



Advancing Healthcare Through

INTERPROFESSIONAL LEARNING AND COLLABORATIVE PRACTICE

Saturday, April 20, 2024

8:45 - 9:30 A.M. EST



Shelley McKearney

Associate Director, IPEC/AACN
Secretary, Executive Board of Directors, IPEC



OBJECTIVES



DESCRIBE

the background and history of IPEC and the *Core Competencies for Interprofessional Collaborative Practice*

SHARE

critical information around IPEC projects to advance IPECP



GATHER

comments, reactions, questions, and guidance for IPEC's key initiatives





QUICK PULSE POLL

Polls/Quizzes ×

Friends with IPEC

1. Are you familiar with IPEC and/or the IPEC Core Competencies for Interprofessional Collaborative Practice?
(Single Choice) *

Yes

No

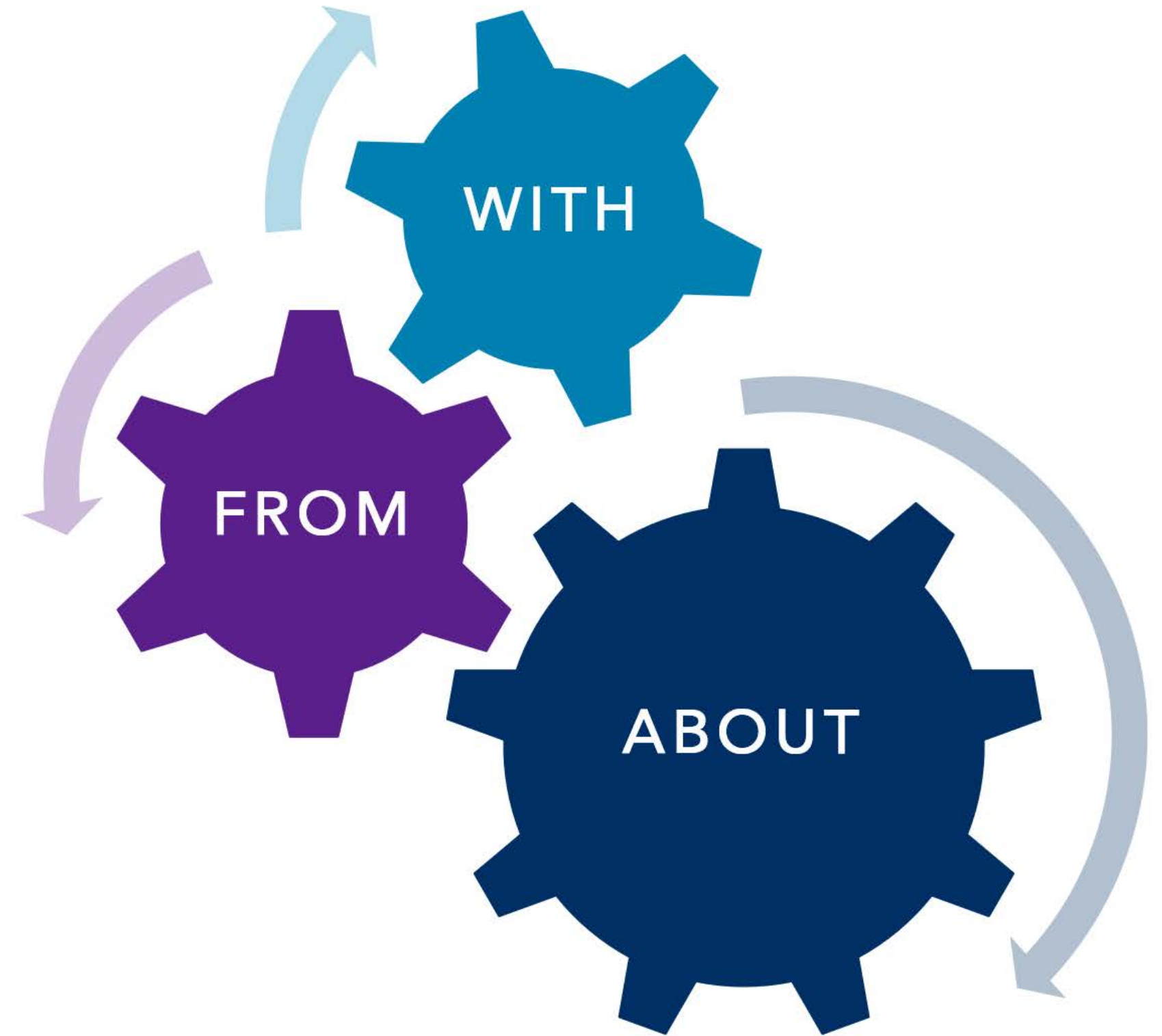
[Submit](#)



A stylized human figure composed of geometric shapes: a light blue circle for the head, a light blue rounded rectangle for the torso, and a light purple rounded rectangle for the base. The figure is centered in the background. On the left and right sides of the image, there are dark blue rounded rectangular shapes.

**WHAT IS IPECP?
AND WHAT IS IPEC?**

INTERPROFESSIONAL EDUCATION



SOURCE: World Health Organization (WHO). Framework for Action on Interprofessional Education & Collaborative Practice. Geneva: World Health Organization; 2010.

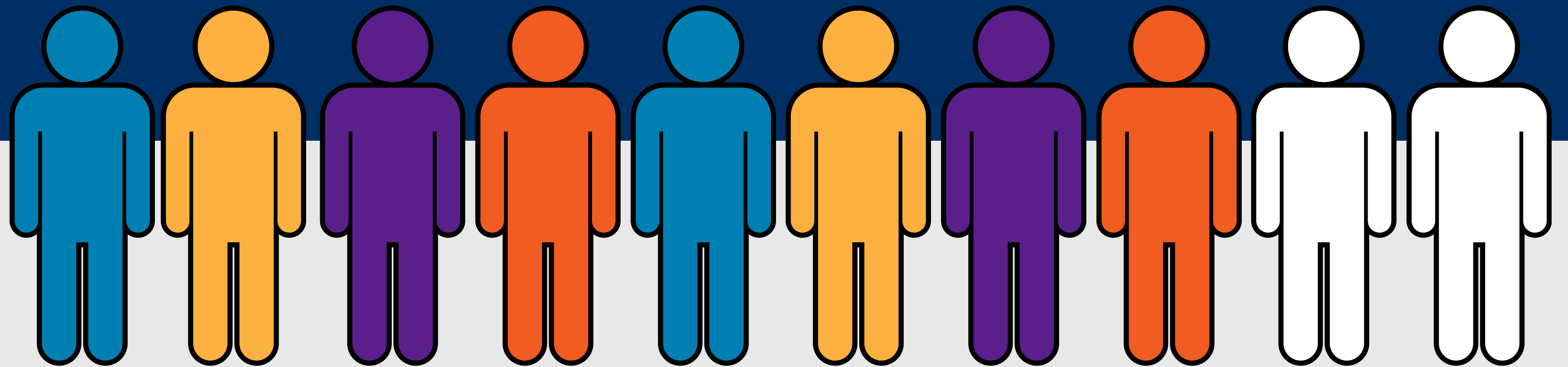


INTERPROFESSIONAL COLLABORATIVE PRACTICE

SOURCE: World Health Organization (WHO). Framework for Action on Interprofessional Education & Collaborative Practice. Geneva: World Health Organization; 2010.

IMPORTANCE OF TEAMWORK

85% of the population has at least 1 annual health care encounter



SOURCE: Rosen, M. A., DiazGranados, D., Dietz, A. S., Benishek, L. E., Thompson, D., Pronovost, P. J., & Weaver, S. J. (2019). Teamwork in healthcare: Key discoveries enabling safer, high-quality care. *American Psychologist*, 73(4), 433–450. NCBI. <https://doi.org/10.1037/amp0000298>

MEDICAL ERROR
3rd Leading cause of
death in the U.S.

AVOIDABLE, PREVENTABLE, DEATHS
250,000-400,000

ESTIMATED COST PER YEAR
\$1 Trillion

IN CLAIMS FROM
2001 TO 2011

49%

OF MALPRACTICE IN HEALTHCARE WAS
ATTRIBUTED TO COMMUNICATION FAILURES.

SOURCES: Humphrey, K et al. (2022). Frequency and Nature of Communication and Handoff Failures in Medical Malpractice Claims. Journal of Patient Safety 18(2):p 130-137, March 2022.
Makary, M.A., Daniel, M.: Medical error—the third leading cause of death in the US. BMJ 353, i2139 (2016); Wolters kluwer health care news, 2012



EMERGENCE OF THE INTERPROFESSIONAL EDUCATION COLLABORATIVE



FOSTER

a common vision for team-based care

PROMOTE

efforts to reform health care delivery

HELP

develop IPE leaders and resources



IPEC'S
MISSION



To prepare the health professions workforce for interprofessional collaborative practice that helps to ensure the health of individuals and populations.



IPEC'S VISION



Interprofessional collaborative practice drives safe, high-quality, accessible, person-centered care and improved population health outcomes.



