



## The historical context of interprofessional education and collaboration

**To cite this article:** (2012) The historical context of interprofessional education and collaboration, Journal of Interprofessional Care, 26:5, 353-354, DOI: [10.3109/13561820.2012.709436](https://doi.org/10.3109/13561820.2012.709436)

**To link to this article:** <https://doi.org/10.3109/13561820.2012.709436>



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Published online: 13 Aug 2012.



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## CALL FOR PAPERS

# The historical context of interprofessional education and collaboration

Achieving true interprofessional education and collaboration within the health care system seems to be elusive, if we define this goal as being met when members of the health care team function as acknowledged equals who bring different knowledge and expertise to the achievement of shared clinical goals. The dominant role of medicine as primary clinical leader and decision-maker is particularly entrenched in the western, hierarchical health care and health professions education system. Some social care professions struggle to be seen as part of the team at all. The roots of this challenge to full collaboration have been traced not only to regulatory barriers but also to historical realities that shape how we work together today (Reeves, MacMillan, & van Soeren, 2010). In this issue of the Journal, one of us explores the roots of conflict between physicians and nurses and finds how the context of Victorian English gender and class roles influenced Nightingale's efforts to establish nursing as a legitimate paid occupation for lay women (MacMillan, 2012).

All health and social care professions/occupations have a history. Some, like medicine, dentistry, midwifery and pharmacy, can trace their roots to prehistory and early civilizations across the globe. Others are more recent or may be unique to particular geo-political regions. Some may have evolved out of other, earlier occupations that have since become extinguished (the apothecary or the shaman) or which continue to co-exist in a different, or attenuated, form. The history of the modern paramedic role, for example, can be traced to both military stretcher bearers/ambulance drivers and the funeral service industry, since funeral homes had vehicles and stretchers that could transport a person who could not sit normally. How does this history impact the development of the role and its place in the health care system? Newer professions such as perfusionists, respiratory therapists and bioengineers also have interesting histories.

As health, education and social care, systems and organizations have become more complex, so have professions, and assistive personnel such as physician assistants, or physiotherapy assistants have evolved. The increasing complexity and a history of professionalization that is rooted in competition and separateness (Reeves et al., 2010) have an impact on the capacity of the interprofessional team to collaborate effectively and to be patient centric rather than profession centric.

The historical context of interprofessional education and collaboration is largely absent from the published literature and may provide an important contribution to our understanding of forces for and against change. There are exceptions. Keddy, Gillis, Jacobs, Burton, and Rogers (1986) trace the roots of conflict between medicine and nursing to Nightingale and the early development of nursing in Britain. There are historians who have focused their scholarship on the history of health professions and health issues (see, for example, Bliss, 1999, 2007; McPherson, 2003; Shorter, 1993, 1997) and who generate knowledge that contributes to our understanding of the origins of professional paradigms and the context of our work and relationships. Similarly, medical sociologists and anthropologists have studied how people relate within health care systems and organizations and compare and contrast systems and human relationships across the boundaries of time and space (e.g. DeVies et al., 2001). There are health professionals who have chosen to examine the social history of their professions (e.g. Helmstader and Godden, 2011; Pfister, 2011; Rafferty & Nelson, 2010). Taken collectively, this suggests that a body of knowledge exists that can inform the work of scholars in interprofessional collaboration.

We propose that the history of health and social care professions is an important area for exploration for scholars of interprofessional collaboration. The Journal seeks to fill that gap by soliciting papers from health care historians and social science scholars for an upcoming special themed issue on the emergence of various health and social care professions/occupations which will examine how these have functioned and continue to function within the health care system and in relation to other professions.

To explore the historical context of interprofessional collaboration, The *Journal of Interprofessional Care* (JIC) invites readers to contribute to this thematic issue. We welcome authors to contribute works on papers:

- that are descriptive and explanatory in relation to historical barriers and achievements in interprofessional education and/or collaboration (i.e. potentially theory building);
- that are well supported with primary source historical materials (e.g. education, regulation, policy, professional/clinical and personal documentation);
- that may provide an international and intercultural perspective and

- that advance our understanding of the historical roots of health and social care professions and their relationships with and among each other and with patients/clients seeking their services.

Papers from multiple professions are welcome. The term “historical” will apply loosely to newly emerged/emerging health occupations and to social science perspectives.

The co-editors for this issue will be Kathleen MacMillan (Dalhousie University, Canada) and Scott Reeves (University of California, San Francisco, USA).

Expressions of interest should be submitted to either Kathleen MacMillan (E-mail: [kathleen.macmillan@bellaliant.net](mailto:kathleen.macmillan@bellaliant.net)) or Scott Reeves (E-mail: [scott.reeves@ucsf.edu](mailto:scott.reeves@ucsf.edu)) before 31 December 2012.

All manuscripts must be submitted by 31 June 2013 and must follow JIC guidelines (<http://www.informahealth-care.com/jic>). All manuscripts must undergo peer review prior to being published in the thematic issue.

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