

## Commentary

# The Interprofessional Care Team: Where Do Educators Fit in?

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The argument for interprofessional care (IPC) has been made. With this, we expanded the original, limited view, of a siloed core-healthcare team of Physicians and RN.s, to interprofessional teams that include traditional direct patient care professions such as Audiology, Dental Hygiene, Physical Therapy, and many more. It took work to further expand our vision and to include professions such as Health Administration and Social Work under this umbrella. This more holistic stance to include professions in the IPC team outside of the traditional direct patient care fields was hard-won. While we have made some progress in breaking down some of the conventional delineations between health professions and redefining the scope of interprofessional practice, there remains a pervasive global professional identity as *healthcare providers* that may exclude other important professions from inclusion in the *team*. The case should be made that any profession whose responsibilities include the management of an individual's care should be part of the IPC team.

Education is an important profession that has yet to be included in the discussion of IPC. Educational practitioners are in daily communication with the entire pediatric population across a variety of traditional and alternative school, clinical, and institutional settings. Examples include teachers who provide educational services for youth in residential treatment centers or in hospitals experiencing various mental, health, or

other challenges that prevent them from being able to attend regular school. More generally, K-12 educators are often involved in the identification of learning, social, and behavioral challenges and may be among the first to notice speech, vision, and hearing deficits. They recommend referrals to primary care physicians, support in-school health workers such as Speech Language Pathologists, and provide general and special education students with emotional support, medication distribution, introductory health education, first aid, and more. As school-age children in the U.S. spend 6.5 to 7 hours per day at school (National Center for Educational Statistics), educational professionals have far more interaction with, and greater potential for impact on, school-age children than do traditional health professionals.

Perhaps the most salient case for inclusion in the IPC team is the Special Education (SPED) practitioner. SPED teachers work with a variety of healthcare providers such as Occupational Therapists, Speech Language Pathologists, Physical Therapists, Behavior Management Therapists, and Counselors to provide services for students who have a range of cognitive, emotional, and physical disorders across the spectrum of mild to profound. From these interactions, they manage teams of instructional assistants to implement and maintain support, coordinate with General Education teachers to provide strategies for working with these student

populations in inclusive classroom settings, and facilitate the development and implementation of 504s and Individual Education Plans (IEPs) with district leads, healthcare experts, and parents or caregivers. They frequently serve as a link between students and their families, the school, and community services. For example, Teachers of the Visually Impaired (TVIs) help to optimize the learning outcomes of students with visual disabilities by working with teachers, parents, and optometrists across school, life, and clinical settings.

The incorporation of educational professionals into the broader definition of IPC providers could pave the way for additional training, funding, and more integrated channels of communication. However the IPC professions choose to move forward in the definition of the IPC team, the impact of the K-12 educator on children's socio-emotional, physical, and cognitive development, as well as their health and wellbeing, should not be underestimated as IPC teams work to create an interconnected network of care to serve individuals more effectively across home, school, and community settings.

## References

ASAHP Association of Schools of Allied Health Professions. What is allied health? <http://www.asahp.org/what-is/>

Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services, Bureau of

Health Professions (BHPR). National Center for Health Workforce Analysis: U.S. Health Workforce Personnel Factbook. <https://babel.hathitrust.org/cgi/pt?id=mdp.39015050135600>

Wingate Wilderness Therapy. Youth residential treatment centers from Oregon. <https://www.wingatewildernesstherapy.com/Residential-Treatment-Centers/Oregon-OR/>

Multnomah Education Service District. "Hospital School Program." <https://mesdhospital.school.wordpress.com/>

National Center for Educational Statistics. Schools and staffing survey. [https://nces.ed.gov/surveys/sass/tables/sass0708\\_035\\_s1s.asp](https://nces.ed.gov/surveys/sass/tables/sass0708_035_s1s.asp)

National Association of Special Education Teachers. <https://www.naset.org/naset.0.html>

Teaching Students with Visual Impairments. <https://www.teachingvisuallyimpaired.com/>

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