The Creation of an Institutional Commons: Institutional and Individual Benefits and Risks in Global Health Interprofessional Education

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Introduction
Increasing the number of adequately trained health care workers is one way to start addressing the need for greater and more equitable access to health services and to achieve universal health coverage globally.\(^1\) The World Health Organization and its partners recognize interprofessional collaboration in education and practice as important strategies toward mitigating the global health workforce crisis.\(^2\) Indeed, numerous authors, bodies, and consortia have vocally supported interprofessional collaborative practice as one of the most potent tools for addressing the challenges faced by health care systems across the globe, and that interprofessional education (IPE) in turn is a necessary ingredient for preparing the workforce for the complexities of such practice.\(^3\) Given the near universal call for IPE and the growing mandate from accrediting agencies for its incorporation into training for many professions,\(^4\) as well as the push to incorporate interprofessional collaborative practice and IPE into strategies for addressing global health challenges, many institutions will be challenged to develop IPE programs in the months and years ahead.

The universal call for global health training that includes “the study and practice of improving health and health equity for all people worldwide through international and interdisciplinary collaboration,”\(^5\) clearly provides a mandate and a unique opportunity for those who want to incorporate IPE into their curriculum. But there are both benefits and risks for those who choose to invest in IPE, relocate their work there, and for the institution that hopes to develop it. In this article, we define IPE, identify its benefits, and outline some of the challenges to developing and sustaining IPE programs to better inform these efforts and in the hope of providing some guidance to individuals and institutions facing these challenges.

Interprofessional Education Defined
In 2002, the Centre for the Advancement of Interprofessional Education (CAIPE) defined IPE as “occasions when two or more professions learn with, from and about each other to improve collaboration and quality of care.”\(^6\) Building upon this work, the World Health Organization (WHO) suggested that “IPE occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.”\(^7\) The WHO definition was extended as part of the University of Maryland Baltimore Global Health Interprofessional Council Roundtable, held October 25, 2013, in order to further consider the intersection between global health and IPE. Conveners suggested that IPE is “[w]hen students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.”\(^8\) Each of these descriptions share the elements of interdependency between professions and goal-oriented pedagogical approaches that coexist explicitly to improve health and health outcomes. As our concept of IPE evolves, so also does our understanding of the institutional context necessary to support successful interprofessional collaboration across professions.
The Challenge
Interprofessional education, global health training, and interdisciplinary academic programs have much in common. Each seeks to address critical and ill-defined societal needs based on the assumption that the collective whole and collaborative efforts will have a greater impact than the sum of its component parts. Yet each of these efforts is challenged when creating programs within existing training systems, most of which are predicated on uniprofessional or single discipline models not well-suited for, or conducive to, the natural evolution or sustenance of collaborative activities. Institutional infrastructure and bureaucratic inertia are generally not friendly toward the development of partnerships that cross discipline-specific administrative boundaries, and faculty who choose to invest in this work may or may not be recognized for their contributions, much less rewarded for them. As Gary Brewer noted, “The world has problems, but universities have departments.”

The result is that some of the largest barriers to collaboration across professions occur at the institutional level, and facilitating interprofessional efforts requires a paradigm shift if we are to successfully address these organizational constraints.

Creating an Interprofessional “Commons”
In many ways, the challenge of creating a viable, functional IPE program can be described as the challenge of creating a commons. The word “commons” can be broadly defined as shared resources belonging to or owned equally across a community. The concept has a long history in law and policy and authors dating back at least to Aristotle have commented on the challenges inherent in managing environmental common resources such as air and water. In today’s world, many consider the public domain, the Internet, the World Wide Web, and cyberspace as common resources. In the global sense, common resources include natural resources such as air, water resources, fish and game, public grazing land, and parks.

Elinor Ostrom’s seminal study, Governing the Commons, draws on case studies of local collaborative institutions, legal documents, and other public artifacts to identify eight characteristics associated with institutional effectiveness as evidenced by successful attempts to allocate and govern common-pool resources:

1. Individuals who have the right to withdraw resource units from the common resource are clearly defined.
2. There is congruence between the rules that govern the use of common resources and local needs and conditions.
3. Individuals affected by the rules are empowered to modify the rules.
4. Those who actively monitor common resource utilization and appropriate behavior are accountable to the community or are community members.
5. Graduated sanctions are in place and operationalized with those who violate the rules governing the utilization of common resources.
6. Effective mechanisms are in place and are accessible and affordable to community members to support conflict resolution.
7. Community members have the right, recognized by the authorities, to determine their own rules.
8. For common resources that are shared across larger, more complex systems, appropriation, provision, monitoring, enforcement, conflict resolution, and governance activities are organized in multiple layers of nested enterprises.

