

**MUSTER Conference:  
Summary of Interprofessional Authentic Learning  
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Interprofessional authentic learning takes place in “real life” settings and includes “real life” experiences. A number of questions, issues and ideas were shared and discussed in sessions throughout the MUSTER conference which are helpful in promoting interprofessional learning in our various communities and institutions.

One central and provocative question raised by Alison Lee in her key note address was “what is the problem that IPE is the solution for?” Why now? Where does the pressure for change come from? Some of the responses include patient safety, the need for community engagement, as well as the global workforce crisis which provide challenges to health care service provision.

Dr. Lee in her address also touched on the current state of IPE. For example, she noted that interprofessional authentic learning is understood to be learning from, with and about others and can provide a common base for joint action. She also suggested that research evidence is beginning to demonstrate that interprofessional collaboration results in better access to health services, use of resources, better health care outcomes and patient care and safety. However, there is both a lack of critical policy analysis and research that focuses on how to sustain lasting change.

Conceptual challenges also exist with respect to defining IPE’s capabilities, standards and modes of assessment, combined with a lack of appreciation of its complexity. Dr. Lee suggested that as the health system is based on competition, not collaborations, common ground must be found between health care and higher education. Evidence based research is required to better understand enablers and constraints in implementing IPE, as well as understanding how it can improve the quality of care. Therefore, future directions for research include:

- Clarifying IPE -what does it do?
- How to improve practice?
- How to provide evidence that IPE works

These questions also arose in other sessions (e.g. ***Interprofessional Learning: An Authentic Learning Experience in Rural Clinical Settings in SE NSW*** with P. Craig and ***Multidisciplinary Model for Education in Rural Settings – A Recipe for Success?*** with L. Gum). Participants recognized that many rural teams are already working interprofessionally. However, while a number of interprofessional projects or activities have achieved some measures of success, it was agreed that further work need to be done to determine how to build sustainable change, to identify both enablers and constraints and creative and practical ways to implement IPE.