The need for all graduates of UIC health professions programs and all employees of the UI Health care delivery system to be competent in collaborative practice has been endorsed by University and College Administrations, faculty across the health science colleges and leadership in the healthcare delivery system.

Although interprofessional education (IPE) is the most widely recognized approach to achieving interprofessional collaborative practice competence (and is sometimes mistakenly assumed to be the only viable approach), it is important to recognize self-directed learning and uniprofessional learning as approaches that can and should be used.

**Definitions**

**Interprofessional Education** – An educational approach in which learning experiences are designed so that learners from more than one health professions education program learn with, from and about each other in order to improve collaboration and quality of care. ([https://www.caipe.org/](https://www.caipe.org/))

**Self-directed Learning** – An educational approach “in which individuals take the initiative, with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes”. (Knowles, M. (1975) *Self-directed learning: A guide for learners and teachers*, New York: Cambridge Books.)

**Uniprofessional Education** – An educational approach in which learning experiences are designed for students from one profession.

The challenges of providing IPE across health professions education programs have been described on a psychological, cultural, logistical and structural basis. While there are many examples of how these barriers are being overcome, because the logistical and structural barriers are significant and real, it would be ideal to provide IPE in just the right amount, at just the right time and in just the right experiences and to rely on the use of self-directed learning and uniprofessional education to as great an extent as possible.

Therefore, a curriculum that is designed to achieve collaborative practice competency (interprofessional, intraprofessional and with patients and families) can and should include the use of all three approaches.

It is also imperative to note that IPE must, to the greatest extent possible, take place in authentic environments. Learners must have the opportunity to develop and demonstrate collaboration skills and while this can obviously be done in practice environments, simulated environments offer a legitimate option for practice and assessment.