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## INSTITUTE OF MEDICINE'S GLOBAL FORUM ON INNOVATION IN HEALTH PROFESSIONAL EDUCATION

Since 2009, a mysterious neurologic condition has afflicted thousands of northern Ugandan school children. This fatal disorder—known as nodding disease—leaves its victims stunted, mentally incapacitated, and often severely scarred or burned due to unexpected falls from epileptic-like seizures.<sup>1,2</sup> The syndrome is characterized initially by cognitive impairments, followed by frequent head-nodding episodes that give the disorder its name. Over time there is a progressive deterioration of the child's condition that can result in death, often from secondary conditions like malnutrition and injury. The disease dates as far back as the 1960s and can be found in neighboring countries Tanzania and Sudan, where the syndrome was first described.

With no known cause or treatment, nodding disease set off widespread panic among parents and others in Uganda, who turned to the authorities for knowledge, advice, and guidance. However, in Uganda and virtually every developing country, there is a severe lack of neurologists and similarly trained workers who could lead the charge from the scientific community. As a result, Ugandan health authorities were forced to rely on outside assistance from international and non-African organizations while local communities turned to traditional healers for treatment.

**Deficiencies in the workforce.** This deficit of manpower is even more pronounced for epilepsy. According to the World Health Organization,<sup>3</sup> an estimated 80% of the global burden of epilepsy is found in developing countries and three-fourths of the people in these regions may not receive the treatment they require. Lack of trained workers has been cited as the number one contributor to insufficient treatment of epilepsy in sub-Saharan Africa.<sup>4</sup>

Such deficiencies in human resources for health led to the often controversial notion of “task shifting” or “task sharing” as a way of spreading certain responsibilities

to other professional and nonprofessional health workers. However, task sharing does not address the underlying problem, which is that the needs of the population are not being met by the educational institutions meant to produce the appropriate number, mix, and skills of health professionals needed to serve a community. This concern resonates with developing as well as developed countries and was one of the worldwide concerns discussed at the inaugural meeting of the Global Forum on Innovation in Health Professional Education.

**Global Forum on Innovation in Health Professional Education.** As part of the Institute of Medicine (IOM)—the health arm of the National Academy of Sciences—the Global Forum is designed to bring together different sectors, disciplines, and professions to engage in enlightened discussions and lively discourse on matters of concern to professionals and educators within the health professions. This forum was established to utilize and integrate the results of 2 groundbreaking reports about health professions education: the Lancet report called *Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World*<sup>5</sup> and the IOM *Future of Nursing*<sup>6</sup> report. The common message from both reports is the need for reforming education for health professions to better meet the local and global needs of populations.

The 60 members of the Forum, most of whom represent professional and educational organizations, provide financial and in-kind support for the activities of the Forum. With membership from 8 countries and 16 different professions, the Global Forum is well-positioned to take on diverse issues relevant to high-, middle-, and low-income nations. When the Forum was inaugurated in 2012, the members agreed to address interprofessional education and how improved linkages between education and practice could ultimately improve health outcomes, provide better care to patients, and lower costs in developed countries while improving value in developing countries.

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This topic comprised the agenda of 2 workshops, and, like all the workshops of the Global Forum, these gatherings provided opportunities for learning, sharing, and networking. A discussion point at both workshops was the financial constraints of educational and health systems in today's society. Not surprisingly, many institutes around the world that train and educate health professionals (and are represented on the Forum) are looking for ways of providing more efficient and effective instruction. Parallel to these discussions on cost containment were critical discussions on educating students and training health professionals on how to address wellness and patient-centered care that utilize health and non-health collaborations for quality of life improvements.

In 2013, the Forum took on 2 new topics that built on the work of the previous year. The first of the 2013 workshops was titled Establishing Transdisciplinary Professionalism for Health. At this meeting, which was open to the public, members discussed a "new professionalism" that applies to health care and wellness and that emphasizes cross-disciplinary responsibilities and accountability to achieve improved outcomes. The second workshop of 2013 was on Assessing Health Professional Education. At this meeting, members and the general public learned about methods of assessing and evaluating health professions education while considering new innovative tools that could potentially assess student accomplishments toward a "new professionalism."

**Innovation collaboratives.** To make the Forum discussions come alive, demonstration projects of interprofessional collaborations were established with groups from Canada, India, Uganda, and South Africa. Selected through a competitive process, each of these country-based collaborations received a 2-year membership on the Forum and secure time on each workshop agenda to report their progress in carrying out an important initiative within health professions education. Three of the collaboratives are focused on "leadership" and the fourth (from Uganda) is addressing "professionalism and ethics." The 4 collaboratives are described below.

**Canada.** The Canadian Interprofessional Health Leadership Collaborative (CIHLC) is an interprofessional partnership among numerous health care professions at 5 universities, including faculties and schools of medicine, nursing, and public health. This collaborative, led by the University of Toronto, consists of the University of British Columbia, the Northern Ontario School of Medicine, Queen's University, and Université Laval. The goal of the CIHLC is to develop, implement, evaluate, and disseminate an evidence-based program for collaborative leadership in 5 phases over 3 years. The education program will be targeted to health care leaders, practitioners, and students.

**India.** In India, the Public Health Foundation of India is partnering with the Symbiosis College of Nursing (Pune) and the Datta Meghe Institute of Medical Sciences (Sawangi) to build an innovative training model for interdisciplinary leadership skills among health professionals in the 21st century. The collaborative will identify interdisciplinary health care leadership competencies relevant to medical, nursing, and public health professional education and then pilot an interprofessional leadership training model for India.

**Uganda.** At Makerere University in Uganda, a partnership involving schools of medicine, public health, and nursing is creating and implementing an interprofessional training model that will develop competencies and skills of health professions in professionalism and ethics. This new curriculum is intended to prepare leaders within the future workforce to practice under a high degree of ethics and professionalism as part of an interprofessional health team.

**South Africa.** The South African collaborative involves Stellenbosch University, the University of the Western Cape, and the University of the Free State. These universities are jointly carrying out 2 overlapping yet distinct innovative projects in health professional education. The first involves designing and implementing a suitable leadership program for health teams and the second involves designing and implementing a competency-based interprofessional skills-building curriculum for teamwork in community and primary health care settings.

For more information on these country collaboratives as well as upcoming events of the Forum, visit the Web site of the Global Forum on Innovation in Health Professional Education (<http://www.iom.edu/Activities/Global/InnovationHealthProfEducation.aspx>).

## AUTHOR CONTRIBUTIONS

Patricia Cuff: manuscript concept and design. Dr. Meleis: critical revision of the manuscript for important intellectual content. Dr. Cohen: critical revision of the manuscript for important intellectual content.

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## DISCLOSURE

P. Cuff is the Director of the Global Forum on Innovation in Health Professional Education that is housed within the Board on Global Health of the Institute of Medicine (IOM). Patricia is a full-time employee of the IOM. There are 45 sponsors of the Global Forum, representing primarily professional and educational associations. The Kaiser Foundation and the Aetna Foundation are 2 industry supporters of the Forum, and the Uniformed Services University of the Health Sciences and the Veteran Health Administration Affairs are the only government supporters of the Forum. A. Meleis is the Co-chair of the Global Forum on Innovation in Health Professional Education. She does not receive any financial rewards for her services as a co-chair. J. Cohen is the co-chair of the Global Forum on Innovation in Health Professional Education. He does not receive financial rewards for his services as a co-chair. Go to [Neurology.org](http://Neurology.org) for full disclosures.

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