These characteristics could provide a useful framework around which to build interprofessional education and practice in academic institutions.

Challenges to the Interprofessional Institutional Commons
Most of the contemporary literature addressing the challenge of creating a commons has evolved from a rich base of case studies in the fields of economics and political science. Garrett Hardin’s classic 1968 article, “The Tragedy of the Commons,” is perhaps the best-known work in this area. In it, Hardin discusses the recurring problem of depleting resources claimed by many but owned by none, the negative consequences of “appropriation,” and how to manage the use and overuse of a common resource.

Academic institutions are full of resources and the overwhelming majority of them are “owned” by a specific discipline or department. For example, a single
campus made up of multiple schools may have multiple anatomy courses, each serving the needs of a single uniprofessional group of students. The financial and human resources to support these courses are provided by the students’ respective schools. Thus, the challenge to bringing students together from multiple professional education programs into one anatomy course is typically one of marshaling the disparate interests and resources of different professions co-existing within an academic institution — each of which has been organized to further its own needs and interests.

In academic institutions where IPE does exist, common resources that emerge from faculty collaboration across professions might include curricula, innovative teaching approaches, and evaluation instruments. In these institutions the challenge is not primarily one of overusing common resources, but rather, that recognition of these resources as shared or “common” does not exist at all. The commons literature refers to this subset of challenges as “provision problems” — those of creating an accessible and equitably useful common resource.10

The Foundations of Community
The “tragedy of the commons” is an economics theory initially developed by Garrett Hardin, according to which individuals, acting independently and rationally in each one’s self-interest, behave contrary to the whole group’s long-term best interests by depleting some common resource.17 Ostrom begins her book by describing the “tragedy of the commons” and challenging conventional thinking about ways to avoid it. Using examples such as management of natural fisheries or commonly held grazing land, she makes the point that disastrous consequences resulting from mismanagement of common resources are common, but not inevitable. Theorists and policy makers in the past have traditionally avoided the degradation and loss of the commons by choosing between two options: (1) organizing around a central authority that polices and regulates the commons, or (2) privatization — relinquishing control of the common resource to private entities, rendering it no longer accessible to all.18 (Equivalent responses in an academic institution would be (1) a program controlled and mandated by a central authority such as a University President or Chancellor with little ownership or shared governance from the involved schools and (2) placing the functions and ownership back into each school to support and manage without central support). Ostrom’s book builds the case for a third option: self-regulating communities that maintain and manage the commons on their own.19 This third option does not require the oversight of a central authority and does not transfer control of the resource to the market or other third party. Ostrom illustrates her point by providing numerous examples of common resources such as Californian water basins and Sri Lankan village fisheries that have been successfully sustained and managed by self-regulating communities.20

Ostrom’s analysis can teach us much about the institutional requirements for a successful university-wide IPE program. In each case, Ostrom discovered that successful communities were composed of individuals who built their reputations as reliable members and who “have a shared past and expect to share a future.”21 We believe that this sense of shared community and shared experiences is critical to the development of a successful, sustainable IPE program.

Within academic institutions, communities with a shared past and future commonly exist within the boundaries of uniprofessional or single discipline schools and degree programs. Individuals within these programs collectively build a rich camaraderie that starts on admission, continues as they progress through shared educational experiences and professional socialization within their respective training programs, and endures long after graduation as they move into the commonality of their respective work lives. As members of the same fraternity, they will wince together over the memories of shared failures, and smile knowingly over shared successes. This set of common experiences and the trust it creates build a form of relational and cultural capital that is enduring and immensely valuable. It creates a community of trusted colleagues and a safe space that enables creativity, collaboration, and reciprocity as well as experimentation and risk-taking.

Unfortunately, within academic health centers, it is rare to find the same human capital resources in the space across and between schools and degree programs, yet this is exactly what must be done to create an effective sustainable IPE program. Robust and sustainable IPE emerges from a community of individuals and institutional units that share a past and a future that exists outside the well-established boundaries of uniprofessional schools and programs. Without this, trust cannot and will not develop, and IPE will remain fragile and forever be institutionally at-risk.

