IPEC

Interprofessional Education Collaborative

Connecting health professions for better care

IPEC CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE:

VERSION 3

INTERPROFESSIONAL EDUCATION COLLABORATIVE (IPEC)

At the time of publication of this report, IPEC was comprised of 22 professional associations that collectively represent the majority of health professions educational programs throughout the United States. All 22 IPEC members—listed below in alphabetical order—endorsed this report and the updated competencies included within.

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IPEC Core Competencies for Interprofessional Collaborative Practice: Version 3

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INTRODUCTION

The Interprofessional Education Collaborative and Importance of Interprofessional Education for Collaborative Practice

The Interprofessional Education Collaborative (IPEC) was formed in 2009 as a unique partnership of six national education associations to "promote and encourage constituent efforts that would advance substantive interprofessional learning experiences to help prepare future health professionals for enhanced team-based care of patients and improved population health outcomes."[1,2] In the years since, IPEC has evolved into a nationally representative coalition of 22 health professions education associations and partner organizations whose work is guided by a strategic vision to ensure that all new and current health professionals are prepared for person/client-centered, community- and population-oriented, interprofessional collaborative practice.[3]

To achieve this vision and support constituents' efforts to transform interprofessional education (IPE) and interprofessional collaborative practice (IPCP) within their local environments, IPEC has developed numerous programs, projects, and resources during its brief history (see Appendix A), including:

- ▶ IPEC Faculty Development Institutes

- ▶ IPEC Interprofessional Leadership Development Program

- ▶ IPEC/United States Public Health Service Commissioned Officers Foundation for the Advancement of Public Health (COF) Excellence in IPE Collaboration Award

Photo: 2019 IPEC Faculty Development Institute, Washington, DC

- ▶ IPE Collection on MedEdPORTAL®

- ▶ IPEC Poster Collection and Virtual Fairs

- ▶ IPEC Institutional Assessment Instrument

Collectively, the impact of IPEC's work in these areas has been substantial (see Appendix B). That said, IPEC's largest contribution to health professions education is undoubtedly the IPEC Core Competencies for Interprofessional Collaborative Practice Expert Panel Report (hereafter referred to as the IPEC competencies). This seminal report—first published in 2011[4] and updated in 2016[5]—has become an indispensable resource to advance interprofessional education for collaborative practice (IPECP).

In developing the IPEC competencies, IPEC answered decades-long calls, most notably from the Institute of Medicine (now National Academy of Medicine), to develop a common language through a consensus set of competencies capable of unifying health professionals in the shared pursuit of improving healthcare delivery and health outcomes through interprofessional teamwork.[6-8] In the United States and increasingly throughout the world,[9-11] the IPEC competencies have emerged as one of the most valuable and widely utilized educational resources to prepare learners for interprofessional teamwork. A Google Scholar search using the keyword "IPEC core competencies" currently yields 1,120 results.[12] This impressive array of citations highlights the depth and breadth of the framework's impact on the design, implementation, and evaluation of IPE activities, including examples of classroom-, simulation-, clinical-, and community-based educational interventions that span professional and continuing education settings.

The IPEC competencies have also had an important impact on regulatory efforts across the health professions. A consensus set of competencies, researchers and thought leaders long surmised,[8,13] was needed for accrediting bodies to revise their individual standards and coordinate their efforts in order to advance large-scale progress in preparing learners for interprofessional teamwork and collaborative practice. The impact of the IPEC competencies in this arena is perhaps most prominently demonstrated by their endorsement by 24 accrediting body members of the Health Professions Accreditors Collaborative (HPAC) in the national consensus publication *Guidance on Developing Quality Interprofessional Education for the Health Professions*.[14]

Interprofessional education learning experiences, once largely elective if offered at all, have begun to make substantive inroads into required curricula. The American Interprofessional Health Collaborative (AIHC)—the professional community of the National Center for Interprofessional Practice and Education —has twice surveyed self-identified leaders of IPE initiatives around the United States, first in 2019, and again in 2022.[15,16] In the most recent survey, 66% (67/101) of respondents reported that greater than three-quarters of health professional students at their institution participated in some level of IPE activity. Furthermore, 92% (93/101) reported that IPE programming at their institution was either required for all or required for some students.

