

Updates from IPEC: Commitment to Methodological Rigor and Inclusivity in Research and Core Competencies Revision

Aired on Tuesday, December 13, 2022 from 11:00 AM -12:00 PM Eastern



Interprofessional
GLOBAL



cafe

Updates from IPEC

Commitment to Methodological Rigor and Inclusivity in Research and Core Competencies Revision



DECEMBER 13, 2022
11:00 a.m. - 12:00 p.m. ET



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Interprofessional Education Collaborative
Connecting health professions for better care

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Moderator

Anthony Breitbach, PhD, ATC, FASAHP, FNAP

*Professor
Vice Dean, Doisy College of Health Sciences
Director, Athletic Training Program
Saint Louis University*

*ASAHP Representative, IPEC Core Competencies
Revision Working Group*

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Updates from IPEC: Commitment to Methodological Rigor and Inclusivity in Research and Core Competencies Revision

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Agenda

WHAT WE'LL DISCUSS TODAY

IPEC and the Core Competencies

IPEC Scoping Review

IPEC Institutional Assessment Instrument

IPEC Core Competencies Revision

Q&A + Next Steps

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Objectives

Describe the background and history of IPEC and the Core Competencies

Share critical information around current IPEC projects

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



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Updates from IPEC: Commitment to Methodological Rigor and Inclusivity in Research and Core Competencies Revision

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Panelist

Shelley McKearney

Associate Director, IPEC

Secretary, Board of Directors, IPEC

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Background and History

The Interprofessional Education Collaborative (IPEC) and the
Core Competencies for Interprofessional Collaborative Practice

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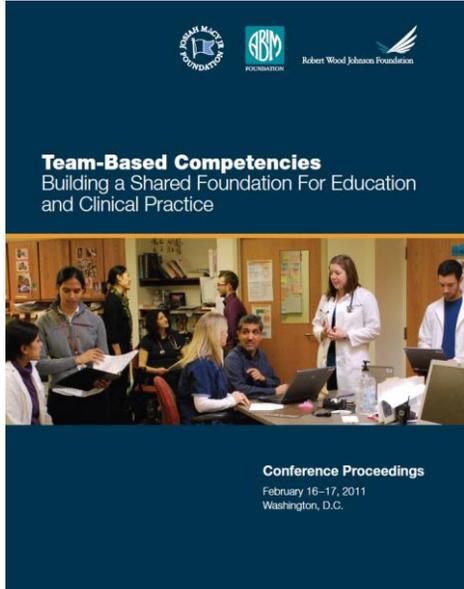
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“The healthcare system will not be able to keep pace with these explosive changes unless it moves to a **team-based care model**. But the delivery system cannot make that shift effectively until the **education system** begins to train new health professionals in **collaborative practice**.”

• Dr. George Thibault, Former President Josiah Macy Jr. Foundation

SOURCE: Health Resources and Services Administration, Josiah Macy Jr. Foundation, Robert Wood Johnson Foundation, & ABIM Foundation. (2011). Team-Based Competencies: Building a Shared Foundation For Education and Clinical Practice



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IPEC Emerges to Lead the Way



- Foster a common vision for team-based care
- Promote efforts to reform health care delivery
- Contribute to development of leaders and resources for interprofessional learning



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Vision

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



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Mission

Promote, encourage and support efforts to prepare future health professionals so that they enter the workforce ready for interprofessional collaborative practice that helps to ensure the health of individuals and populations



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IPEC Faculty Development Institutes

To build or enhance their interprofessional education for collaborative practice (IPECP) program, initiative, and/or project

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REGISTER NOW!



IPEC
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May 23-25, 2023

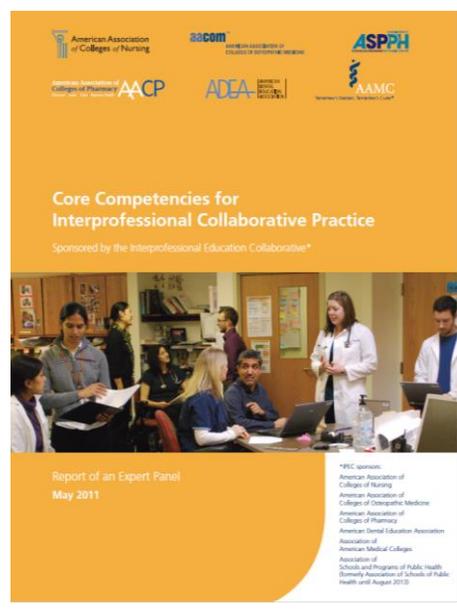
Virtual Institute

Building a Framework for Interprofessional Education

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IPEC Core Competencies

Identify core competencies for interprofessional collaborative practice appropriate for the pre-licensed learner



