Although the field of global health is uniformly understood to involve “interdisciplinary collaboration” and require “multifaceted methods,” little has been done at the university level to foster the kind of interprofessional learning that will produce professionals ready to engage in the collaborative work the field demands. Although initially incubated in medical and nursing schools, global health programs can now be found across a spectrum of professional schools, including many outside of the health sciences. These programs, which have been created to meet a growing demand among students and faculty, include global health courses, competitions, experiential learning opportunities, certificates, and degree programs. While most of these initiatives are interprofessional in the sense that they incorporate faculty and students from across a range of schools and provide opportunities for collaboration, few programs provide specific training in how to work together effectively. As a result, students may graduate with the substantive tools to practice in the global health field, but lack the collaborative skills to employ these abilities successfully as part of a team.

The robust field of interprofessional education (IPE) — a teaching strategy that is permeating the health sciences professions — tells us that interprofessional collaboration should be taught and fostered on university campuses, rather than take place by happenstance in the employment setting. Although it is clearly possible to work successfully with individuals outside of one’s profession without being trained to do so, IPE advocates remind us that interprofessional knowledge, skills, and attitudes must be taught in order to realize the improved health care outcomes that robust collaboration can lead to. According to the widely adopted work on IPE competencies developed by the Interprofessional Education Collaborative, teaching students to work collaboratively requires training in collaborative values and attitudes; understanding the roles and responsibilities of team members; interprofessional communication techniques; and teamwork skills. However, notwithstanding the promise of the

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IPE field to help global health educators prepare students to work collaboratively, to date, there has been little scholarship or programmatic effort to link the fields of IPE and global health education. This can partly be explained by the fact that IPE is focused primarily on clinical care and therefore not well-suited to global health, a field that often contemplates a broader health systems and policy approach to health.

To address this scholarly and didactic gap in global health education, in October 2013, faculty from multiple graduate schools at the University of Maryland Baltimore (UMB) hosted an invitational roundtable titled Building Global Health Team Excellence: Developing an Interprofessional Skills Competency Domain that brought together 42 global health and IPE experts from across multiple professions, including medicine, nursing, dentistry, pharmacy, public health, physical therapy, environmental health, epidemiology, basic and applied sciences, engineering, law, and social work. The purpose of the roundtable was to work with experts to identify the team competencies necessary for collaborative global health practice, and study how these competencies can best be incorporated into global health curricula and their effectiveness measured.

At the roundtable, there was widespread agreement among participants that the future success of global health demands a cohort of professionals who are trained to practice their professions alongside, and in cooperation with, individuals from other professions. The intractable and complex nature of health issues that transcend national boundaries and governments requires an openness and spirit of innovation that can only come from interprofessional sharing and cooperation. Our article, “All Together Now: Developing a Team Competency Domain for Global Health Education,” which appears in JLME’s winter 2014 issue, details the results of the roundtable and sets forth a preliminary set of interprofessional global health team competencies.

Prior to the roundtable, we invited participants to share their experiences and insights in IPE, team skills, and global health education by submitting comments that would serve as a springboard for roundtable discussion. The papers in this supplement were expanded by a select group of authors from the comments they submitted for the roundtable. The papers in this special issue were written by a broad range of faculty and university administrators who address the difficult questions of why, what, and how to encourage professional schools and universities to include interprofessional training as part of their global health curricula.

Jane Barrow and Brittany Seymour (Harvard School of Dental Medicine) provide a strong rationale for why interprofessional global health training is critical in their article, “A Historical and Undergraduate Context to Inform Interprofessional Education for Global Health.” Using the example of fluoride and dental caries, their paper examines why collaborative practice is essential to address intractable health problems and suggests a theoretical framework for expanding interprofessional training beginning at the undergraduate, or “pre-interprofessional,” level where students are still undifferentiated by profession. In another critical discussion of the pressing need to train students and support faculty to collaborate across professions, Leigh Carroll and colleagues at the Institute of Medicine (IOM) contributed a paper, “Envisioning a Transdisciplinary University,” which reports on a roundtable organized by IOM and the interdisciplinary Young Professionals Chronic Disease Network. The paper calls for universities to act as incubators for collaborative work and sets forth a model for a transdisciplinary...
A Theoretical Orientation Incorporating Professional-Centrism and Social Identity Theory,10 Edward Pecunakos (UMB School of Social Work) addresses barriers relating to professional identity and profession-centrism that inform our understanding of the challenges of developing and implementing interprofessional education curricula. Oscar Cabrera and Tanya Baytor (Georgetown Law/O’Neill Institute for National and Global Health Law) go one step deeper — to the curricular level — in their article, “Using Experiential Learning to Develop Interprofessional Skills in Global Health,”16 in which they discuss the value of an interprofessional global health practicum course to impart team and communication skills to a mixed group of students.

As a whole, the articles in this special edition represent the most current thinking in the area of interprofessional global health education and provide a justification and roadmap for universities struggling with how to address the challenge — and realize the promise — of training the next generation of students to work arm-in-arm to overcome the grave health challenges of the next century.

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References
5. Id.
6. Id.
11. L. DiPrete Brown, “Towards Defining Interprofessional Competencies for Global Health Education: Drawing on Educa-