**HOW CAN WE ADVANCE
IPE FOR COLLABORATIVE PRACTICE?**

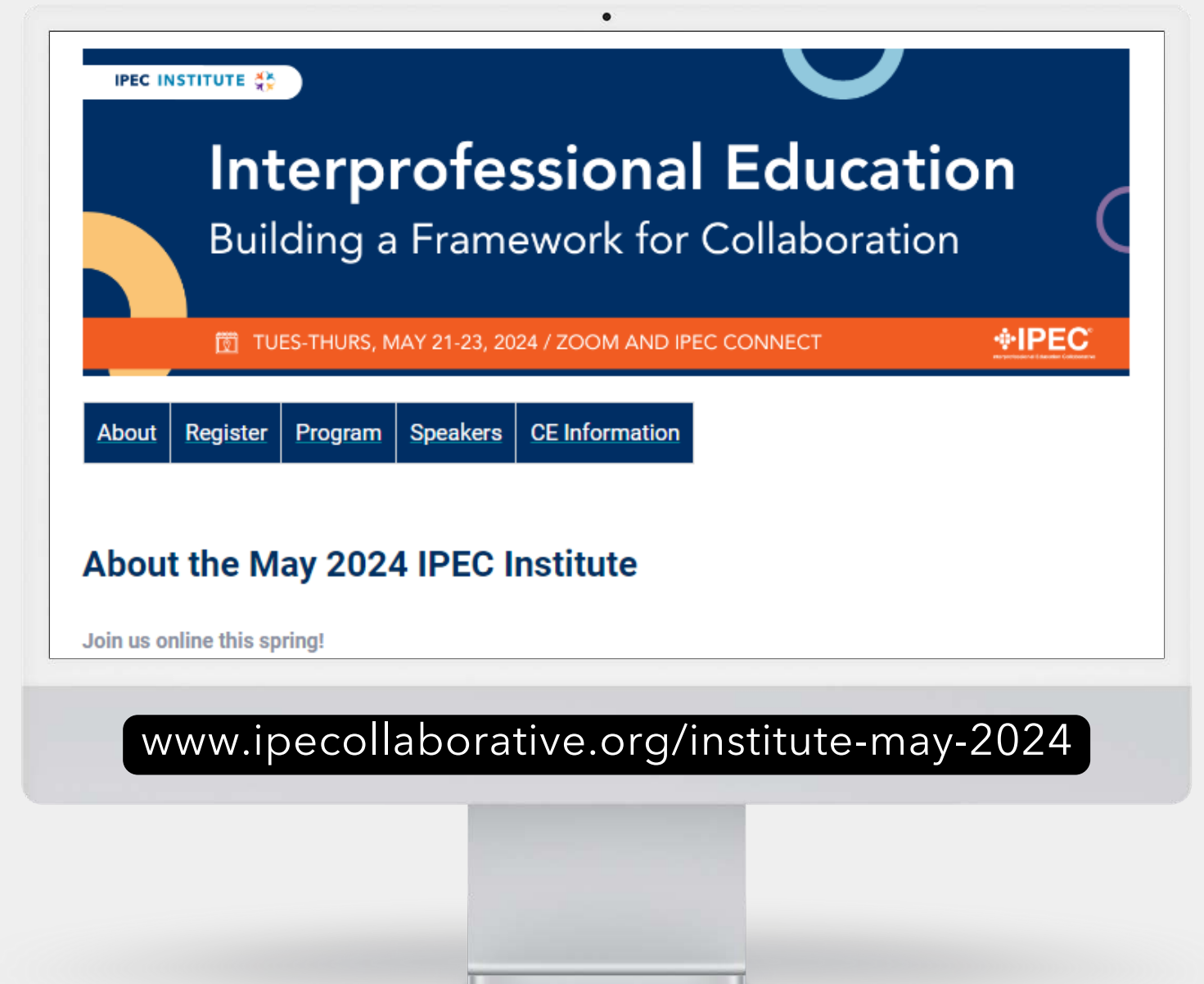
VIRTUAL

FACULTY DEVELOPMENT INSTITUTE



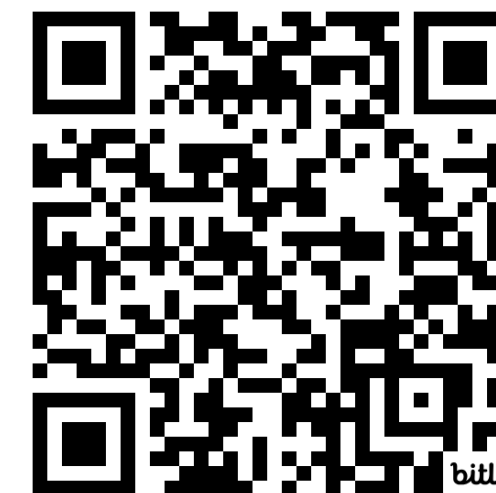
*Interprofessional Education:
Building a Framework for Collaboration*

May 21-24, 2024

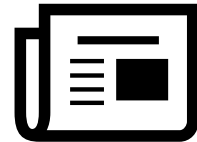


Has the inclusion of IPE had an impact on patient care?

Read the free access *JIC* article.



INCLUSION/EXCLUSION



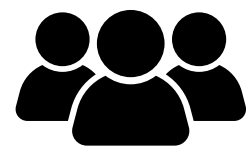
Types of Articles:
Qualitative, quantitative or
mixed methods studies all
acceptable



Studies that include healthcare
professionals and/or students who
have experienced IPE or training



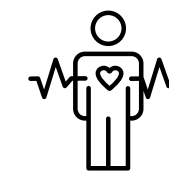
All types of interventions that
target any type of health or social
care professional



The interprofessional
intervention or collaboration
must be between 2+
collaborators



The IPE exposure must have been
included within coursework or
other professional education



Measures of direct patient
outcomes

QUALITY MEASURES

OF THE STUDIES FOUND...



Length of Stay **67%** ↓



Medical Errors **77%** ↓



Patient Satisfaction **95%** ↑



Patient or Caregiver Education **95%** ↑



Mortality **50%** ↓

CONCLUSIONS AND IMPLICATIONS

01

PATIENT CARE

IPE positively impacts the quality of patient care.

02

PATIENT OUTCOMES

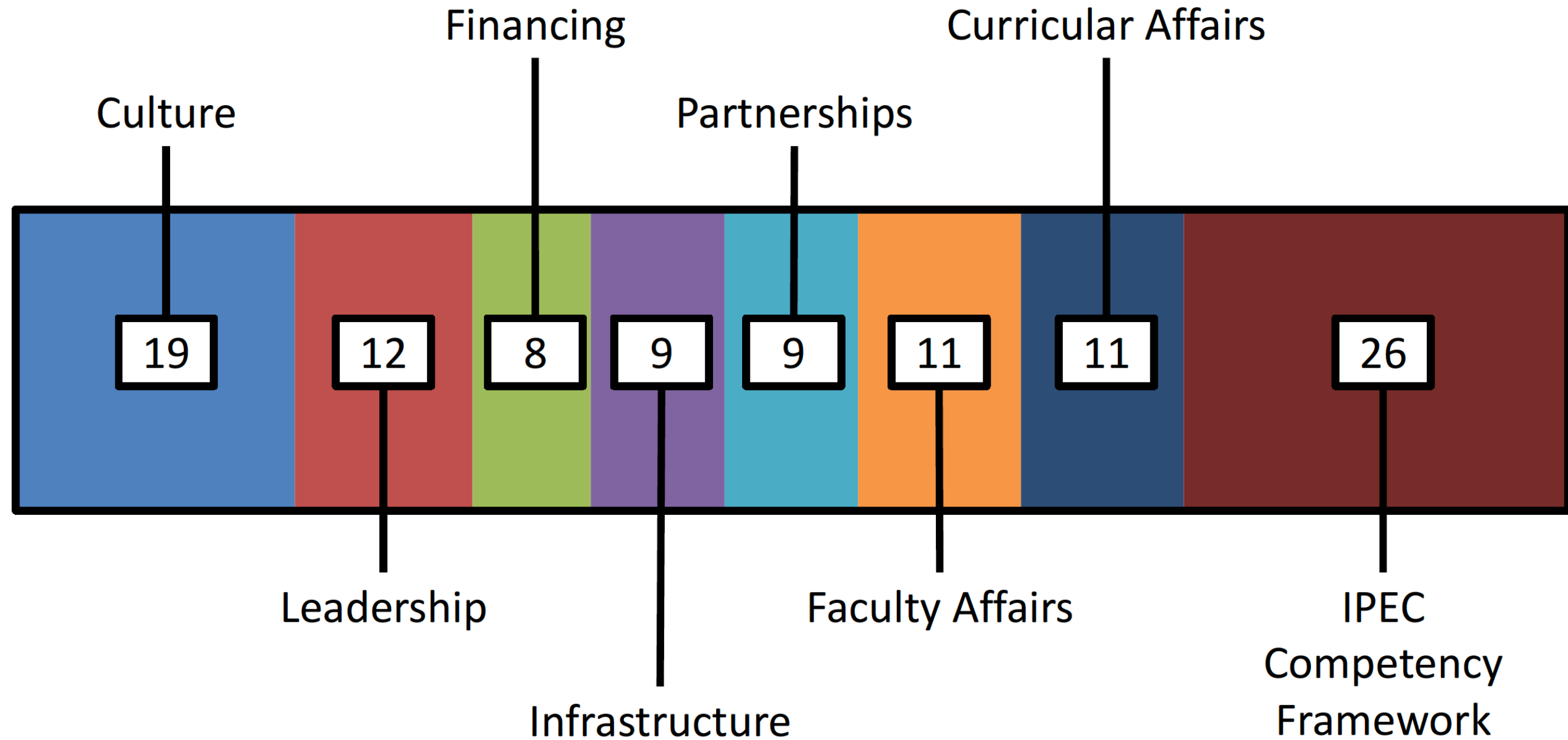
Urgent need for more IPE interventions to enhance patient outcomes.

03

IPE AND TRAINING

Continuing need actively collaborate with other disciplines.