Students that have participated in some level of IPE activity

66%

Institutions that require IPE for some or all students

92%

American Interprofessional Health Collaborative Survey Data, 2019
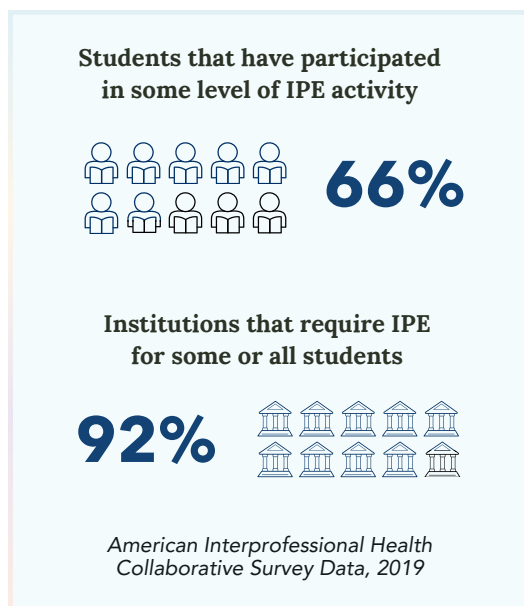
Increasingly, single IPE learning experiences are being strategically sequenced using longitudinal, programmatic instructional designs that increase in depth and complexity across the continuum of learning.[17] This national trend was documented by IPEC itself, working in partnership with the University of Texas Health Science Center at San Antonio

and 16 recognized IPE experts from all regions of the United States to advance 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* "
>
> (Zorek et al., p. 2).

The product of this collaborative effort, the IPEC Institutional Assessment Instrument, was administered in 2021 to the designated IPE leaders at 158 different academic institutions throughout the United States. Results from this national baseline demonstrated the strong uptake and value of the IPEC competencies, including their utility to:

- ▶ guide development and evaluation of IPE across schools and programs,
- ▶ track IPEC competencies and map them to accreditation mandates, and
- ▶ align learners across schools and programs according to knowledge and skill level.

Opportunities to strengthen high-quality programmatic IPE using the IPEC competencies also emerged, including to:

- ▶ identify best practices and improve quality over time,
- ▶ monitor learner progression, and
- ▶ align strategic goals of the institution with strategic goals of individual schools and programs.

As these trends indicate, many academic institutions and health and healthcare organizations have committed themselves to IPECP. A team of researchers organized by IPEC recently documented that such commitment yields impressive returns, including substantive improvement in patient/caregiver education and patient satisfaction alongside decreases in medical errors, hospital length of stay, and mortality.[18] IPEC and the IPEC competencies have played a significant role in the positive changes within our educational and practice environments that have contributed to these outcomes. It is important to note that this progress, like all meaningful change, has not happened in a vacuum. On the contrary, the synergistic and frequently coordinated efforts of numerous national and international partners are to credit.

National and International Partners Advancing Interprofessional Education for Collaborative Practice

The impact of the IPEC competencies is due, in part, to the concomitant maturation of the national and international landscape of partners listed alphabetically below who, like IPEC member organizations, have maintained a strong commitment to advancing IPECP within their respective spheres of influence:

- ▶ American Interprofessional Health Collaborative (AIHC)
- ▶ Canadian Interprofessional Health Collaborative (CIHC)
- ▶ Centre for the Advancement of Interprofessional Education (CAIPE)
  Official Publication: *Journal of Interprofessional Care*
- ▶ Health Professions Accreditors Collaborative (HPAC)
- ▶ Institute for Healthcare Improvement (IHI)
- ▶ Interprofessional.Global
- ▶ National Academies of Practice (NAP)
  Official Publication: *Journal of Interprofessional Education and Practice*
- ▶ National Academies of the Sciences, Engineering, and Medicine (NASEM) Global Forum
- ▶ National Academy of Medicine (NAM, formerly Institute of Medicine)
- ▶ National Center for Interprofessional Practice and Education (NEXUS)
- ▶ National Collaborative for Improving the Clinical Learning Environment (NCICLE)
- ▶ World Health Organization (WHO)

2021-2023 REVISION PROCESS

2021-2023 Revision Structure and Contributing Groups

The IPEC Executive Board (Table 1) initiated this update to the IPEC competencies in May 2021. Key drivers for the 2023 version included the need to integrate insights and perspectives from seven new organizations that joined IPEC since the last update in 2016 and a desire to reflect contemporary research, policy, education, and practice realities.

