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A Program to Promote Interprofessional Collaboration in Primary Care

Medical schools are expanding in size and number to meet the demand for primary care providers.¹ Simultaneously, many nursing schools are opening doctor of nursing practice programs,² and pharmacy schools are changing their training models to prepare graduates for changing roles in health care.³ Also, primary care is receiving increasing attention, and with it, models for offering team-led, value-driven care. These circumstances make clear that the U.S. health care system needs to (1) foster interprofessional collaboration, (2) promote the value of primary care, and (3) have health professionals in training learn from those in practice. In response to these needs, we suggest that universities offer preparation, training, and continuing education for multiple health care disciplines through the following single, unifying, educational activity:

On the first day of graduate school (e.g., medical, nursing, pharmacy), the university brings together the new students of its graduate health professions programs with others in training and in practice. Like a continuity clinic, such an event recurs throughout training and continues into practice.

The university offers its graduates a lifetime of free, continuing professional development (CPD) and credits. Each student becomes part of a special

community of providers linked to the university. The purpose of the CPD activity—continued as a core theme—is to show students how essential CPD is to *high-value* patient care, even before one masters the basic and clinical sciences.

The centerpiece of the program is a grand-rounds-like activity (offered regularly in protected time) that is an evidence-based, multifaceted educational experience. On the basis of need, the university would offer complementary options to the core activity (e.g., performance improvement projects).

Long before making a specialty choice, students will see that they can successfully practice primary care, as the program activity exposes students to role models and to success stories in primary care. Because the program is interprofessional, students and other participants will necessarily become comfortable with team care and related interventions, such as workflow redesign. Also, through rigorous evaluation leading to publications, presentations, and grant proposals, the activity would present a great way to research CPD in an interprofessional context.

Given an interprofessional audience at different levels of competence, the activity would be challenging to implement; however, we believe this is the best way to prepare students for careers in primary care.

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Minority Faculty Face Challenges Similar to Those of Minority College Students

To the Editor: A recent article at OnlineColleges.net¹ describes several reasons for declining college graduation rates among minority students. These include a poor high school education, financial struggles, stereotype threats, lack of advisement and support, lack of on-campus engagement, not coming from a college-educated family, lack of academic mentors, colleges poorly structured for minority success, low institutional expectations for success, and being part of other at-risk groups.

Minority students are not alone in confronting such problems. Minority faculty also face difficulties remaining in academic medicine for most of the same reasons that minority students have trouble remaining in college. Reasons for minority faculty attrition include isolation,² stereotyping (or racism), and lack of mentorship.³ Minority medical school faculty also face financial struggles,⁴ lack of advisement and support, low institutional expectations,⁵ and institutions inadequately structured for minority faculty advancement. We estimate that there is an 80% overlap of reasons for minority students' departure from undergraduate education and reasons for minority faculty members' difficulties remaining in academic medicine.

These similarities confirm inadequate management of inequities in undergraduate and academic medical institutions. This shortfall requires a call to action for these institutions to create additional initiatives and programs to increase the recruitment and retention of minorities, both students and faculty. Such increased support is needed to ensure a physician workforce that mirrors the general population.

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