofessional Collaborative Practice should serve as a shared foundation across all professions in interprofessionalism (IP); however, the competencies are addressed in a general manner so that individual professions or institutions can tailor them to better fit their IPE/training needs. For instance, University of Virginia's Schools of Nursing and Medicine developed the Collaborative Care Best Practice Models (CCBPMs), which identified the four original IPEC Core Competencies and added the fifth, *Professionalism* (Brashers, et al., 2016; IPEC, 2011; University of Virginia, n.d.). In developing the IP competencies most relevant to the profession as well as the institution, the faculty were asked to identify IPE learning modules already placed in their previous educational curriculum and further developed that data into institutionally specific IP competencies (i.e., communication, professionalism, shared problem-solving, shared decision making, and conflict resolution). In IPEC's 2016 update, it included information regarding the IPEC Faculty Development Institutes, which trained more than 1,400 educators and practitioners in best practices in interprofessional collaboration. Human services organizations and programs may seek opportunities such as the Faculty Development Institutes to further conceptualize and synergize IP and human services education in creating IPE competencies.

Continued research on IPE in human services. Developing reliable and valid learning outcomes assessment is as important as identifying human services specific and relevant IPE competencies to ensure quality of the intervention. In a systematic review of 107 IPE evaluations, Barr, Koppel, Reeves, Hammick, and Freeth (2008) reported a predominance of positive learning outcomes of IPE programs, which supports previous literature that interprofessionalism can be developed and fostered through competency-based IPE in educational settings. It is also important to note that many healthcare and helping IPE programs strongly emphasize the clinical practice of interprofessionalism as an integral part of IPE in addition to the conceptual, knowledge-based learning of interprofessionalism (Barr et al., 2008). It is especially important to note, as most human services undergraduate and graduate programs require practicum or internship, in which instructors and supervisors can collaboratively encourage and prepare students for entry-level interprofessional work that would in return enrich human services students' conceptual understanding of interprofessionalism.

Abu-Rish and colleagues (2012) reviewed a total of 83 peer-reviewed manuscripts on qualitative, quantitative, and mixed-method reports on IPE in health professions field. The review identified small group discussion as the predominant IPE format ($n = 48$, 57.8%), followed by case studies ($n = 40$, 48.2%), large group lectures ($n = 31$, 36.1%), and so on. In regard to IPE learning outcomes, student attitudes towards IPE was most commonly reported ($n = 64$, 77.1%), followed by student gains in IPE knowledge, satisfaction, skills, and patient-oriented outcomes. This review provides numerous valuable considerations in implementing and assessing IPE curricula, such as barriers to IPE implementation (e.g., scheduling, learner-level compatibility, preparation time required, funding, outcomes measurement, negative interdisciplinary interactions/hierarchies, administrative support, and unprepared faculty). The authors also suggest that there is room for improvement. Some key results indicated that the majority of reviewed IPE programs have been in place for 5 or less years ($n = 59$, 71.1%); did not indicate in what ways IPE faculty was trained ($n = 68$, 81.9%); and offered IPE program as a one-time event, such as a workshop or seminar ($n = 48$, 57.8%). Currently, there is limited empirical research and instruments on IPE available on human services; continued development of learning outcome assessment tools, longitudinal research on the effects of IPE, and quality

improvement projects are strongly recommended to improve human services student and faculty development on IPE.

In order to overcome shared limitations across current IPE outcomes studies, Abu-Rish and colleagues (2012, pp. 449-450) developed the Replicability of Interprofessional Education (RIPE), which outlines 13 guidelines that are required in order to replicate IPE studies, including:

> (a) theoretical framework, (b) stated objectives of the intervention, (c) development and design of the intervention, (d) voluntary/required nature of the IPE intervention, (e) level and numbers of students and health professions, (f) frequency and duration of the IPE intervention, (g) teaching strategies, (h) faculty development, (i) validation of the tools used to assess/measure outcomes, (j) cost and resource utilization to implement the intervention, (k) institution leadership support, (l) barriers/facilitators of implementation and (m) community partnerships.

The authors contend that the RIPE template is an appropriate and applicable guideline for IPE outcomes reports in human services, which would enable to more readily compare human services IPE studies to identify themes in best practices in the future.

