



European Medical Students' Association

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Incorporating Interprofessional Education in Medical Curricula

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The European Medical Students' Association (EMSA) represents medical students across Europe. We envision a healthy and solidary Europe in which medical students actively promote health. EMSA empowers medical students to advocate health in all policies, excellence in medical research, interprofessional healthcare education and the protection of human rights across Europe.

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Problem statement.

Interprofessional education (IPE) is an interactive approach wherein students from two or more professions from educational or work-based backgrounds learn from and with one another to contribute to healthcare improvements through effective communication and collaboration, and incorporates Health Professions Education (HPE), including comprehensive learning activities, where students from different professions develop interprofessional proficiency (van Diggele et al., 2020). Failing interprofessional communication in clinical practice results in a failed medicational approach, this causes unsafe care delivery to patients worldwide (Dhingra, 2018; Shahid & Thomas, 2018; Karlsson et al., 2024). Firstly, this is a point of discussion highlighted globally, emphasising the particular skills that educational centres should instil in their students to foster collaboration with other healthcare professions, respect various healthcare disciplines and improve patient safety (Karlsson et al., 2024; Saragih et al., 2024). Secondly, even though multidisciplinary interprofessional teams are established to meet healthcare demands in clinical practice, conventional medical education is adapted to a unidisciplinary approach where interprofessional collaboration is not enforced among students, resulting in insufficient opportunities for interprofessional collaboration-based care delivery, further following the tendency of a stereotyped education (Tang et al., 2013; Liberati et al., 2016; WHO, 2021). To access patient-centred care that is high-quality, safe and accessible, interprofessional competencies require persistent improvements in quality; IPE has been outlined as a practical means of sustaining effective collaboration among healthcare students in clinical settings (Berger-Estilita et al., 2020).

Implementing IPE in healthcare education can also be challenging considering the lack of a standardised curricular model, scheduling conflicts between disciplines, and the lack of several resources provided by the faculties (Saragih et al., 2024). Additionally, in both the pre- and post-stages of implementing the integrated learning model in real life, institutional resistance to integrating interprofessional skills and logistical difficulties remain (Gardner et al., 2007, Collins et al., 1998; Rossler & Kimble, 2016). Other problems include not involving all health disciplines and adjusting sessions to align with typical clinical settings (Palaganas et al., 2016; Gardner et al., 2007; Rossler & Kimble, 2016; Motola et al., 2013). While looking at other aspects of virtual education, limited understanding of online non-technical skills, in navigating online platforms, sustaining effective communication in virtual formats, and engaging in discussions, hinders further implementation due to students not acquiring necessary clinical skills (Cason, 2015). These findings fall within the difficulties in teaching trainers to use IPE and programme coordination (Chávez-Valenzuela et al., 2025).

Simultaneously, an IPE model implemented at Sweden's Linköping University, summarised the centre of this model as involving problem-based and student-centred learning using clinical scenarios (Karlsson et al., 2024). The focus here is on professionalism in healthcare, students learning regarding improvement science and professional perspectives in collaboration at interprofessional training wards, with the first module being the most widely used and concluding that this method is in pace with healthcare needs by improving HPE program students' knowledge and skills towards collaborative teamwork; due to the commitment of teachers enrolling in the programme, medical education quality increased (Karlsson et al., 2024).

LIFE, a virtual experiential learning opportunity, presented to interprofessional health science students with real-life cases of chronic illnesses ranging from multiple sclerosis to chronic pancreatitis, proved successful to standards beyond typical IPE requirements, and focused on simulated experiences related to authentic clinical cases, wherein students had the chance to reflect on real-life factors, including transportation, family support, and personal morals by engaging with patients and their families (Mattison et al., 2021).

Our view. Aim

The European Medical Students' Association (EMSA) is committed to advancing healthcare education by advocating for Interprofessional Education (IPE) integration as a core component of medical curricula. We recognise that future healthcare professionals must be equipped with the competencies necessary to collaborate effectively in multidisciplinary teams to improve patient outcomes. However, many medical education systems fail to provide structured and consistent opportunities for interprofessional learning, leaving students underprepared for real-world clinical settings (Patel et al., 2025). EMSA aims to address these gaps by supporting policy changes, accreditation efforts, and innovative curricular models that foster interprofessional collaboration, cultural competency, and holistic patient-centred care. Although there are existing IPE benefits, their implementation is challenging, such as logistics, unavailable standardised models, and institutional cultures (Altoaihi et al., 2024). EMSA is dedicated to addressing these barriers by advocating for policies that mandate interprofessional training within medical curricula and by promoting accreditation standards that ensure IPE is not an optional component but a fundamental part of medical education. Furthermore, the importance of faculty development, as well-prepared educators is crucial for the successful integration of interprofessional learning (Steinert, 2005).

By embedding IPE into medical training, EMSA seeks to enhance the competencies of future healthcare professionals, ensuring they develop the communication, teamwork, and problem-solving skills required for high-quality patient care. Strengthening interprofessional collaboration leads to

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improved clinical decision-making, reduced medical errors, and ultimately better health outcomes (Zwarenstein et al., 2009). It is essential that curricula are aligned with global health standards, emphasising a holistic and integrated approach to education that prepares students to work across disciplines, navigate complex healthcare systems, and address diverse patient needs (Wijnen-Meijer, 2023).