IPEC Core Competencies



Interprofessional Ethics and Values

Roles and Responsibilities

Interprofessional Communication

Teams and Teamwork

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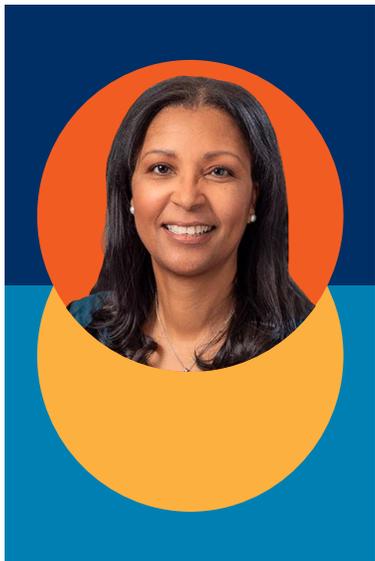
IPE Scoping Review

Evaluating the Evidence Linking IPE Interventions to Improving the
Delivery of Safe and Effective Patient Care

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Updates from IPEC: Commitment to Methodological Rigor and Inclusivity in Research and Core Competencies Revision

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Panelist

**Tamara Cadet, PhD,
LICSW, MPH**

*Associate Professor, University of Pennsylvania,
School of Social Policy & Practice*

Co-Author, IPEC Scoping Review

*CSWE Representative, IPEC Core Competencies
Revision Working Group*

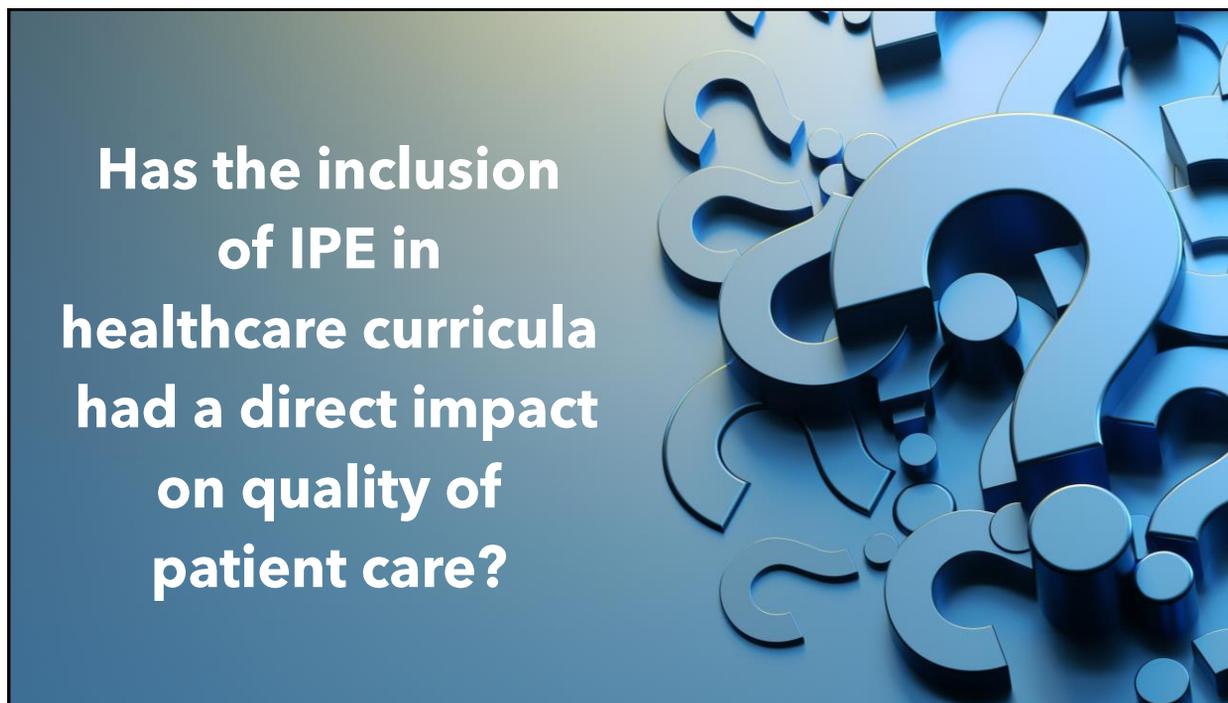
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Evaluating the Evidence Linking IPE Interventions to Improving the Delivery of Safe and Effective Patient Care