EXPERT CONSENSUS STATEMENTS



EXPLORATORY FACTOR ANALYSIS

- As a final step, exploratory factor analysis was utilized to identify a preliminary model structure for the **IPEC Institutional Assessment Instrument**, which includes:

20 items distributed across 3 factors (i.e., subscales):

Factor 1: Institutional Infrastructure – 5 items

Factor 2: Institutional Commitment – 5 items

Factor 3: IPEC Competency Framework – 10 items

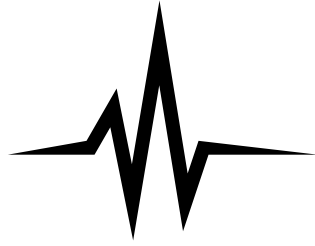
NEXT STEPS

- **Publicizing tool**

- IPEC website

- Across 22 member associations & beyond

- Leaders of academic institutions are encouraged to utilize the **IPEC Institutional Assessment Instrument** alongside the 105 expert-generated consensus statements it is based upon to assess their institutional capacity for high-quality programmatic IPE and to plan for quality improvement



QUICK PULSE POLL



Polls/Quizzes



Prior to today...

1. Have you reviewed the 2023 IPEC Core Competencies Preliminary Draft Revisions, Draft Comparison Guide, and/or Draft Glossary of Terms? (Single Choice) *

Yes

No

Submit

IPEC CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE

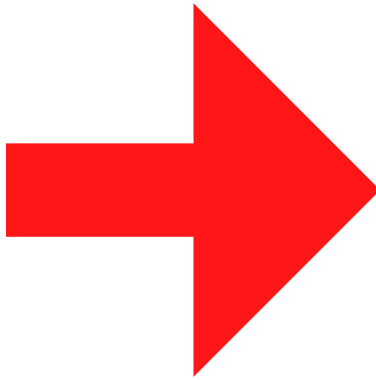
2011

Version 1




The Learning Continuum pre-licensure through practice trajectory

Question 11b: If Yes, please specify the interprofessional competency framework/s your institution is/are using.



Interprofessional Competency Framework	Global	S. America & Mexico	Australia	Europe	USA & Canada	Africa	Asia
Interprofessional Education Collaborative (IPEC) Competency Framework	35	4	3	7	12	3	6
Canadian Interprofessional Health Collaborative (CIHC) Competency Framework	34	5	5	6	13	3	2
Using a Combination of 2 or more Frameworks	18	3	3	3	5	1	3
Adapted from CIHC, IPEC, WHO, and/or Other	11	1	3	3	1	0	3

Introducing the IPEC Core Competencies Version 3.

Download the revised framework, view the press release, and play back the archived introduction webinar.



www.ipeccollaborative.org

[@ipeccollaborative](https://twitter.com/ipeccollaborative)

REVISION HIGHLIGHTS



2021-2023 REVISION

CONDUCT

a cyclical review of competencies



REFLECT

current research, policy, and practice



ENGAGE AND EMPOWER

the IPE and CP community



EXECUTIVE BOARD

Approved priorities and strategic direction.

ADVISORY GROUP

Oversaw project and provided strategic guidance.

WORKING GROUP

Submitted recommendations and other input.

REVISION WORKSTREAMS

IPEC also thanks:

