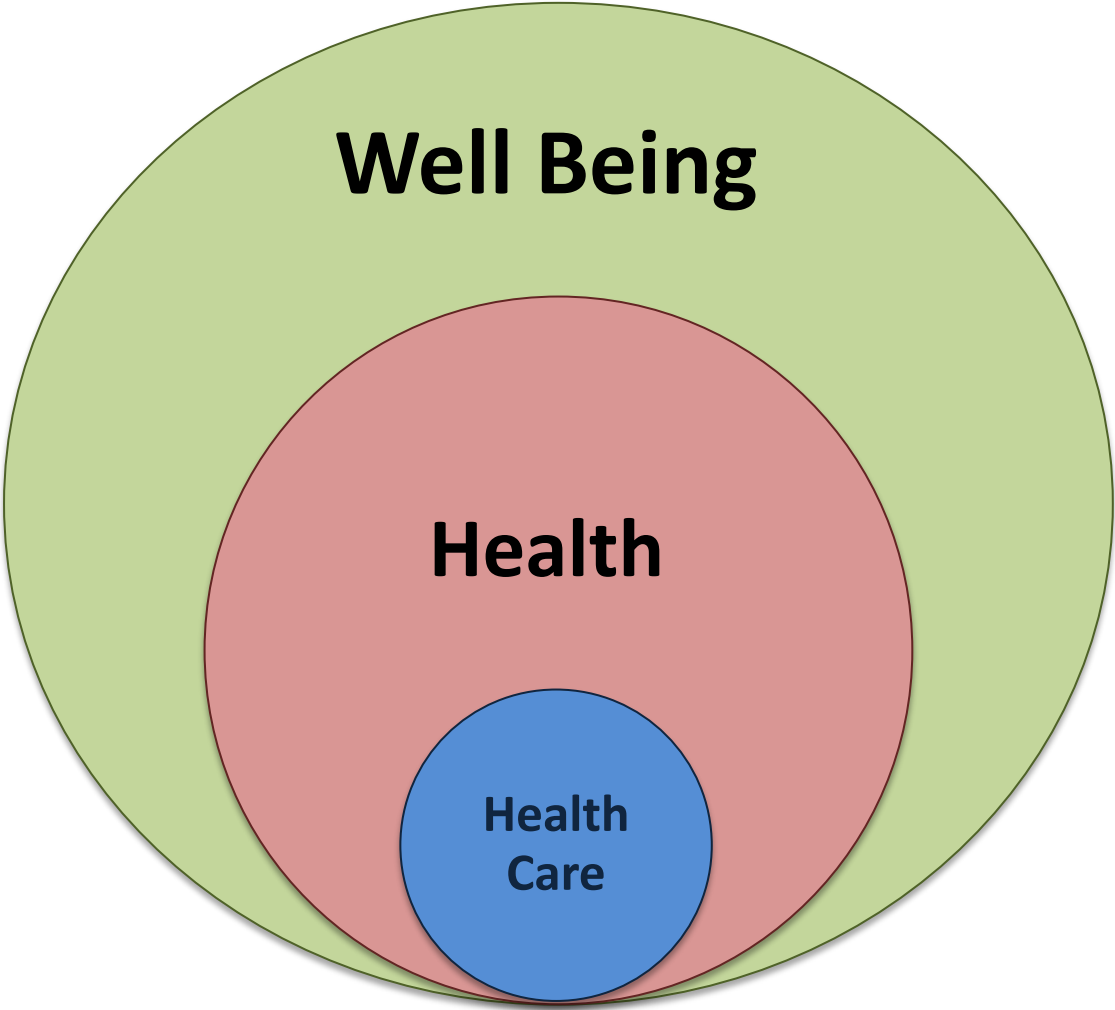


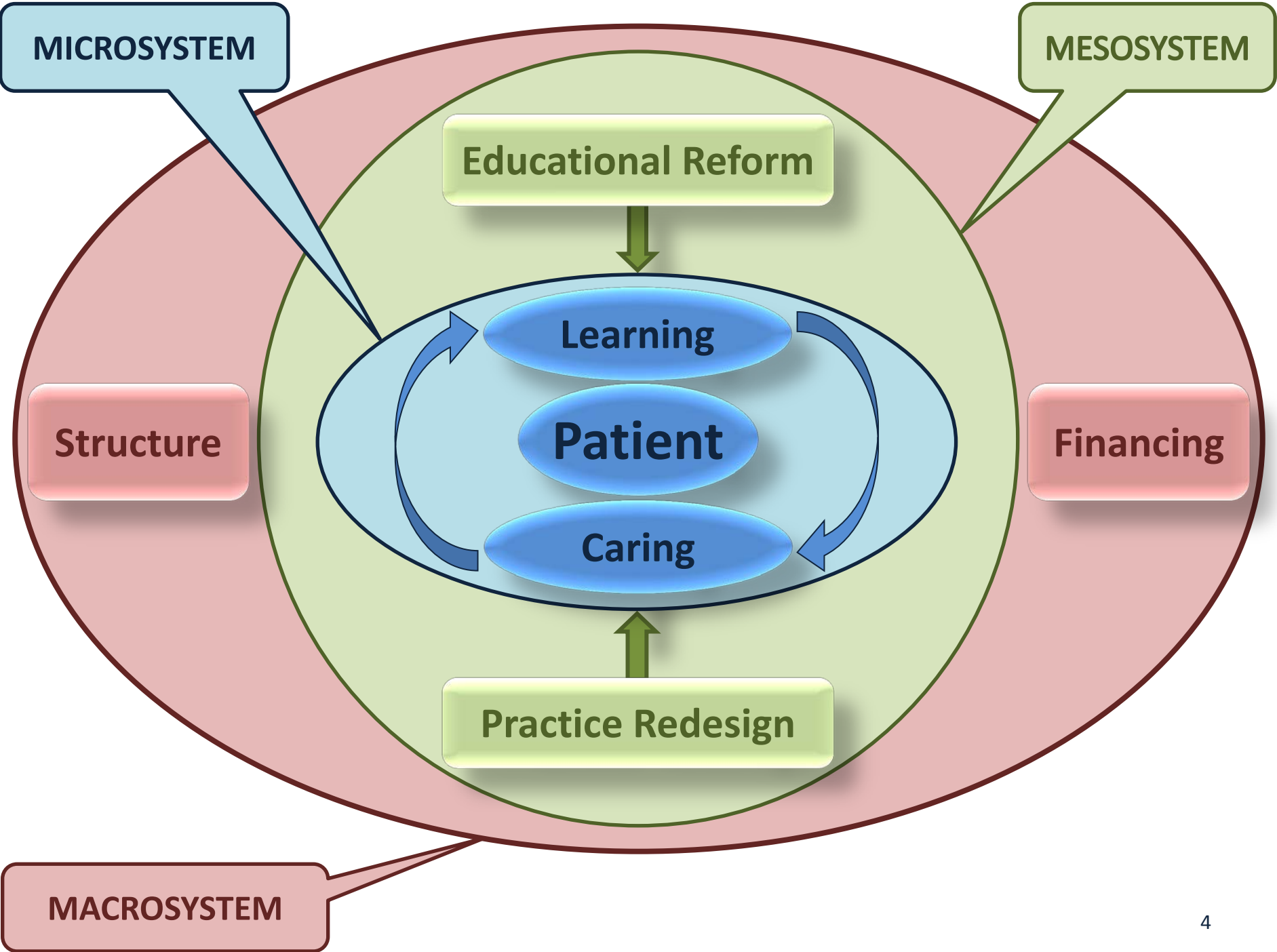
# Reflections (1)

- Vision is (almost) everything!
  - Social accountability: Health, wellness rather than health care
- Aligning clinical accreditation and educational accreditation is critical!
  - Social accountability: Patient-centered care
- Conceptual models of accreditation are generative!
  - Susan Phillips: Tension between profession, accreditors & regulators
- Collaborative partnerships diminish tensions and drive change!
  - “Don’t charge up the hill without looking over your shoulder”
- Team-based care and IPE can be used to leverage change
  - Continuing professional development is the most important locus for IPE

# Reflections (2)

- The need for change is ubiquitous, but implementation strategies are scarce!
  - “The what is clear, the how is much less so”
- Enhanced outcome measurement (and validated toolkits) is much in demand!
  - Distal outcomes (related to individual and population needs) should take precedence over proximal (learning) outcomes
- Blueprints can be helpful but context may dominate!
  - Clashing cultures often bedevil innovation
- Resource redistribution is essential!
  - “It’s a zero sum game” (at least in HICs)
- Leadership, leadership, leadership!
  - “The main task of leadership is to manage uncertainty and foster collaboration”





# Learning Continuum

(Formal and Informal)

Foundational  
Education

Graduate  
Education

Continuing  
Professional  
Development

Interprofessional Education

Enabling or Interfering  
Factors

Professional culture  
Institutional culture  
Workforce policy  
Financing policy

Learning Outcomes

Reaction  
Attitudes/perceptions  
Knowledge/skills  
Collaborative behavior  
Performance in practice

Health and System Outcomes

Individual health  
Population/public health  
Organizational change  
System efficiencies  
Cost effectiveness