- In Fall 2019, IPEC partnered with AAHSL to develop a research protocol and undertake an initial scoping review
- Goal to produce at least one scholarly publication

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Has the inclusion of IPE in healthcare curricula had a direct impact on quality of patient care?

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A True Team Effort

Thank you to all the volunteers!

 <p>TAMARA Cadet, PhD, LICSW, MPH</p>	 <p>JUDY Cohn</p>	 <p>JOE Cusimano, PharmD</p>	 <p>PEGGY Dreker MPA, MLS</p>	 <p>JULIE Honaker, PhD, CCC-A</p>	 <p>CYNTHIA O'Neal, PhD, RN</p>
 <p>ERIN Lepp, MMSc, PA-C</p>	 <p>JANE Greene Ryan, PhD</p>	 <p>JEFF Stewart DDS, MS</p>	 <p>REZA Taheri, PharmD, MBA</p>	 <p>VIRGINIA Uhley, PhD, RD</p>	 <p>YINGTING Zhang</p>

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Databases Searched: 2015-2021

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Quality Measures

-  Length of Stay

-  Medical Errors

-  Patient Satisfaction

-  Patient or Caregiver Education

-  Mortality



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Quality Measures

	Length of Stay 67% ↓
	Medical Errors 77% ↓
	Patient Satisfaction 95% ↑
	Patient or Caregiver Education 95% ↑
	Mortality 50% ↓



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Learners Needed

Overwhelmingly, only professionals were involved.

Specifically, for length of stay, medical errors, and mortality, studies reported 96%, 91%, and 90% professionals only being involved.



For patient satisfaction and patient/caregiver education, the number of professionals, students or both was divided evenly divided.

The end result is that students are underrepresented as a whole.



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87% PHYSICIANS AND 82% NURSES

Medicine and nursing were highly represented in IPE interventions.



Pharmacy and social work followed, with the following disciplines underrepresented (physical therapy, dietetics, respiratory therapy, occupational therapy, psychology, and midwifery).

This represents an opportunity to better understand the impact of IPE collaborations with these underrepresented professions, and future research should explore novel partnerships.

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Limitations

We did not:

- Examine articles that may have had an indirect impact on patients
- Assess cost or feasibility of interventions
- Assess the reproducibility or quality of studies
- Categorize the IPE interventions as they were too heterogenous

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We recommend that...

Future research for interprofessional education researchers should include:

- standardized, reproducible interventions that can be generalized to outside institutions to match them to specific patient outcomes,
- inclusion of students, underrepresented disciplines, and the
- specific number and specific roles each discipline played in the IPE and with patient outcomes.

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Leveraging the IPEC Competency Framework to Transform Health Professions Education

IPEC Institutional Assessment Instrument

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Project Leaders



Kelly Ragucci, PharmD, FCCP, BCPS
 Vice President of Professional Development
 American Association of Colleges of Pharmacy
 Interprofessional Education Collaborative Liaison



Joseph A. Zorek, PharmD, BCGP, FNAP
 Director, Linking Interprofessional Networks for Collaboration
 Associate Professor, School of Nursing
 The University of Texas Health Science Center at San Antonio



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Overall Project Goal

- Develop an assessment tool that will leverage the IPEC competency framework to identify ***institutional characteristics tied to successful implementation of programmatic IPE***, including the capacity for students to engage meaningfully on teams in interprofessional clinical learning environments