- First Reactor Group Members
- Additional Reviewers
- Graphic Designers

GATHER FEEDBACK & EXPERIENCES



RESEARCH/LITERATURE REVIEW



COMPETENCY REVISIONING



REPORT WRITING & EDITING



MEMBER ENGAGEMENT

PARTNER ENGAGEMENT



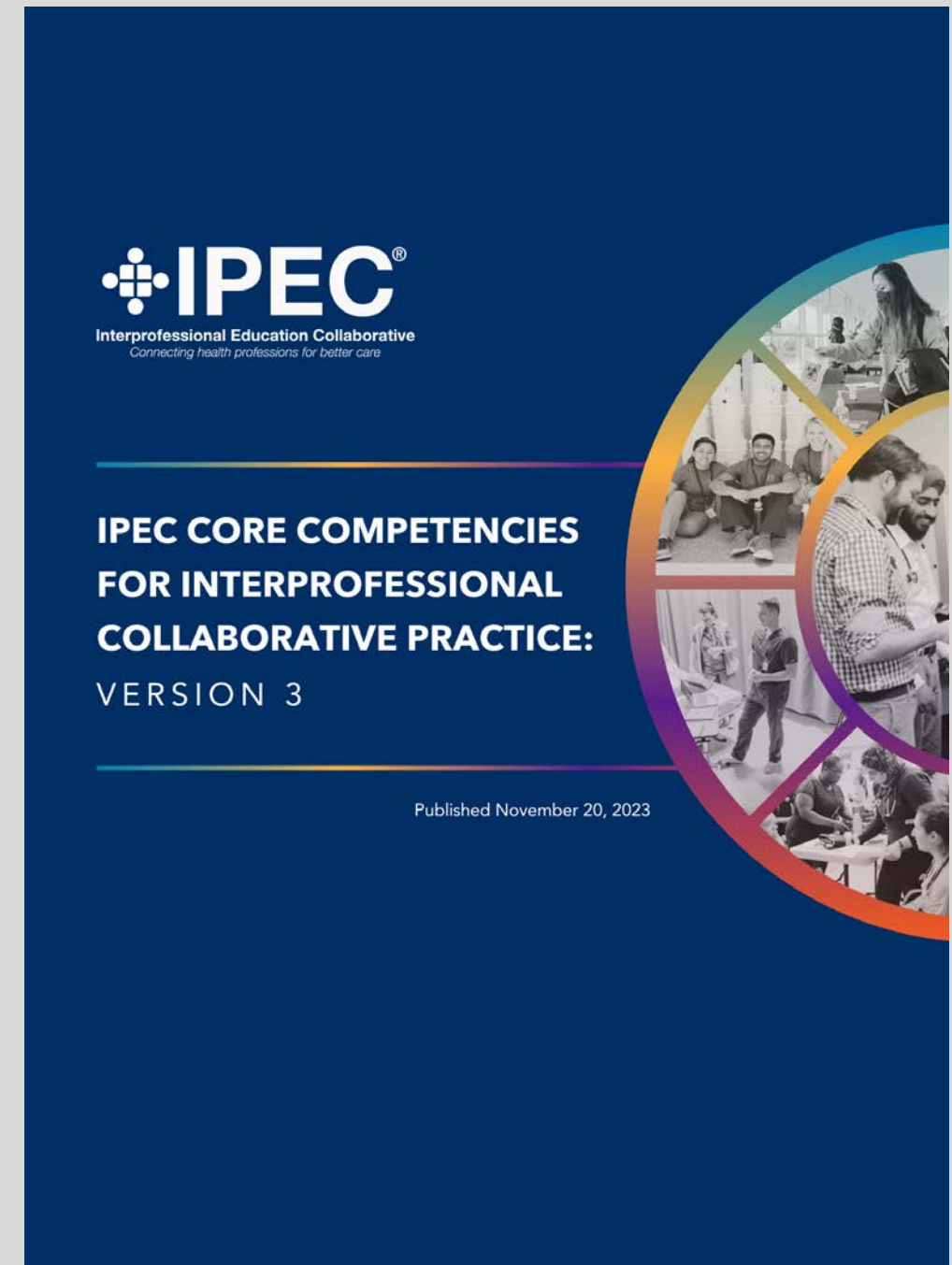
April 2023

Preliminary Release

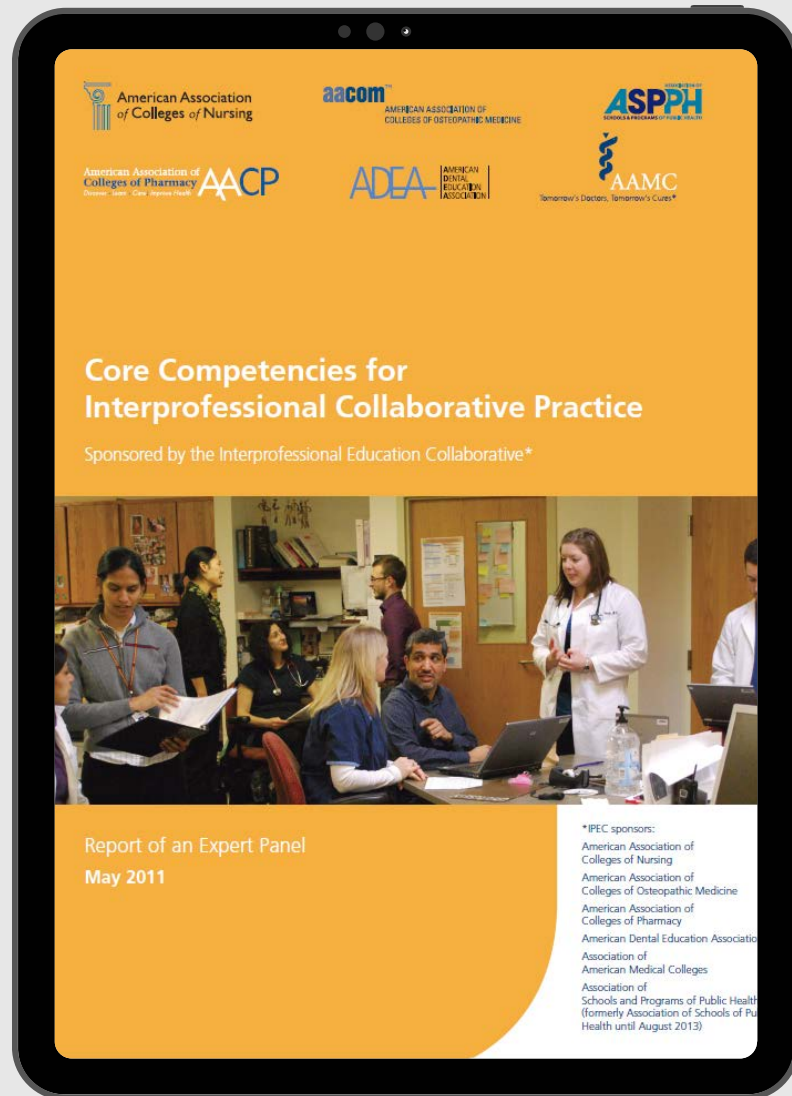


November 2023

Version 3

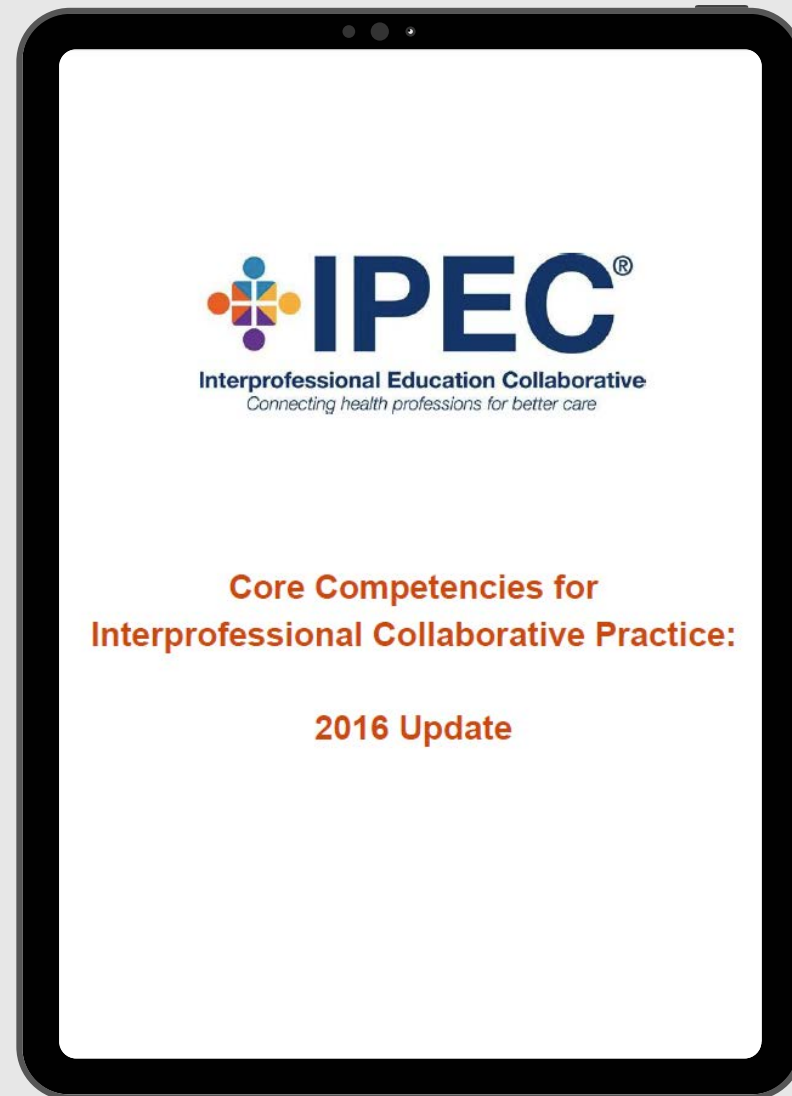


WHAT'S IN A NAME.....?



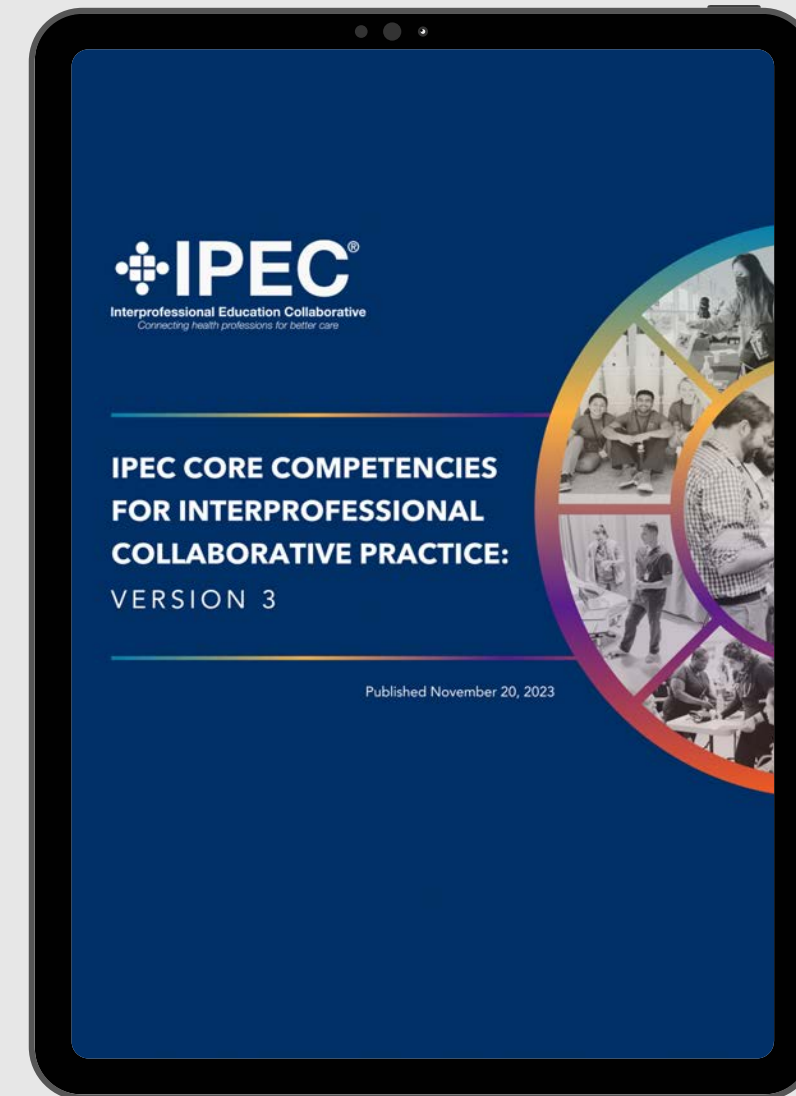
2011

Version 1



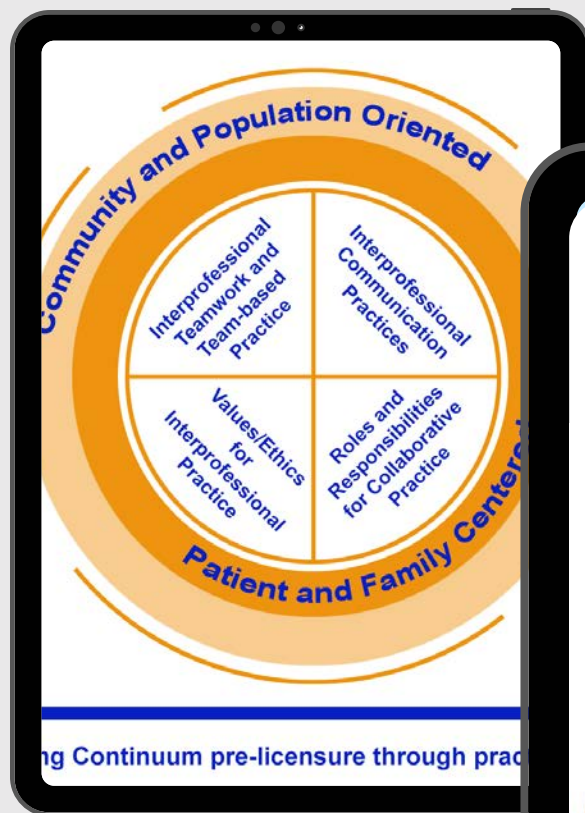
2016

Version 2



2023

Version 3



2016

Version 2



2023

Version 3

WHAT'S NEW?