TABLE 1. IPEC EXECUTIVE BOARD

IPEC Member Organization*	Executive Board Member
American Association of Colleges of Nursing (AACN)	**Deborah E. Trautman**, PhD, RN, FAAN, President and Chief Executive Officer and IPEC Executive Board Past Chair, 2021-2022
American Association of Colleges of Osteopathic Medicine (AACOM)	**Robert A. Cain**, DO, FACOI, FAODME, President and Chief Executive Officer and IPEC Executive Board Member-At-Large
American Association of Colleges of Pharmacy (AACP)	**Lee Vermeulen**, BSPharm, MS, FCCP, FFIP, Executive Vice President and Chief Executive Officer and IPEC Executive Board Member-At-Large
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Interprofessional Education Collaborative (IPEC)	**Shelley McKearney**, BS, IPEC Associate Director and IPEC Executive Board Secretary

* Listed alphabetically by IPEC Member Organization

As shown in Figure 1, the IPEC Executive Board established the strategic direction for the 2023 version and empowered the IPEC Core Competencies Revision (CCR) Advisory Group (Table 2) to oversee the project with leadership and support from Shelley McKearney, IPEC Associate Director.

FIGURE 1. 2021-2023 REVISION STRUCTURE AND CONTRIBUTING GROUPS

EXECUTIVE BOARD
Approved priorities and strategic direction.

ADVISORY GROUP
Oversaw project and provided strategic guidance.

WORKING GROUP
Submitted recommendations and other input.

One key component of the revision process was the recruitment and activation of an IPEC CCR Working Group (Figure 1 and Table 3) with representatives from all IPEC member organizations. Methods employed by member organizations to select their representative varied; for example, some appointed recognized IPE experts within their profession while others utilized competitive application processes.

TABLE 2. COMPOSITION OF THE 2021-2023 IPEC CORE COMPETENCIES REVISION ADVISORY GROUP

IPEC Member Organization*	Advisory Group Member
American Association of Colleges of Nursing (AACN)	**Kathy McGuinn, MSN, RN, CPHQ, FNAP,** Director of Interprofessional Education and Practice Partnerships and Special Advisor for Quality Initiatives**
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* Listed alphabetically by IPEC Member Organization
** At time of revision

TABLE 3. COMPOSITION OF THE 2021-2023 IPEC CORE COMPETENCIES REVISION WORKING GROUP

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TABLE 3. COMPOSITION OF THE 2021 2023 IPEC CORE COMPETENCIES REVISION WORKING GROUP

IPEC Member Organization*	Advisory Group Member
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Association of Schools and Programs of Public Health (ASPPH)	**Gerard Carrino, PhD, MPH,** Dean, Julia Jones Matthews School of Population and Public Health, Texas Tech University Health Science Center
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National League for Nursing (NLN)	**Frances Vlasses, PhD, RN, ANEF, FAAN,** Professor, Marcella Niehoff School of Nursing, Stritch School of Medicine; Co-Director, Institute for Transformative Interprofessional Education, Loyola University Chicago
Physician Assistant Education Association (PAEA)	**Amy Akerman, MPAS, PA-C,** Assistant Professor, Department of Pediatrics, School of Medicine and Assistant Director, Center for Interprofessional Practice and Education, University of Colorado

* Listed alphabetically by IPEC member organization.

Outlining the Process

The following charges to the CCR Advisory and Working Groups guided the revisions that ultimately resulted in the 2023 version of the IPEC competencies:

1. Elicit feedback about the existing competencies from education and practice communities,

2. Consider other literature depicting the competencies and/or IPECP job functions and roles,

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

4. Propose modifications for consideration by IPEC and others, including learners, educators, patients, families, caregivers, and community partners.

To shape the discussion for the initial project kickoff meeting in June 2021, CCR Advisory and Working Group members completed background readings and a pre-work survey capturing members' insights and perspectives on the 2016 version of the IPEC competencies. All concurred that the 2023 competency and sub-competency statements should be measurable and adaptable for use by health and partner professions involved in interprofessional teaching and learning. All also agreed that feedback from IPEC member constituents and additional vested partners should guide the scope and scale of the revision.