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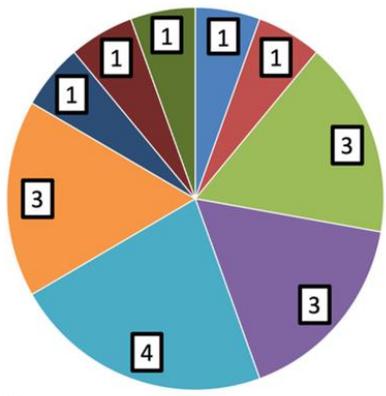
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Expert Panel



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Expert Panel, Cont.*



- Business
- Dentistry
- Medicine
- Nursing
- Pharmacy
- Physical Therapy
- Public Health
- Social Work
- Sociology

*Includes project leaders (n=18)



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Modified Delphi Technique

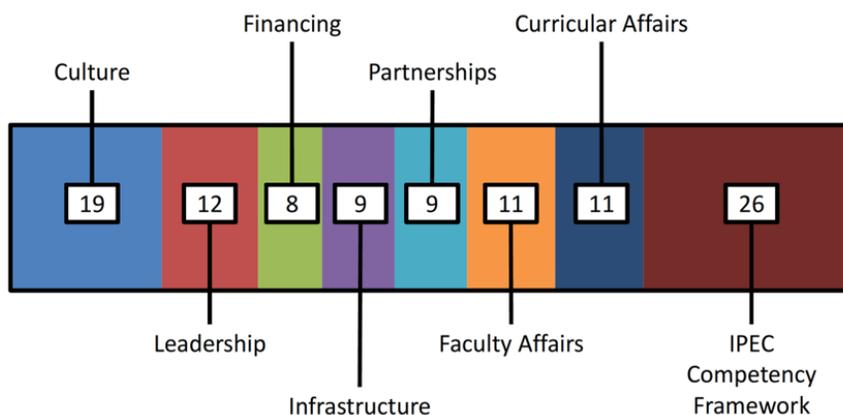
- A modified Delphi technique was utilized to generate 105 expert consensus statements regarding ***institutional characteristics associated with high-quality programmatic IPE***, defined as:

“IPE that is integrated into curricula and spans its entire length, from early didactic IPE experiences to advanced clinical IPE experiences, which collectively result in meaningful outcomes.”



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Expert Consensus Statements



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Pilot Item Generation

- The expert panel transformed their 105 consensus statements into a pool of 48 pilot items for potential inclusion in the instrument
- The 48 pilot items, including operational definitions, were then administered to a convenience sample of 158 designated IPE leaders who volunteered to submit responses on behalf of their institutions



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Type of University/ Institution Funding	Carnegie Basic Classification	No.
Public	Associate's Colleges: High Career & Technical-High Traditional	1
	Doctoral Universities: High Research Activity (R2)	20
	Doctoral Universities: Very High Research Activity (R1)	33
	Doctoral/Professional Universities	5
	Master's Colleges & Universities: Larger Programs	7
	Special Focus Four-Year: Medical Schools & Centers	3
	Special Focus Four-Year: Other Health Professions Schools	1
	Special Focus Four-Year: Research Institution	8
	No Carnegie Classification	2
Total:	80	
Private not-for-profit	Baccalaureate Colleges: Diverse Fields	1
	Doctoral Universities: High Research Activity (R2)	12
	Doctoral Universities: Very High Research Activity (R1)	4
	Doctoral/Professional Universities	24
	Master's Colleges & Universities: Larger Programs	9
	Master's Colleges & Universities: Medium Programs	3
	Master's Colleges & Universities: Small Programs	3
	Special Focus Four-Year: Medical Schools & Centers	8
	Special Focus Four-Year: Other Health Professions Schools	7
	Special Focus Four-Year: Research Institution	1
	No Carnegie Classification	4
Total:	76	
Private for-profit	Special Focus Four-Year: Other Health Professions Schools	1
	No Carnegie Classification	1
Total:	2	
TOTAL NUMBER OF PARTICIPATING INSTITUTIONS:		158

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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