**Brand
New Look**

COMPETENCY CHANGES

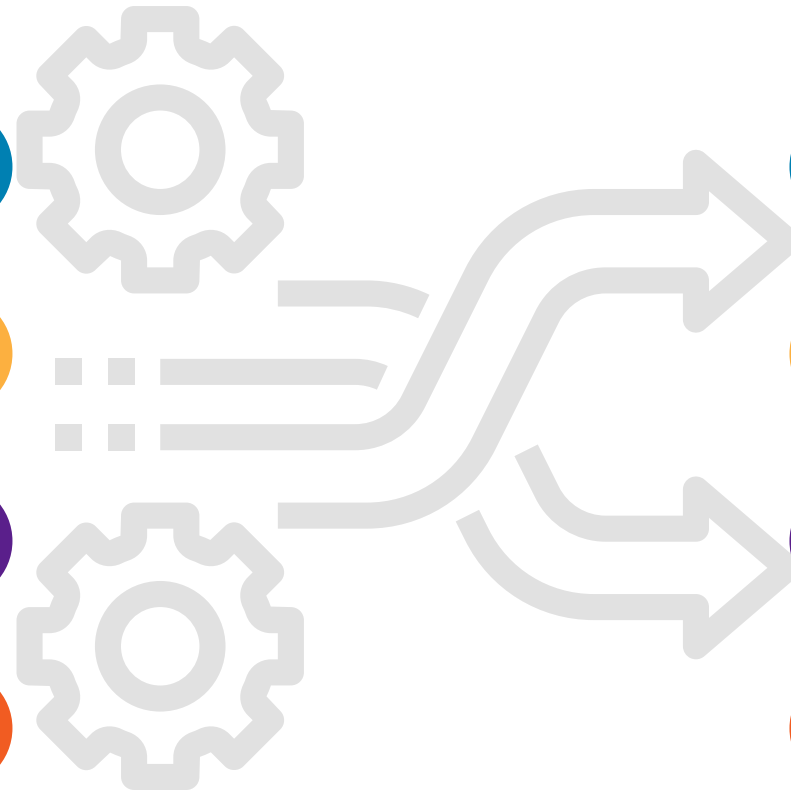
2016

Values/Ethics for Interprofessional Practice

Roles/Responsibilities

Interprofessional Communication

Teams and Teamwork



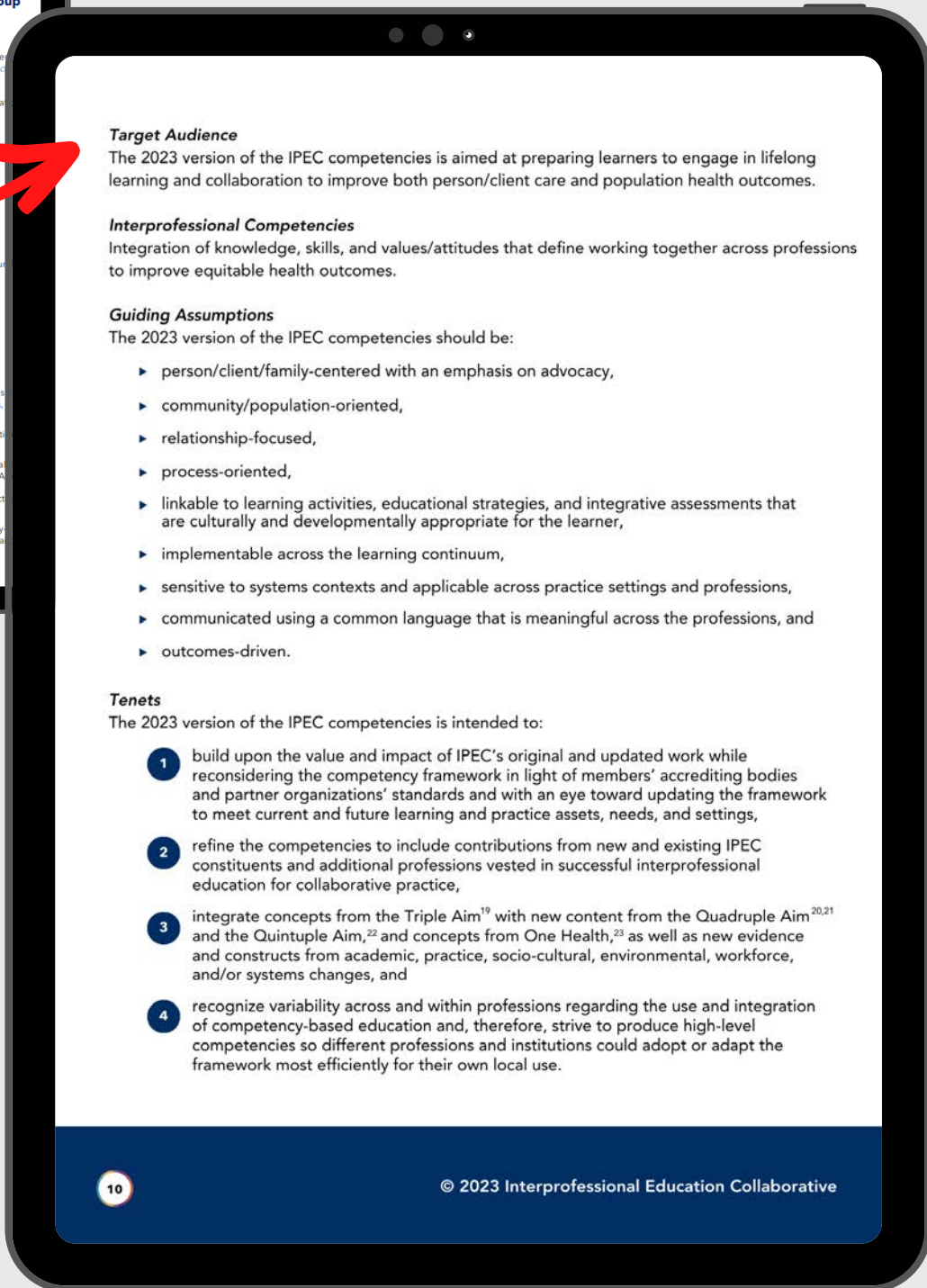
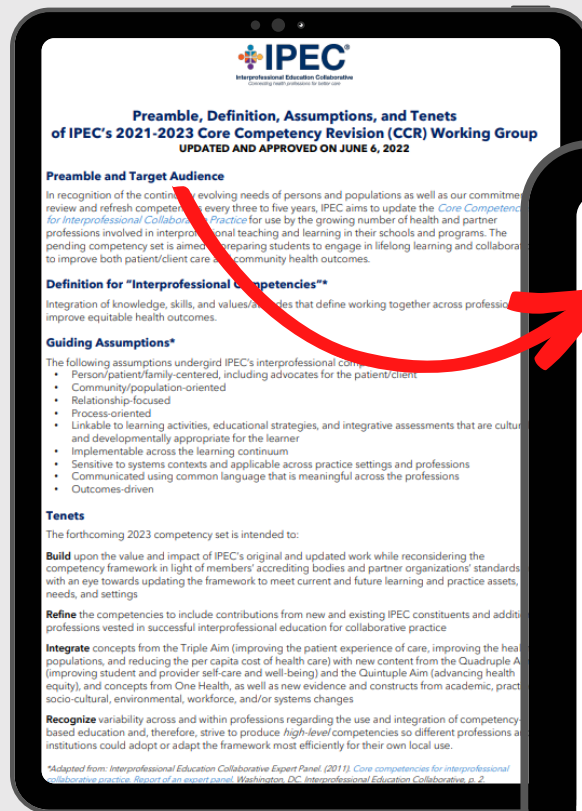
2023

Values and Ethics

Roles and Responsibilities

Communication

Teams and Teamwork

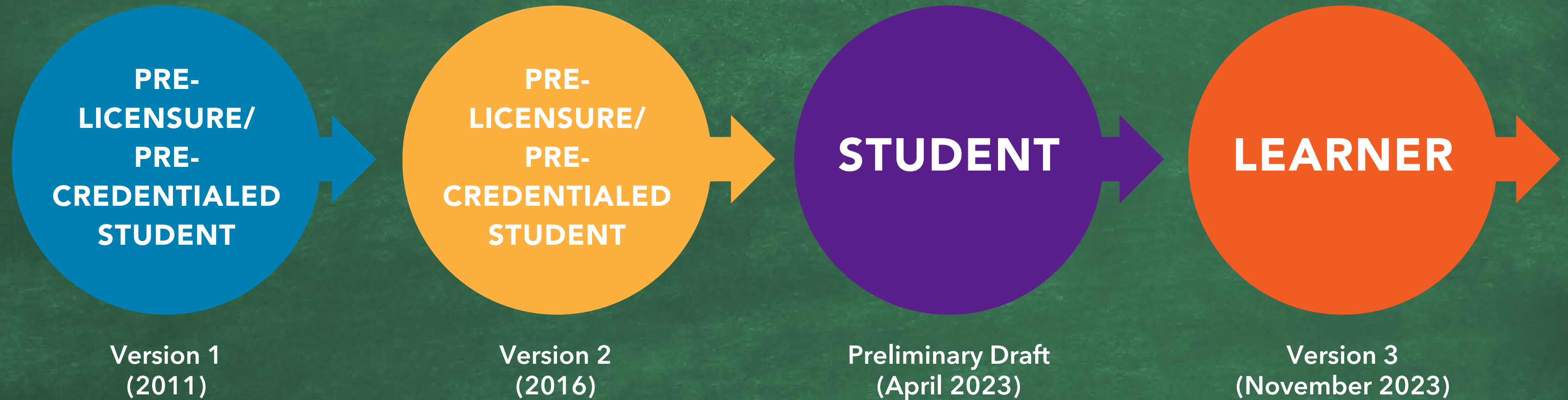


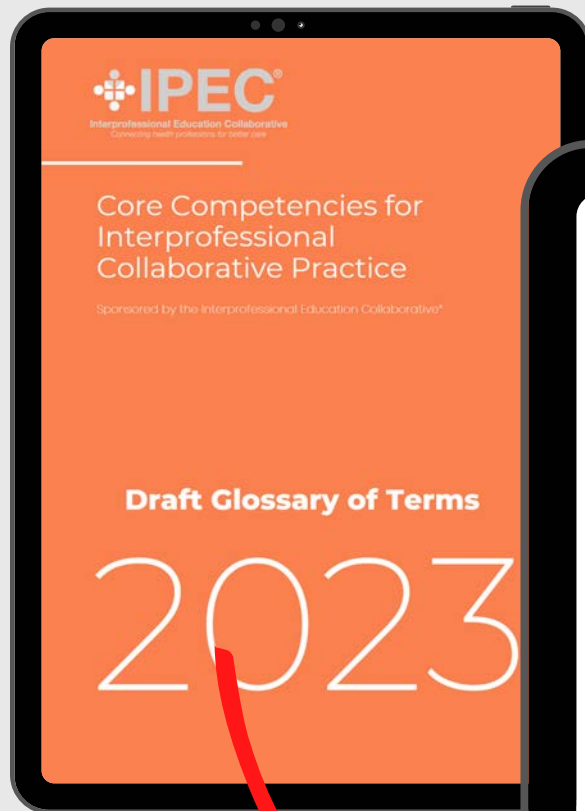
PREAMBLE



Target Audience

The competency set is aimed at preparing the:





Appendix C: IPEC Glossary of Terms for Version 3

Glossary of Terms

The 40 operational terms defined here are adopted throughout the 2023 version of the IPEC competencies. All definitions are adapted from the references provided.

