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The delivery of quality, cost-effective medical care will increasingly rely upon team-based care. Interprofessional education (IPE) and collaboration are strategies recommended to increase the efficacy of health care teams.[1] IPE was recently identified by the Physician Assistant Education Association (PAEA) and the American Association of Physician Assistants (AAPA) jointly convened workforce task force as a key component to the future expansion of the physician assistant (PA) profession.[2]

IPE is commonly defined as *"any teaching and learning activity that actively promotes collaborative practice"* or *"occasions when two or more professions learn with, from, and about each other to improve collaboration and quality of care."*[3,4] Important principles for IPE curricula cited in the recently released *Interprofessional Education Collaborative (IPEC) Core Competencies for Interprofessional Collaborative Practice* report are being (1) patient-centered, (2) community/population-oriented, (3) relationship-focused, and (4) process-oriented.[5] The most commonly cited competencies include communication skills, understanding the roles of other professiona

to collaborate, and mutual trust and respect. Innovative curricula are needed that promote interprofessional collaboration and have been advocated by the Advisorve

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Four focus groups involving 22 students (overall class size = 50) were conducted over 2 days; 15% of participants were male (overall class is 27% male). Ethnicities represented in the focus group were as follows: 35% white, 35% Asian, 10% Hispanic, and 20% other (overall class ethnicity distribution is 38% white, 26% Asian, 25% Hispanic, 1% Black and 10% other). Mean age of participants was 24.7 years (mean age of class was 24.1 years). Theme analysis by the three coders indicated theme saturation. Each of the three coders identified between one and five themes per question. After the discussion, each question was associated with a range of two to five themes for the two sets of students (see Table 2 a/b). Member checking confirmed that no important themes were missed.

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Within the IPGC group, students indicated they learned most about the roles of OT and PT, less about pharmacy, and least about physicians during their IPE sessions. They were surprised by the lack of understanding and knowledge of PA roles and their need to explain the PA roles to other professions including faculty. During the IPGC experience, they also reported learning more about their own professional roles within the health care team. Narratives reflecting these themes are provided below:

> "Definitely agree that I learned the most from PT and OT interactions

combined...before this activity, I had no idea…which patients to refer to what profession…"

"I encountered a faculty member yesterday who seemed to not really know what PA school was about. And I was a little surprised by that…"

"I was surprised that my medical student didn't know what a PA was."

PA students expressed growth in and confidence about their own knowledge of their role in the health care team in comparison with (first year) medical students, as follows:

> "The med student that I worked with was surprised about how much we knew."
>
> "The med student actually relied on me…we are kind of a team."
>
> "My medical student was a first-year student. He was a little timid…I was a little surprised... it was a good opportunity to share with him what we do…even try to help him out."

The IPGC group expressed conflicting feelings about the geriatric setting for IPE. It was particularly challenging for the team-based model because of cognitive impairment of patients, necessitating coordinated efforts at obtaining consistent histories. And yet, this very

challenge also showed students that team care in this setting was essential to avoid errors. This conflict was demonstrated by the quotes below:

> "My patient also had moderate cognitive impairment. Especially in the history taking, it was very inefficient as a group."

> "…one good thing about doing (IPE) in the geriatric setting is that they are very complicated patients, and so having a team that can evaluate a lot of different things is good…"

One unexpected observation from the IPGC group was inadequate faculty training to teach IPE, expressed as the failure of the faculty advisors to consistently define roles before each patient encounter and to allow for a team "huddle" before meeting with the patient. For some students, this translated into negative attitudes toward faculty advisors and dysfunctional team dynamics.

> "…they (faculty) were not clear about our specific roles, and what we were to do…I didn't know if I was supposed to speak up or just listen."

> "…every advisor had a different style. Some left us to our own devices, and some were dominant."

> "The faculty should really know what the (health professions) roles are."

> "She (the new faculty member) just kind of took over, and it was not a pleasant experience...."

In describing an "ideal" IPE curriculum, the IPGC students consistently suggested that curricula should be introduced early (first semester), required, incorporated into regular class hours, and *primarily clinical*, involving *actual patient care* (guided by IPE-trained faculty from different health professions), and conducted with other health professions students. Students strongly expressed a desire to have diverse clinical settings, such as emergency, primary care, or chronic care settings, within which to be exposed to IPE before beginning formal clinical rotations. Additionally, they identified four to five different professions as an "ideal" number for IPE.

> "…it is essential to have these experiences as part of the curriculum...It can help us prepare to be quality PAs."

> "I think it (IPE) needs to be incorporated in the first year...more hands-on clinical experiences and learning more ab ptfyd n-oA

> "I think five pro

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