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IPEC Institutional Assessment Instrument	Factor 1: Institutional Infrastructure (Response Scale: 0=no; 1=yes)	
	1.	Does your institution have a formal institution-wide organizational structure, such as an IPE office or center, to advance IPE?
	2.	Does your institution's formal institution-wide IPE organizational structure, such as an IPE office or center, have clearly dedicated leadership?
	3.	At your institution, does responsibility for IPE budget management reside within the formal institution-wide organizational structure, such as an IPE office or center?
	4.	At your institution, does responsibility for the collection, analysis, reporting, and quality improvement of IPE-related efforts reside within the formal institution-wide organizational structure, such as an IPE office or center?
	5.	At your institution, does the formal institution-wide organizational structure, such as an IPE office or center, perform IPE teaching/facilitation evaluations for faculty and staff?
	Factor 2: Institutional Commitment (Response Scale: 1=Not at all; 2=Small; 3=Moderate; 4=Large; 5=Very Large)	
	6.	To what extent has your institution demonstrated a long-term commitment to enhancing collaboration across schools and programs?
	7.	To what extent does your institution's mission, vision, or goals include commitments to advancing interprofessional collaboration?
	8.	To what extent does your institution demonstrate its commitment to interprofessional collaboration by intentionally recruiting administrative leaders and faculty who value it?
9.	To what extent does your institution deliberately foster interprofessional inclusivity by composing committee and workgroup memberships that reflect a variety of administrative leaders and faculty from diverse health professions?	
10.	To what extent does your institution demonstrate its commitment to interprofessional collaboration by consistently promoting IPE activities and accomplishments to internal audiences?	

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IPEC Institutional Assessment Instrument	Factor 3: IPEC Competency Framework (Response Scale: 1=Not at all; 2=Small; 3=Moderate; 4=Large; 5=Very Large)	
	11.	To what extent does the quantity of IPE activities offered at your institution meet the needs of health professions students?
	12.	To what extent does the variety of IPE activities offered at your institution meet the needs of health professions students?
	13.	To what extent do IPE activities offered within schools and programs at your institution increase in depth and complexity across the continuum of didactic, experiential, and clinical learning?
	14.	To what extent does your institution use an overarching framework such as the IPEC competencies to guide development and evaluation of IPE across schools and programs?
	15.	To what extent does your institution track IPEC competencies targeted by IPE activities and map them to accreditation mandates?
	16.	To what extent does your institution generate IPE outcomes data across schools and programs based on an overarching framework such as the IPEC competencies and use it in a systematic way to identify best practices and improve quality over time?
	17.	To what extent does your institution develop, implement, and sustain IPE programming to achieve IPEC competencies for students across schools and programs?
	18.	To what extent does your institution leverage frameworks such as the IPEC competencies to align learners across schools and programs according to knowledge and skill level?
	19.	To what extent does your institution leverage frameworks such as the IPEC competencies to align strategic goals of the institution with strategic goals of individual schools and programs?
	20.	To what extent does your institution leverage frameworks such as the IPEC competencies to monitor learner progress throughout their educational programs?

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IPEC Institutional Assessment Instrument	Factor	Item	Mean (SD)	2021 National Baseline
	Institutional Infrastructure*	1	0.49 (0.50)	
		2	0.49 (0.50)	
		3	0.37 (0.49)	
		4	0.43 (0.50)	
		5	0.22 (0.42)	
		Factor Score**:	2.0 (2.0)	
	Institutional Commitment***	6	3.0 (1.2)	
		7	3.1 (1.2)	
		8	2.4 (1.1)	
		9	3.0 (1.3)	
		10	2.8 (1.1)	
		Factor Score**:	14.3 (5.3)	
	IPEC Competency Framework***	11	2.9 (0.9)	
		12	2.9 (0.9)	
		13	2.8 (1.0)	
		14	3.5 (1.3)	
		15	2.9 (1.3)	
		16	2.2 (1.2)	
		17	2.8 (1.2)	
		18	2.5 (1.2)	
	19	2.1 (1.1)		
	20	2.2 (1.1)		
	Factor Score**:	26.8 (8.5)		
* Response scale: 0=no; 1=yes.				
** Calculated as a summation of factor item means.				
*** Response scale: 1=Not at all; 2=Small; 3=Moderate; 4=Large; 5=Very Large.				