A key focus of EMSA's advocacy is the promotion of cultural competency and Equity, Diversity, and Inclusion (EDI) within interprofessional education. Thus, EMSA aims for all healthcare professionals to be equipped to provide care that respects and responds to diverse cultural backgrounds, social determinants of health, and the unique needs of marginalized populations. By integrating EDI principles into IPE, a healthcare workforce which is not only collaborative but also culturally responsive and socially accountable is ensured (Madrak, 2023).

To ensure that IPE initiatives are effective and sustainable, EMSA encourages continuous research and evaluation strategies that assess their impact on student learning and patient care. Evidence-based approaches are essential in refining teaching methodologies, overcoming implementation challenges, and demonstrating the value of interprofessional collaboration in medical education (Zwarenstein et al., 2009). Through interdisciplinary research and data-driven advocacy, this policy paper aims to drive meaningful reforms that enhance the quality and effectiveness of healthcare training.

In conclusion, this policy paper is a call to action for medical educators, policymakers, and accreditation bodies to prioritize interprofessional learning as a critical aspect of medical education. By implementing innovative and evidence-based strategies, stakeholders may create a healthcare system where collaboration is the standard, patient outcomes are optimised, and future professionals are well-prepared to meet the demands of an evolving global health landscape. EMSA remains committed to championing these changes, ensuring that medical students across Europe and beyond receive the education they need to excel in interprofessional, patient-centred healthcare environments.

Recommendations

EMSA calls on Youth and Student Organisations (including FMOs and Medical Students) to:

- Collaborate with university committees to ensure that interprofessional learning activities are embedded in the core curriculum of their faculties.
- Conduct national or regional IPE workshops annually, incorporating case simulations and teamwork exercises with students from different healthcare disciplines.
- Integrate sessions on cultural competency and EDI in all IPE-related events to enhance awareness and skills among medical students.
- Develop and publish student-driven research projects in collaboration with medical faculties to evaluate the effectiveness of IPE in enhancing student competencies.
- Create platforms where medical, nursing, and allied health students collaborate on IPE-related discussions and initiatives.

EMSA calls on Universities and Medical Faculties to:

- Incorporate structured interprofessional courses assessed through measurable student competencies in teamwork and communication.
- Formally train at least 70% of faculty members involved in IPE courses in interprofessional education methodologies to ensure high-quality instruction (Babin et al., 2023).
- Implement virtual IPE learning tools, such as tele-simulation or online collaborative case discussions, to address logistical barriers to in-person sessions.
- Conduct an internal review of their programs to ensure alignment with global health standards on interprofessional competencies (World Health Organization, 2010).
- Allocate funding and mentorship for student-organized IPE activities to encourage student engagement and leadership in interprofessional learning.

EMSA calls on Medical Education Accreditation Bodies to:

- Require all medical programs to include at least one mandatory IPE course before graduation, ensuring consistency in interprofessional training.
- Establish evaluation metrics to measure student progress in interprofessional competencies and enforce compliance in medical curricula.

- Include faculty training benchmarks, ensuring that at least 60% of educators in IPE courses have completed interprofessional teaching certification (Babin et al., 2023).
- Implement a reporting system where universities submit annual progress reports on their IPE initiatives, assessing improvements in student competencies.
- Align their requirements with nursing, pharmacy, and allied health education standards to promote interprofessional consistency.

EMSA calls on Healthcare Providers and Institutions to:

- Implement formal interprofessional learning experiences where medical, nursing, and allied health students collaborate in patient care in at least 80% of clinical training sites (Miselis et al., 2022).
- Establish guidelines that encourage interdisciplinary teamwork and communication training for all healthcare professionals.
- Pair medical students with interprofessional teams to enhance real-world collaboration skills in various mentorship programs.
- Collaborate with universities on research studies assessing the impact of interprofessional training on patient safety and healthcare efficiency.
- Integrate cultural competency training into interprofessional team-based learning to ensure equitable and inclusive patient care.

EMSA calls on Governments, Health Ministries, and the European Parliament to:

- Develop and enforce national policies requiring IPE in all health professions education programs to ensure consistency across institutions.
- Allocate dedicated funding to at least 50% of medical faculties for IPE program development, including simulation labs and interdisciplinary workshops (Babin et al., 2023).
- Ensure that interprofessional competencies are included in licensing exams and professional development programs for healthcare professionals.
- Establish a data collection system tracking the correlation between IPE implementation and patient safety improvements.
- Initiate cross-country IPE knowledge-sharing programs, allowing institutions to exchange best practices in interprofessional education.

EMSA calls on the World Health Organisation (WHO) to:

- Publish an updated framework on interprofessional education, ensuring alignment with evolving healthcare needs and global best practices.
- Incorporate IPE as a fundamental component in healthcare workforce development policies in WHO member states.
- Provide technical guidance and funding opportunities to support IPE adoption in low- and middle-income countries across the continent.
- Initiate global research projects assessing the effectiveness of IPE in improving patient outcomes and healthcare efficiency.
- Establish a continent-wide network of IPE experts and institutions, fostering collaboration and sharing successful implementation strategies.

EMSA calls on all the above stakeholders to implement all mentioned recommendations by the end of this policy paper's validity period, and throughout its duration.

Definitions

EDI: Equity, Diversity, and Inclusion

EMSA: European Medical Students' Association

FMO: Faculty Member Organisation

IPE: Interprofessional Education

HPE: Health Professions Education

WHO: World Health Organization

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