A lack of common experiences is not the only barrier to creating the capital needed to develop sustainable IPE efforts. The institutional “commons” is continually challenged by institutional policies and organizational frameworks that have emerged to support siloed administrative units and uniprofessional practices but do not lend themselves to the creation and management of a commons. This tension between
self-preservation and community becomes evident in the day-to-day implementation of interprofessional collaboration and over time threatens the viability of even the most effective programs.

**Individual and Institutional Risks and Benefits**
Robust and effective global health training clearly provides unique opportunities for IPE, but there are both risks and benefits for individual faculty and for institutions who invest in IPE. Faculty members devoted to IPE assume considerable personal and professional risk. They must invest significant time and effort outside of their respective academic homes and dedicate it to students in other professions and to work that is distant from the consensus “core” of their own professions. The people with whom they will share this effort and create the relational capital so critical to their success are unlikely to be known by their deans or in-discipline colleagues. Appreciation and acknowledgment of the greatest sacrifices and accomplishments for IPE faculty will most likely come from people who are unable to offer them formal rewards or promotions. Working at some distance from their deans, IPE faculty members will work very hard to create something that will be new both to students and their peers. If successful, these faculty will build something that may ultimately become a lower priority than some of the more visible and long-standing efforts of their in-discipline colleagues who are working inside core professional educational programs. Furthermore, their work in IPE will compete with other more well-established programs within their home disciplines for time and resources. This may create conflict within the faculty members’ home programs and resolution of the conflict will likely favor the status quo over the newer, less familiar and higher-risk interprofessional efforts. Faculty are therefore well-justified entering this work with trepidation. The risks of participation in IPE to faculty champions include delayed and limited returns on substantial personal and professional investments, as expressed through lost human and intellectual capital if the effort is not sustained, or marginalization from their home disciplines literally or figuratively, which could result in lost opportunities for career advancement.

Traditional administrative and institutional structures must adapt to create a “commons” to support IPE. The institution must purposefully reconsider and create new policies and processes to modulate the tension that arises from the relational and informal way that much of IPE typically gets done while respecting institutional hierarchies and priorities. To accomplish this, institutional leadership must make collaborative work a visible, shared priority and undergird it by appropriately selecting and enabling leadership that is equipped and empowered specifically to advance the good of the university as a whole. An example, a recent report summarizing data gathered through interviews with leaders of centers for interprofessional education, institution websites, and the National Center for Education Statistics recommended that a committee of deans or associate deans responsible for education at each participating college or educational program guide interprofessional curriculum development and that IPE be built into faculty members’ teaching or service responsibilities rather than hiring additional faculty members. Coordinating faculty and students across professions is complex and time consuming and will require new resources. The immediate return on investment may not be tangible to the institution, which can result in vulnerability and wavering commitment, particularly as resources grow more constrained. For success, institutional leadership must make a long-term commitment. An investment in IPE can help universities brand themselves as actively
preparing practitioners who are “collaboration-ready” at graduation; advance educational, translational science, or practice research agendas; ignite educational reform that connects faculty and students meaningfully with the practice community; and develop significant service learning opportunities.

As painful as it may be to bring an institution behind a commitment to IPE, the effort can be sustained by the unique benefits to faculty and community practitioners who participate in IPE. These include opportunities to collaborate across professions; participate in innovation and discovery that can lead to transformative change, oftentimes with the promise of genuinely improving health and health outcomes; and the opportunity to advance other personal and professional goals.

Conclusion
The overarching aim of IPE in global health is to equip future health practitioners across all professions with a set of competencies that will enable well-developed and effective interprofessional collaborative practice to improve global health and health care outcomes. In order for IPE in global health to succeed in the long term, we must create balance across organization and stakeholder needs (profession, development of a professional identity, leadership structure) and set up for shared investment and shared risk taking. This is critically important work in order to ensure equitable access to health services and to achieve universal health coverage globally. The purpose of this paper has been to propose the institutional commons as a model to support meaningful and sustainable interprofessional global health education within academic institutions. In her book Governing the Commons, Nobel Prize winner Elinor Ostrom notes that “...all efforts to organize collective action...must address a common set of problems.” The same can be said for the collective action required to create a functional and sustainable IPE program. Anyone attempting to create such an entity will need to address a common set of individual and organizational challenges so that individuals and institutions planning and developing IPE programs can better anticipate and address the challenges ahead.

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References
7. See World Health Organization Study Group on Interprofessional Education and Collaborative Practice, supra note 2.
13. Id., at 54-55.
17. See Hardin, supra note 15.
19. Id., at 98-105.
21. Id., at 53.
24. See Ostrom, supra note 12, at 27.