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journal homepage: www.elsevier.com/locate/jiep




Development and validation of the IPEC Institutional Assessment Instrument

Joseph A. Zorek^{a,*}, Kelly Ragucci^{b,c}, Jens Eickhoff^d, Ghaidaa Najjar^e, James Ballard^f, Amy V. Blue^g, Laura Bronstein^h, Alan Dowⁱ, Tina P. Gunaldo^j, Heather Hageman^k, Kelly Karpa^l, Barret Michalec^m, Devin Nickolⁿ, Janice Odiaga^o, Patricia Ohtake^p, Andrea Pfeifle^q, Janet H. Southerland^r, Frances Vlasses^s, Veronica Young^t, Meg Zomorodi^u

^a University of Texas Health Science Center at San Antonio, San Antonio, TX, USA
^b American Association of Colleges of Pharmacy, Washington, DC, USA
^c Interprofessional Education Collaborative, Washington, DC, USA
^d University of Wisconsin–Madison, Madison, WI, USA
^e University of Michigan, Ann Arbor, MI, USA
^f University of Kentucky, Lexington, KY, USA
^g University of Florida, Gainesville, Florida, USA
^h Binghamton University, Binghamton, NY, USA
ⁱ Virginia Commonwealth University, Richmond, VA, USA




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Conclusions & Questions

- 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
- Additional Questions after Reading Publication:
 - Joe Zorek: zorek@uthscsa.edu
 - Kelly Ragucci: ragucci@aacp.org

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Core Competencies

2021-2023 Update and Revision

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Panelist

Mark Speicher, PhD, MHA

*Senior Vice President for Medical Education and
Research, American Association of Colleges of
Osteopathic Medicine*

Member, IPEC Planning and Advisory Committee

*Representative, IPEC Core Competencies
Revision Advisory Group*

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Panelist

**Fran Vlasses, PhD, RN,
ANEF, FAAN**

Professor Emeritus, Marcella Niehoff School of Nursing and Stritch School of Medicine; Co-Director, Institute for Transformative Interprofessional Education, Loyola University Chicago

NLN Representative, IPEC Core Competencies Revision Working Group

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IPEC Core Competencies for Collaborative Practice









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Key Drivers for Revisions

- Engage and empower the IPE and CP community
- Conduct cyclical review of competencies
- Reflect current research, policy, and practice

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<https://www.ipecollaborative.org/2021-2023-core-competencies-revision>

IPEC Core Competencies Revision, 2021-2023

This page will house FAQs and other information about the revision project.

In May 2021, IPEC announced plans to begin a formal process to revise the **IPEC Core Competencies**.

The IPEC Core Competencies (CC) have helped to frame the interprofessional education (IPE) and collaborative practice (CP) as a catalyst for improving teambased patient care and enhancing population health outcomes.

Key drivers for the 2021-2023 revision include the need to empower the IPE community with the best available evidence and research related to IPE and CP; conduct a cyclical review on common definitions for competence, competency and competency framework; and ensure that this framework accurately reflects any changes in research, policy, and practice.

The update process is slated to begin in June 2021 with a tentative release in summer/fall 2023.

[View full news release here.](#)

Helpful Links

- [2011 Core Competencies](#)
- [2016 Update](#)
- [2021-2023 Revision FAQs](#)

Quick Links

- Core Competencies
- My Member Profile
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Latest News

- Fri Aug 5, 2022 [Texas IPE Consortium Annual Meeting](#) Category: External
- Sat Aug 20, 2022 [Nexus Summit 2022](#) Category: External
- Mon Aug 22, 2022 [Advancing the Interprofessional Clinical Learning Environment: A Conversation With NCICLE, IPEC, and HPAC](#)

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Who is involved in the revision efforts? How were they selected?



The Working Group panel consists of 23 members representing all 21 IPEC member associations, including two active students in health professions programs.

Each IPEC member Association used their own process for identifying nominees.



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Who oversees the process of this Core Competencies Revision (CCR)?

The CCR process is being led by members of the IPEC Executive Board.

Day-to-day leadership is provided through an eight-member Advisory Group and coordinated by the IPEC Associate Director.