Active listening	32	Interprofessional education	35
Assessment	32	Just culture	35
Caregiver (or caretaker)	32	Learner	35
Collaborative practice	32	One Health	35
Community	32	Person (or patient or client)	35
Competence	32	Person-centered care	35
Competency (or competencies)	32	Population	35
Competent	32	Quadruple Aim	35
Cultural humility	33	Quintuple Aim	36
Determinants of health	33	Resiliency (or resilience)	36
Diversity	33	Safety	36
Domain	33	Shared leadership practices	36
Family	33	Social justice	36
Health equity	33	Sub-competency (or sub-competencies)...	36
Health outcomes	34	Team	37
Health professional (or clinician or provider)	34	Team accountability	37
Inclusion	34	Team-based care	37
Interprofessional	34	Team reasoning	37
Interprofessional competencies	34	Well-being	37
Interprofessional conflict management	34	Workplace	37

IPEC Core Competencies: Version 3 31

APPENDIX C



Glossary of Terms

FEEDBACK

July 2021 - February 2023



Diversity, Equity, Inclusion



Leadership



One Health



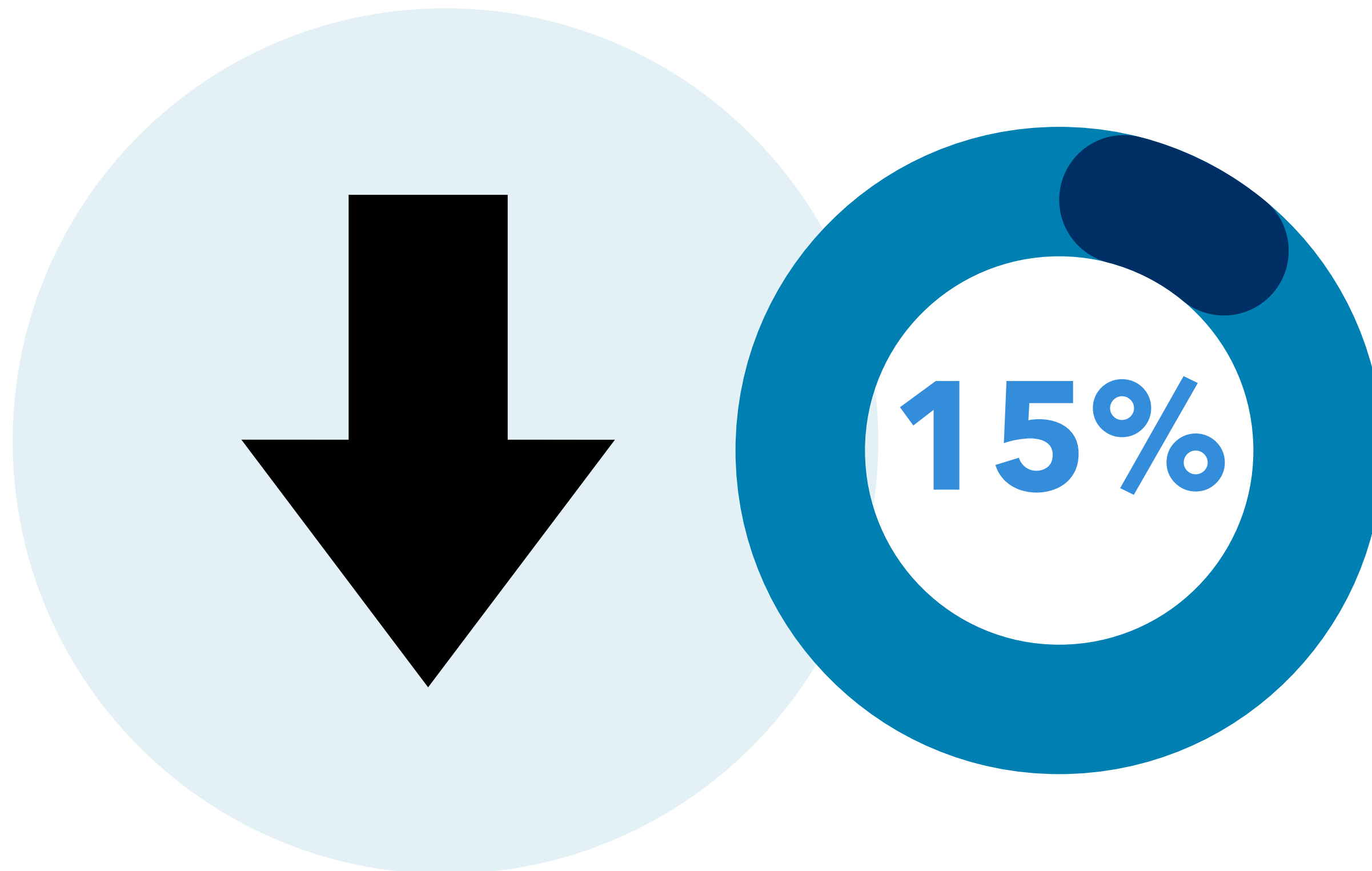
Well-being and Resilience



Science of Teamwork

2023

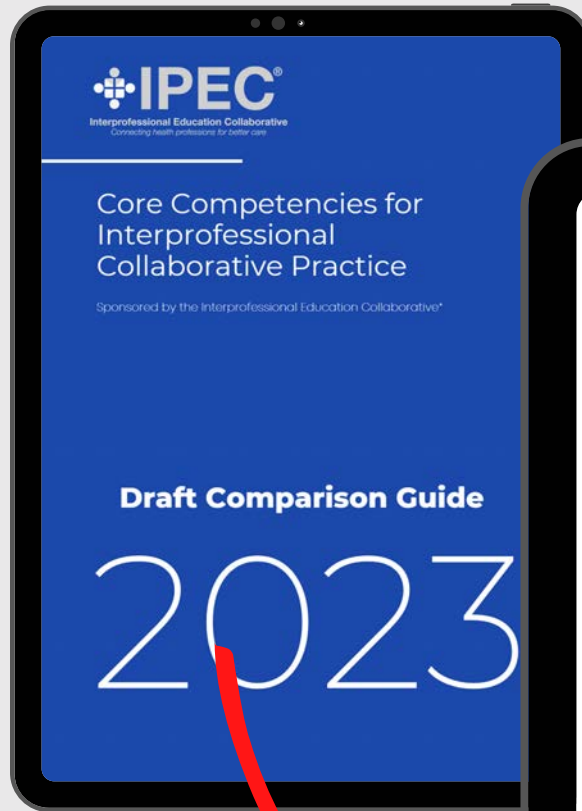
Version 3



SUB-COMPETENCIES

Version 2 (2016) and Version 3 (2023)

			2016	2023
	10%	Values and Ethics <i>(Values/Ethics for Interprofessional Practice)</i>	10	11
	50%	Roles and Responsibilities <i>(Roles/Responsibilities)</i>	10	5
	13%	Communication <i>(Interprofessional Communication)</i>	8	7
	9%	Teams and Teamwork <i>(Teams and Teamwork)</i>	11	10



Appendix D: IPEC Comparison Guide for Version 3

The 2023 version of the IPEC competencies contains four core competency areas and 33 sub-competency statements that apply across the health professions for those engaged in interprofessional education for collaborative practice (IPECP).

The central domain of Interprofessional Collaboration is unaltered from the 2016 update. However, minor edits to the four competency names were made for clarity.

The 33 sub-competency statements are organized under the following four competency areas:

- ▶ Values and Ethics (previously Values/Ethics for Interprofessional Practice)
- ▶ Roles and Responsibilities (previously Roles/Responsibilities)
- ▶ Communication (previously Interprofessional Communication)
- ▶ Teams and Teamwork (unchanged)

The following comparison guide illustrates the 2023 revisions to the competencies and sub-competencies statements. Words in **bold** indicate a term defined in the accompanying glossary (Appendix C).

Sub-competency Statements: By the Numbers

The number of sub-competencies decreased 15% from 39 (2016) to 33 (2023), as part of the Working and Advisory Groups' concerted effort to address suggestions to trim down the number of sub-competencies. Table D1 shows a breakdown of the number of sub-competencies in the 2016 core competency set and the 2023 version. Tables D2-D6 provide crosswalk tools for IPEC core competency users to efficiently compare the differences between the second and third versions.