Implementation of sustainable IPE models. According to Abu-Rish's 2012 review, very few studies outlined theoretical frameworks used in developing and implementing IPE programs. The authors further argued for a stronger connection between educational theories and practical implementation in helping and health professions. IPE theoretical framework provides the foundation for the program fit, research objectives, teaching methods, and outcome measures (Abu-Rish et al., 2012). IPE has been influenced by a wide variety of theories, such as adult learning, psychodynamic, social learning, contact, activity, and practice theories (Hean, Craddock, Hammick, & Hammick, 2012). Hean and colleagues (2012) argue that theoretical frameworks are necessary in order to better understand practical application. Theoretical frameworks also provide educators, learners, and practitioners with an outline that enables them to test theoretical hypotheses in daily practices as well as empirical research. The authors further suggest that when choosing which theory to use, it is important to assess "its suitability to articulate or improve understanding of interprofessional education in a particular context" (Hean et al., 2012, p. 81). In the human services context, perhaps theories that address social determinants of health, ecological barriers to care, or intersectionality may be better suited than others.

As IPE in human services is a rather recent movement that is not yet widely established, grounded theory approach may also provide crucial insight. Hean et al. (2012) further suggested a review of pedagogical approaches (i.e., problem-based learning, practice-based learning, guided discovery learning, experiential learning, and reflective practice) that already have been implemented in IPE and training settings. There needs to be a more comprehensive and human services-relevant systemic review of IPE frameworks and learning theories that can guide the development of interprofessional committees in various human services organizations and programs. Furthermore, it would be important to include not only student learning plans in theory development, but also IPE faculty development and training as well as community-based or interdisciplinary networking into consideration.

Additionally, the IPE theoretical framework needs to address faculty development and training, community-based or interdisciplinary networking, ways to integrate IPE in pre-qualifying, pre-existing programs, culture of positive and well-supervised experiences of interprofessional practice, and continuing education/training opportunities on IPE (Barr et al.,

2005). These considerations closely align with fundamental values of the human services profession, as the community collaboration and life-long learning are an important ongoing theme in the field (Hoover, Jacobs, Anderson, & Bateman, 1999; Johnson et al., 2017). For continuity of IPE and training, it would also be critical for human services programs to develop and implement institutional plans to collect data on student/supervisor experience in integrated settings, conduct internship site visits for learners in integrated settings, provide theoretical IPE training opportunities for HSPs in integrated settings, create opportunities for HSPs in integrated settings to mentor students, and administer exit interviews with students and faculty that partook in IPE.

Future Directions

        In order to better prepare future human services students and practitioners to serve in IP healthcare settings, it is critical that national human services organizations focus on researching human services-specific interprofessional and multidisciplinary models of education and identify IPE competency frameworks as the first step. Johnson et al. (2017) recommended that the IPE is added to the CSHSE accreditation standards. Human services undergraduate and graduate programs can then redesign their programs to incorporate IPE to improve faculty understanding of IPE and strengthen students' skillsets. Inter-departmental collaborations within universities may serve as a critical resource for many helping and healthcare educational programs. In the meantime, human services faculty and clinical supervisors can foster environments in which IPE and training are infused in their educational and training curricula, which could range from inviting HSPs in IP settings as guest speakers to assigning IP research projects. Potential IP opportunities in higher education could include projects such as: creating medical literacy glossary for HSPs, providing focused training on IP ethics, instituting IP career fair, and offering interdepartmentally cross-listed IP courses. Furthermore, for practicing HSPs, it is recommended that they continue to advocate for the importance of human services work and interprofessional collaboration in their work setting, actively collaborate and consult with other professionals, and participate in interprofessional networking events, conferences, and organizations to increase HSP presence in healthcare settings.

        Although interprofessional collaboration is an innate characteristic of human services field, little to no organizational attention has been given on IPE. By learning how to work as a team, human services students can practice critical thinking, collaborate in complex problem-solving, and learn diverse perspectives of other professions HSPs work closely with. In social and health care settings, HSPs are in a perfect position to advocate for patient-, family-, and community-centered approaches, effectively make referrals and act as a bridge between multiple professions, and offer unique ecological, systemic frameworks in better understanding and caring for patient/client. There is still much to be understood about IPE best practices and IPE in general in the field of human services; however, it is undoubtedly and inevitably essential to restructure and incorporate IPE in human services to meet the changing needs of the multidisciplinary collaboration.

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