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Advisory Group and Working Group Charge

ELICIT

feedback about the existing IPEC Core Competencies from education and practice communities

CONSIDER

other literature depicting the competencies and/or IPECP job functions and roles

ENSURE

the competencies remain relevant in an evolving field of IPECP and continue to meet workforce needs

PROPOSE

modifications for consideration by IPEC and others, including learners, educators, patients, families, carers, and community partners

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WORKSTREAMS

Gather Feedback & Experiences

Research/Literature Review

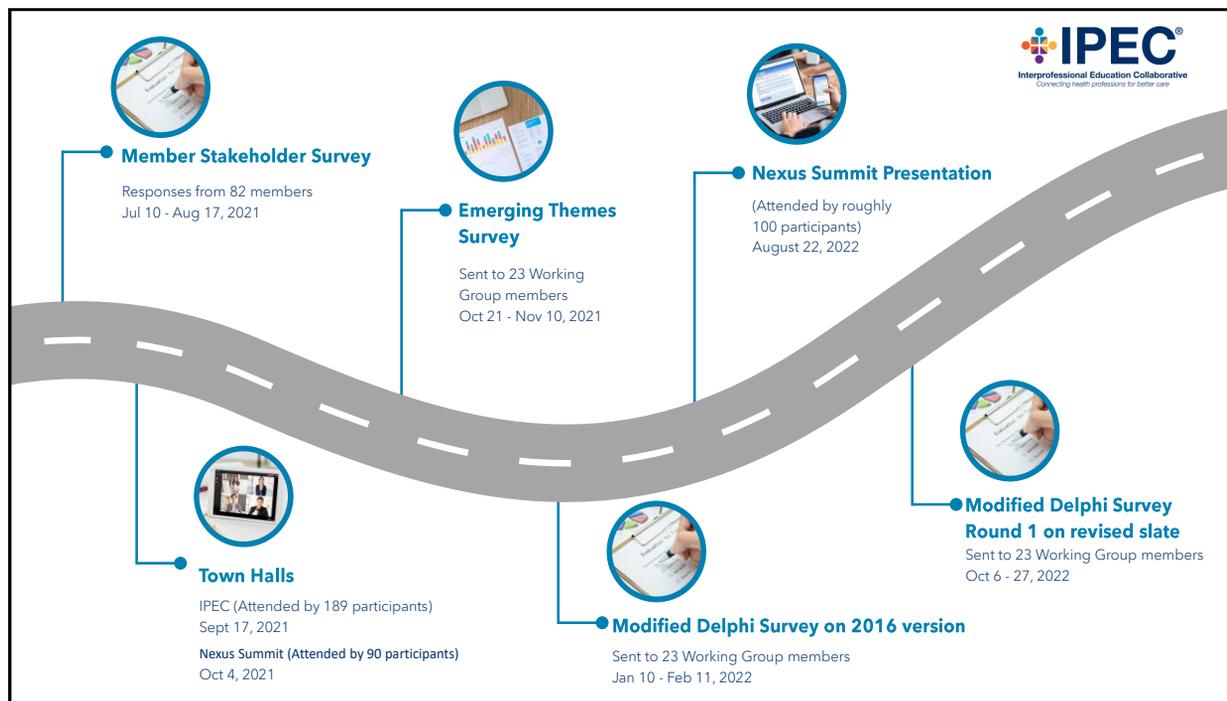
Competency Revisioning

Report Writing & Editing

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What are some proposed changes?

Using input from surveys and the Open Town Hall forums, the Working Group has developed an initial slate of revised sub-competencies.

The slate will be tentatively released for public comment and feedback in Spring 2023.



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Concepts

Several constructs based on collective feedback from the open Town Halls and survey data.



Diversity, Equity, Inclusion

Leadership

One Health

Wellbeing and Resilience

Team Science



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Who is the learner target audience?