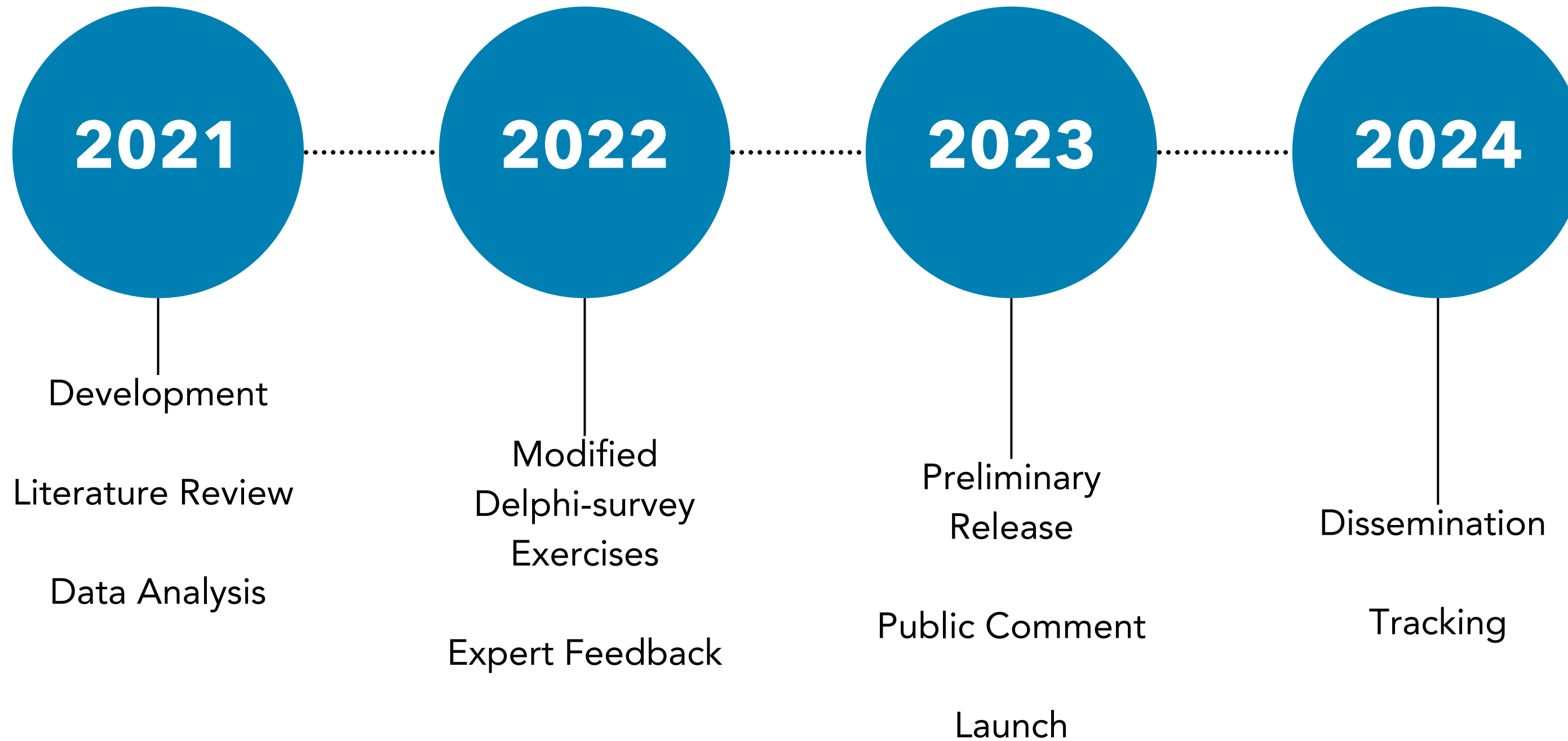
	Version 2 (2016)	Version 3 (2023)
10% Values and Ethics <i>(Values/Ethics for Interprofessional Practice)</i>	10	11
50% Roles and Responsibilities <i>(Roles/Responsibilities)</i>	10	5
13% Communication <i>(Interprofessional Communication)</i>	8	7
9% Teams and Teamwork <i>(Teams and Teamwork)</i>	11	10

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APPENDIX D

Comparison Guide

REVISION TIMELINE



3494

engagements since November 2023 release

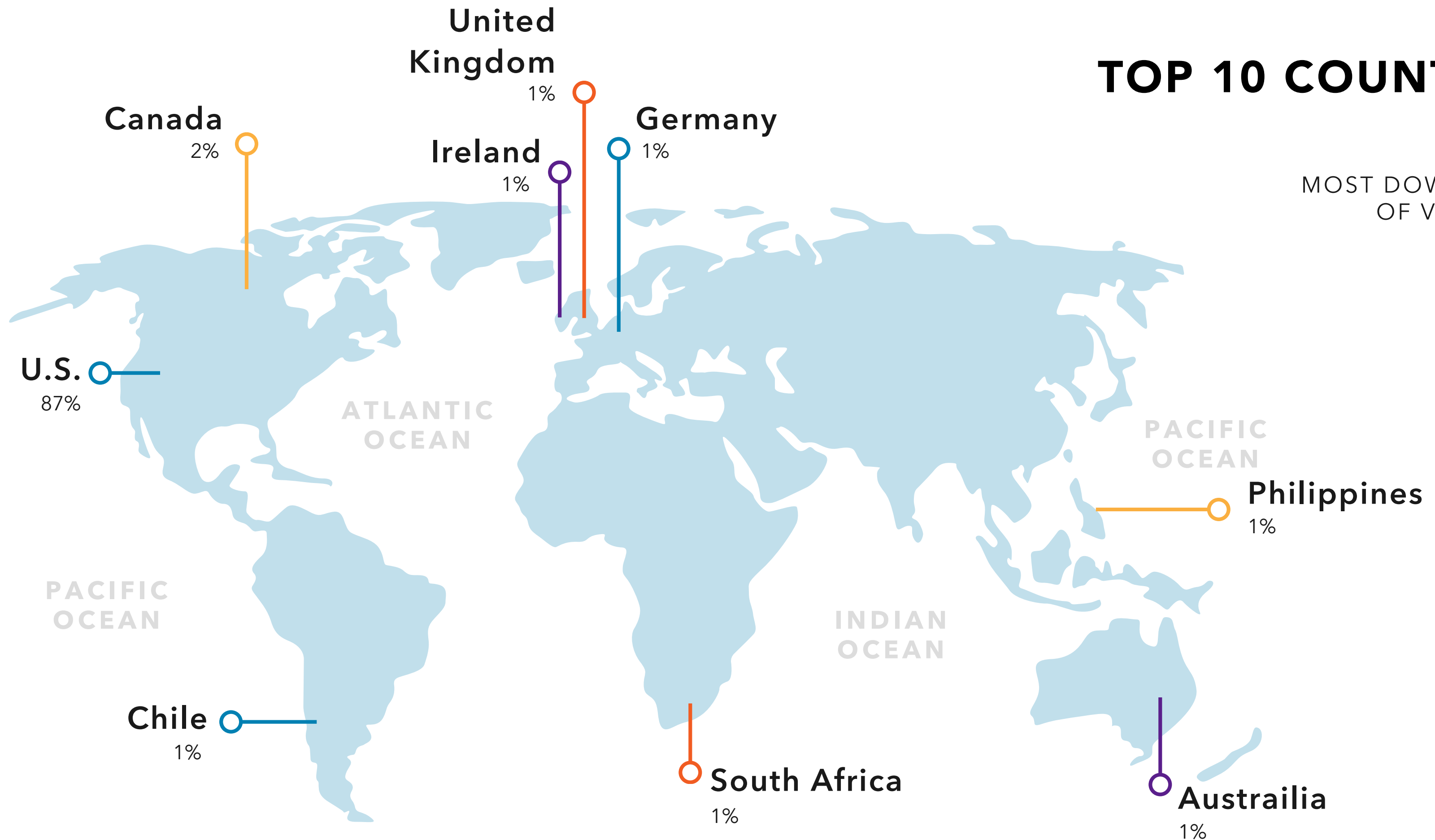
90

in the last 7 days



TOP 10 COUNTRIES

MOST DOWNLOADS
OF VERSION 3



LOOKING FORWARD



PHASE II

Explore potential resources and tools to support and encourage use of Version 3 of the IPEC competencies

VALUES AND ETHICS



Amy Akerman
MPAS, PA-C

John Tegzes
MA, VMD, Dipl. ABVT

Work with **team** members to maintain a climate of shared values, ethical conduct, and mutual respect.



VE1. Promote the values and interests of **persons** and **populations** in health care delivery, **One Health**, and **population** health initiatives.

VE2. Advocate for **social justice** and **health equity** of **persons** and **populations** across the life span.

VE3. Uphold the dignity, privacy, identity, and autonomy of **persons** while maintaining confidentiality in the delivery of **team-based care**.

VE4. Value **diversity**, identities, cultures, and differences.

VE5. Value the expertise of **health professionals** and its impacts on **team** functions and **health outcomes**.

VE6. Collaborate with honesty and integrity while striving for **health equity** and improvements in **health outcomes**.

VE7. Practice trust, empathy, respect, and compassion with **persons**, **caregivers**, **health professionals**, and **populations**.

VE8. Apply high standards of ethical conduct and quality in contributions to **team-based care**.

VE9. Maintain competence in one's own profession in order to contribute to **interprofessional** care.

VE10. Contribute to a **just culture** that fosters self-fulfillment, collegiality, and civility across the **team**.



VE11. Support a **workplace** where differences are respected, career satisfaction is supported, and **well-being** is prioritized.

ROLES AND RESPONSIBILITIES



Gerard Carrino
PhD, MPH



Hector Chapa
MD, FACOG

Use the knowledge of one's own role and **team** members' expertise to address individual and population **health outcomes**.

RR1. Include the full scope of knowledge, skills, and attitudes of **team** members to provide care that is **person-centered**, safe, cost-effective, timely, efficient, effective, and equitable.

RR2. Collaborate with others within and outside of the health system to improve **health outcomes**.



RR3. Incorporate complementary expertise to meet health needs including the **determinants of health**.

RR4. Differentiate each **team** member's role, scope of practice, and responsibility in promoting **health outcomes**.

RR5. Practice **cultural humility** in **interprofessional** teamwork.

COMMUNICATION



Tiffany Parisi
MPH, CPH, MA



Sabrina Salvant
EdD, MPH, OTR/L

Communicate in a responsive, responsible, respectful, and compassionate manner with **team** members.