The work of the CCR Advisory and Working Groups—conducted entirely online with monthly one- to two-hour meetings via Zoom—unfolded in three broad phases: (1) collecting and analyzing feedback from IPEC member constituents and vested partners about the 2016 version of the IPEC competencies, (2) generating consensus on revisions via a two-round modified Delphi exercise, and (3) soliciting and reconciling feedback on revisions from IPEC member constituents and vested partners to produce a final version of the 2023 IPEC competencies.

Throughout the revision process, CCR Advisory and Working Group members collaborated across the four workstreams depicted in Figure 2.

FIGURE 2. 2021-2023 IPEC CORE COMPETENCIES REVISION WORKSTREAMS

Gather Feedback & Experiences

Competency Revisioning

Research/Literature Review

Report Writing & Editing

Engaging with Vested Partners

The process developed to revise the competencies included an intentional effort to identify vested partners and engage them throughout the revision via multi-modal outreach to not only constituents from IPEC member organizations but also non-member-affiliated interprofessional educators. This outreach began early in the process with a survey seeking feedback on the 2016 competencies, gathering information about how the competencies were being used, and identifying perceived strengths and weaknesses to inform the revision. Every IPEC member either distributed this survey to their membership broadly or coordinated a response from among their members. IPEC also invited input throughout the revision process via town halls, educational webinars, and formal presentations at virtual and in-person IPE-focused conferences and several IPEC member organization meetings (Figure 3).

FIGURE 3. ENGAGEMENT WITH VESTED PARTNERS

Preamble

Consensus to guide the revision began to emerge early in the revision process as CCR Advisory and Working Group members reconciled their individual perspectives with feedback obtained from the initial survey of IPEC members and non-member-affiliated interprofessional educators, as well as feedback gathered from vested partners. A preamble summarizing the target audience, definition of "interprofessional competencies," guiding assumptions, and tenets was subsequently developed and approved by the IPEC Executive Board.

Target Audience
The 2023 version of the IPEC competencies is aimed at preparing learners to engage in lifelong learning and collaboration to improve both person/client care and population health outcomes.

Interprofessional Competencies
Integration of knowledge, skills, and values/attitudes that define working together across professions to improve equitable health outcomes.

Guiding Assumptions
The 2023 version of the IPEC competencies should be:

▸ person/client/family-centered with an emphasis on advocacy,

▸ community/population-oriented,

▸ relationship-focused,

▸ process-oriented,

▸ linkable to learning activities, educational strategies, and integrative assessments that are culturally and developmentally appropriate for the learner,

▸ implementable across the learning continuum,

▸ sensitive to systems contexts and applicable across practice settings and professions,

▸ communicated using a common language that is meaningful across the professions, and

▸ outcomes-driven.

Tenets
The 2023 version of the IPEC competencies is intended to:

1. build upon the value and impact of IPEC's original and updated work while reconsidering the competency framework in light of members' accrediting bodies and partner organizations' standards and with an eye toward updating the framework to meet current and future learning and practice assets, needs, and settings,

2. refine the competencies to include contributions from new and existing IPEC constituents and additional professions vested in successful interprofessional education for collaborative practice,

3. integrate concepts from the Triple Aim[19] with new content from the Quadruple Aim[20,21] and the Quintuple Aim,[22] and concepts from One Health,[23] as well as new evidence and constructs from academic, practice, socio-cultural, environmental, workforce, and/or systems changes, and

4. recognize variability across and within professions regarding the use and integration of competency-based education and, therefore, strive to produce high-level competencies so different professions and institutions could adopt or adapt the framework most efficiently for their own local use.

Gaps and Additions

The use of a structured, inclusive, iterative feedback process allowed for both the identification of gaps in the competency revision process, as well as gaps in the competencies themselves. Gaps in the revision process were addressed once recognized. One example included variation in the audiences with whom the competencies were being used; some professions were using the competencies strictly with students, while other professions had programs that were using the competencies with pre-health learners, with practicing professionals, and with other groups. In discussing this gap, the CCR Advisory and Working Groups reached consensus on replacing the term "student" with the more broadly applicable term "learner" throughout the 2023 IPEC competencies.