The 2023 competency set is aimed at preparing the

student

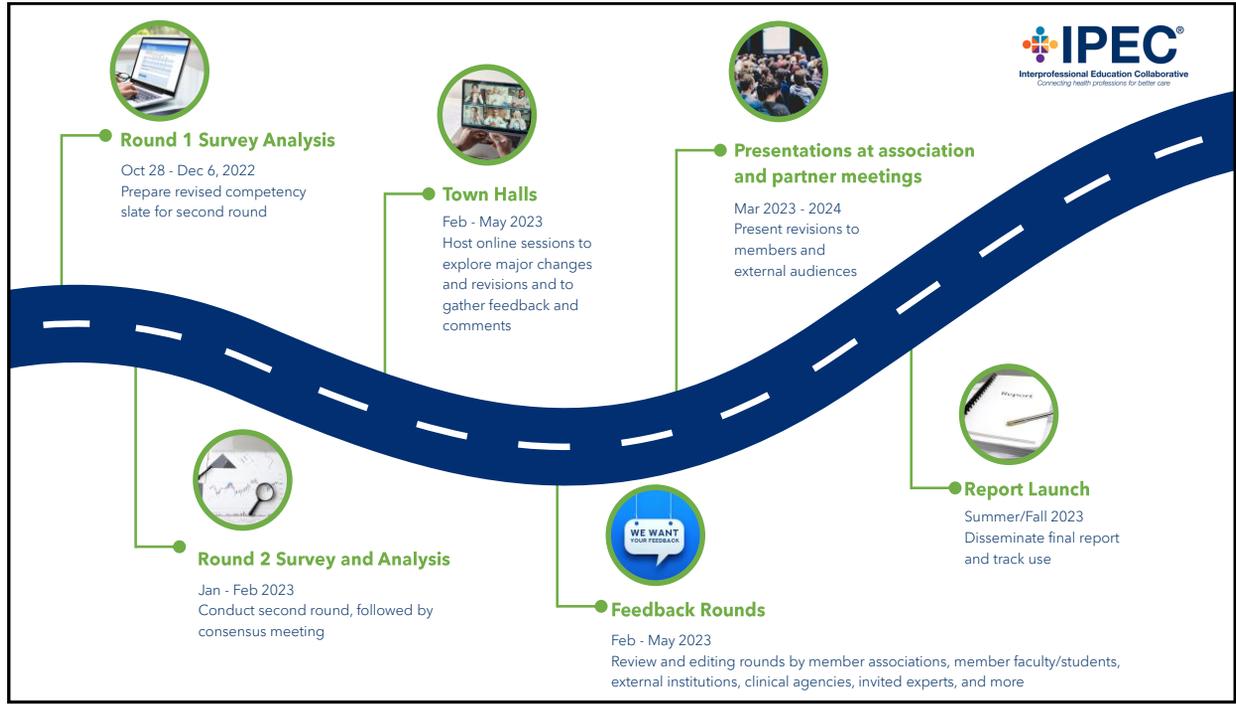
versus the 2011 and 2016 focus on the pre-licensure/pre-credentialed student.



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How can you contact IPEC?



Visit the online directory to send an email to a Working or Advisory Group member(s).



You can also use the comment form!

Your Feedback on the IPEC Core Competencies

The [IPEC Core Competencies \(CC\)](#) have helped to frame the national dialogue on the need for interprofessional education (IPE) and collaborative practice (CP) as a catalyst for improving team-based patient care and enhancing population health outcomes.

In May 2021, IPEC began a formal process to [review and revise the 2016 IPEC Core Competencies](#).

Please add any comments you have for improving the current IPEC Core Competencies.

IPEC welcomes suggestions on specific areas/domains/sub-competencies and ideas on how you envision the revised competencies.

Share your thoughts with us!

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REMEMBER TO VISIT US ONLINE!

<https://www.ipeccollaborative.org/2021-2023-core-competencies-revision>

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Category: External

Mon Aug 22, 2022
[Advancing the Interprofessional Clinical Learning Environment: A Conversation With NCICLE, IPEC, and HPAQ](#)

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Interprofessional Education Collaborative

Something to say?

Ask away!

IPEC and Literature Review

Shelley McKearney
IPEC

Tamara Cadet
University of Pennsylvania

IPEC Institutional Assessment Instrument

Joe Zorek
University of Texas Health Science Center at San Antonio

Kelly Ragucci
American Association of Colleges of Pharmacy

IPEC Core Competencies Revision

Mark Speicher
American Association of Colleges of Osteopathic Medicine

Fran Vlases
Loyola University Chicago

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Thank you for your participation!



Stay updated!

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 [ipec_org](https://twitter.com/ipec_org)

 [ipcollaborative](https://www.linkedin.com/company/ipcollaborative)

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Join our Next Global Café!



John H.V. Gilbert, C.M., Ph.D., LL.D., FCAHS



Interprofessional
GLOBAL *café*

IPE and collaborative practice: Framework for action

Thursday, 12 January 2023

- 10:00 AM ET/7:00 AM PT
- 16:00 GMT/UTC

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