C1. Communicate one's roles and responsibilities clearly.

C2. Use communication tools, techniques, and technologies to enhance **team** function, **well-being**, and **health outcomes**.



C3. Communicate clearly with authenticity and **cultural humility**, avoiding discipline-specific terminology.

C4. Promote common understanding of shared goals.

C5. Practice **active listening** that encourages ideas and opinions of other **team** members.

C6. Use constructive feedback to connect, align, and accomplish **team** goals.

C7. Examine one's position, power, role, unique experience, expertise, and culture towards improving communication and managing conflicts.

TEAMS AND TEAMWORK



Jennifer Watson
PhD, CCC-SLP, BCFS,
FNAP, ASHA-F



Frances Vlasses
PhD, RN,
ANEF, FAAN



Apply values and principles of the **science of teamwork** to adapt one's own role in a variety of **team** settings.

TT1. Describe evidence-informed processes of **team** development and **team** practices.

TT2. Appreciate **team** members' diverse experiences, expertise, cultures, positions, power, and roles towards improving **team** function.

TT3. Practice **team reasoning**, problem-solving, and decision-making.

 **TT4.** Use **shared leadership practices** to support **team** effectiveness.

 **TT5.** Apply **interprofessional conflict management** methods, including identifying conflict cause and addressing divergent perspectives.

TT6. Reflect on self and **team** performance to inform and improve **team** effectiveness.

 **TT7.** Share **team accountability** for outcomes.

 **TT8.** Facilitate **team** coordination to achieve safe, effective care and **health outcomes**.

TT9. Operate from a shared framework that supports **resiliency, well-being, safety**, and efficacy.

TT10. Discuss organizational structures, policies, practices, resources, access to information, and timing issues that impact the effectiveness of the **team**.

A stylized person icon composed of geometric shapes: a light blue circle for the head, a light blue square for the torso, and a light purple circle for the base. The torso is divided into four quadrants by a vertical and a horizontal line, with colors transitioning from light blue at the top to light purple at the bottom. The icon is centered in the background.

**ADDITIONAL
TOOLS & RESOURCES**

CHECK US OUT ONLINE!

www.ipecollaborative.org

RESOURCES

Including the IPEC Core Competencies.

EVENTS


Live/virtual programs and webinars.


AWARD

Recipients and application details.



Interprofessional Education Collaborative
Connecting health professions for better care

Member Login 

Search our site... 

Home

About Us

Membership

Newsroom

Resources

Events & Webinars

IPE Collaboration Award



Join IPEC today!

POSTER TOPICS

- ✓ IPE curriculum design
- ✓ interprofessional clinical learning experiences
- ✓ simulation-based IPE
- ✓ integration of climate change content
- ✓ longitudinal IPE activities and events
- ✓ team development and team culture
- ✓ communication strategies and empathy
- ✓ public health and health outcomes
- ✓ interprofessional research and scholarship
- ✓ IPE to advance health equity
- ✓ interprofessional leadership
- ✓ building multi-institutional partnerships
- ✓ game-based learning
- ✓ patient engagement and patient experience
- ✓ forensic science and disaster preparedness
- ✓ reflections and lessons learned

2023 IPEC POSTER COLLECTION

AN EVIDENCE-BASED AMBULATORY CARE INTERPROFESSIONAL SIMULATION WITH ADVANCED PRACTICE NURSING STUDENTS

Lisa Rohrig, DNP, RN, CHSE, CHSOS, FNAP
The Ohio State University (OSU), College of Nursing

Julie Hazelbaker, PhD
OSU Speech and Hearing Science

An Evidence-Based Ambulatory Care Interprofessional Simulation with Advanced Practice Nursing Students
Lisa Rohrig DNP, RN, CHSE, CHSOS

Project Team: Joni Tornwall, PhD, RN, ANEF, Carolyn Schubert, DNP, RN-BC, CNE, Georgianna Sergakis, PhD, RRT, RCP, AE-C, FAARC, Stephen McGhee, DNP, MSc, PGCE, RNT, RN, VR, FNAP, FNNMRCNSI, FAAN

Interprofessional Faculty Planning Team: Wendy Bowles, PhD, APRN-CNP, CNE, Bevr Brinkman, DNP, APRN-CNS, ACNS-BC, Oralea Pittman, DNP, CNP, FAANP, Kelly Casler, DNP, APRN-CNP, CHSE, EBP-C, FAANP, Amy Smith, DNP, MSW, APRN-CNP, PMHNP-BC, FNP-BC, Sarah Shuffelton, DNP, RN-BC, Sara Edwards, DNP, RN, APRN-CNP, EBP-C, Shannon Linder, DNP, APRN-CNP, FNP-BC, PMHNP-BC, Mandy Dickerson, DNP, RN, CHSE, Stephanie Burlingame, RN, BSN, Edee Harter, BSN, RN, CHSE, Julie Hazelbaker, Ph.D., Catherine Hechmer, MSW/LISW-S, LICDC-CS, Julie Legg, PharmD, RPh, Chirag Patel, MD, Matt Flanigan, MD, Kristen Roberts, PhD RDN LD, Erin Thomas, PT, DPT, Bridget Wright, MACPR, BSDH, EFDA

BACKGROUND AND SIGNIFICANCE

- 40% US adults have 2+ chronic illnesses
- Chronic illnesses are the leading causes of death and disability
- Collaborative care improves patient experience, population health and healthcare cost
- Quality healthcare affected by communication and teamwork
- IPEC Competencies mandated for health education students
- QSEN – KSAAs- teamwork and collaboration
- AACN IPE APRN Competencies
- CCNE Accreditation IPE requirement
- 87% APRNs work in ambulatory care

EBP PROCESS

PICOT: In (P) advanced practice registered nursing students, how does implementing an (I) interprofessional simulation compared to (C) standard educational interventions affect (O) those students' perceptions of IP collaboration and self-efficacy for IP competence?

Databases: Cochrane, Scopus, PubMed, CINAHL

PRISMA: 107 Articles > 16 included

Inclusion criteria:

- Ambulatory
- APRN students
- IP Simulation

Melnyk & Fineout Levels of Evidence:

- 2 level 3: Controlled trials
- 14 level 6: Qualitative/Descriptive

Primary Outcomes

- Improved team treatment plans (1)
- Improved attitudes of collaboration (6)
- Increased self-efficacy for IPE competencies (12)

PROJECT DESCRIPTION

Spring 2023
2 Simulations/25 Students/9 programs

Part One:
Pre-sim prep modules

- Recorded lectures, quizzes, DB posts, sim resources
- Asynchronous
- Completion: 10 days, 90 min

Part Two:
3-hour, virtual, synchronous simulation

Session schedule

- Prebrief
- Huddles (breakout rooms)
- Patient encounters
- Case conference
- Care planning template
- Debrief
- Debriefing for Meaningful Use
- Post-test administration

FINANCIAL IMPLICATIONS

Expenses

- Labor-Pre-Simulation Prep
- Labor-Simulation
- Labor-Post-Simulation Clean-Up
- Supplies
- Equipment
- Space
- Patient Actor Payments

ROI

- Improved perceptions of IPE and IP collaborative practice
- Increased value of program
- Program satisfaction
- National rankings
- Practice ready graduates
- Team support, decreased turnover
- Work at top of practice scope
- Improved teamwork and communication
- Patient outcomes

APRN OUTCOMES

Student Perceptions of Interprofessional Clinical Education-Revised instrument (SPICE-R2)

- 10 item, 5-point Likert scale (50 pt. total), Cronbach alpha = 0.83
- Perceptions of IPE and IP collaborative practice
- Effect sizes calculated for paired data

- Sum score changes pre to post						
Interval	N	Mean	Median	SD	Min	Max
Pre	7	43.1	44	2.4	40	46
Post	7	45.7	46	3.1	40	49

- Sum score changes pre to post							
N	Mean	Median	SD	Min	Max	Positive Change	Effect Size
7	2.57	3	2.5	0	7	5	1.03

SPICE-R2 ITEM CHANGES PRE-POST

SPICE Item	N	MEAN	MEDIAN	SD	MIN	MAX	EFFECT SIZE
1. Working with students from different disciplines enhances my education.	7	3.1	3	0.6	1	5	0.8
2. My role within an interprofessional team is clearly defined.	7	3	3	0.6	1	5	0.8
3. Patient/Client satisfaction is improved when care is delivered by an interprofessional team.	7	3.14	3	0.64	1	5	0.88
4. Participating in educational experiences with students from different disciplines enhances my ability to work on an interprofessional team.	7	3.29	3	0.69	1	5	0.88
5. I have an understanding of the sources, roles, and training requirements of other health professionals.	7	3.29	3	1.14	2	5	0.82
6. Healthcare costs are reduced when patients/clients are treated by an interprofessional team.	7	3.43	3	0.64	1	5	0.88
7. Health professional students from different disciplines should be educated to establish collaborative relationships with one another.	7	3.29	3	0.69	1	5	0.88
8. I understand the role of other health professionals within an interprofessional team.	7	3.14	3	0.64	1	5	0.88
9. Patient/Client satisfaction increases when care is delivered by an interprofessional team.	7	3.29	3	0.69	1	5	0.88
10. During their education, health professional students should be treated to teamwork with students from different disciplines in order to understand their respective roles.	7	3.14	3	0.64	1	5	0.82

REFERENCES

CONTACT
Rohrig.1@osu.edu

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What types of resources/supports would you/your institution find most helpful to advancing IPECP?

0 responses



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THANK YOU

We appreciate your time, participation, and dedication!

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