Feedback during the revision process was wide-ranging in its identification of gaps, and gap analysis yielded several key themes that were addressed in the revision. These included:

- ▶ a lack of focus on inclusion, diversity, equity, and justice in the competencies,

- ▶ a desire to relate the competencies to outcomes, and

- ▶ and a need to incorporate language and concepts regarding shared leadership, accountability, and the creation of a caring, respectful clinical environment among and for the interprofessional team.

Other identified gaps in the 2016 competencies included program-level difficulties using the IPEC competencies for assessment purposes and how best to arrange/sequence the IPEC competencies along a developmentally progressive continuum of learning to achieve high-quality programmatic IPE. CCR Advisory and Working Group members agreed that these gaps, while important, were better suited to be addressed apart from the competency revision process. In other words, IPEC or others might address these gaps later through a companion guidance document or similar resource.

Foundational Concepts

Several concepts remain as relevant today as they were when the 2011 and 2016 IPEC competencies were published. The CCR Advisory and Working Groups thus decided to carry these forward into the 2023 IPEC competencies as a recognition of their continuing strength as a foundation that underpins the 2023 IPEC competencies. For example, D'Amour and Oandasan constructed a detailed graphic to illustrate interdependencies between health professional education and IPCP, in the service of patient needs and community-oriented care (Figure 4).[24]
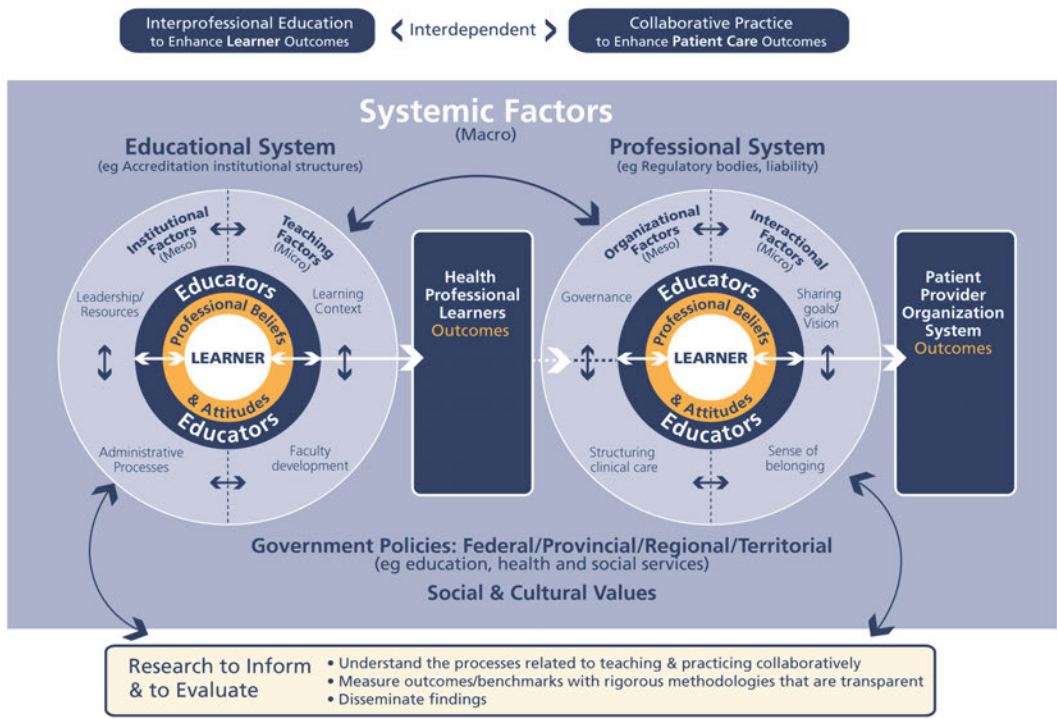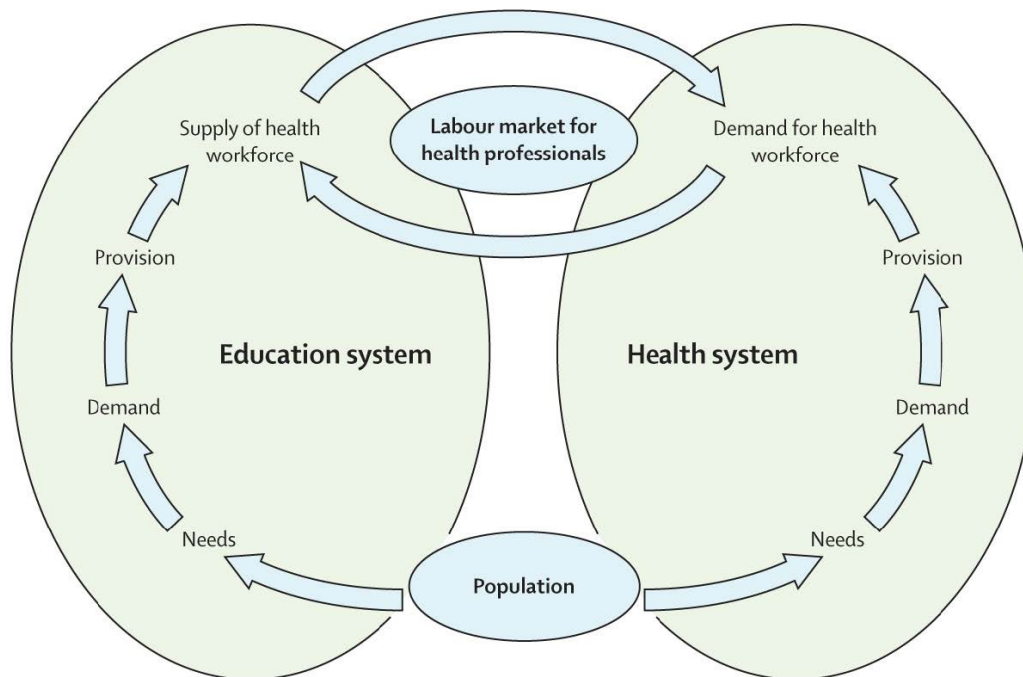
Reprinted with permission from D'Amour D, Oandasan I. Interprofessionality as the field of interprofessional practice and interprofessional education: an emerging concept. *J Interprof Care.* 2005;19 Suppl 1:8-20.

The Commission on Education of Health Professionals for the 21st Century subsequently published an analysis of the disjunctions between traditional health professions education and global health and health workforce needs.[25] Working with ideas of global social accountability and social equity, the commission proposed a series of recommendations to reform health professions education to prepare a global health workforce that is more responsive to actual population and personal health needs adapted to local contexts. Figure 6 depicts these interrelationships. An important aspect of this report is the strong integration of public health preparation in the education of future health care professionals.

Reprinted with permission from Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, Fineberg H, Garcia P, Ke Yang, Kelley P, Kistnasamy B, Meleis A, Naylor D, Pablos-Mendez A, Reddy S, Scrimshaw S, Sepulveda J, Serwadda D, Zurayk H. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The lancet*. 2010;376(9756):1923-1958.

The World Health Organization (WHO) Study Group on Interprofessional Education and Collaborative Practice also developed a Global Framework for Action on Interprofessional Education and Collaborative Practice and a graphic that shows the goal of IPE as preparation of a "collaborative practice-ready" work force, driven by local health care needs and local health systems designed to respond to those needs.[26] The WHO framework highlights curricular and educator mechanisms that help IPE succeed, as well as institutional support, working culture, and environmental elements that drive IPCP. The WHO framework incorporates actions that leaders and policymakers can take to bolster IPECP to improve health care.

> 66 *Interprofessional education is a necessary step in preparing a collaborative practice-ready health workforce that is better prepared to respond to local health needs.* 99
>
> (WHO, 2010, p. 7)

Building on the WHO framework, the Institute of Medicine created the Interprofessional Learning Continuum Model (Figure 6) in 2015.[27] This model identifies key factors in the implementation of IPE and IPCP, including (1) a continuum of learning, (2) key learning outcomes, (3) health and system outcomes, and (4) enabling or interfering factors.[26] This model pulls in key tenets of interprofessional learning including Kirkpatrick's levels and components of the Triple Aim that can easily be broadened to account for Quadruple and Quintuple Aim outcomes.[19-22]

FIGURE 6. INSTITUTE OF MEDICINE INTERPROFESSIONAL LEARNING CONTINUUM MODEL [27]
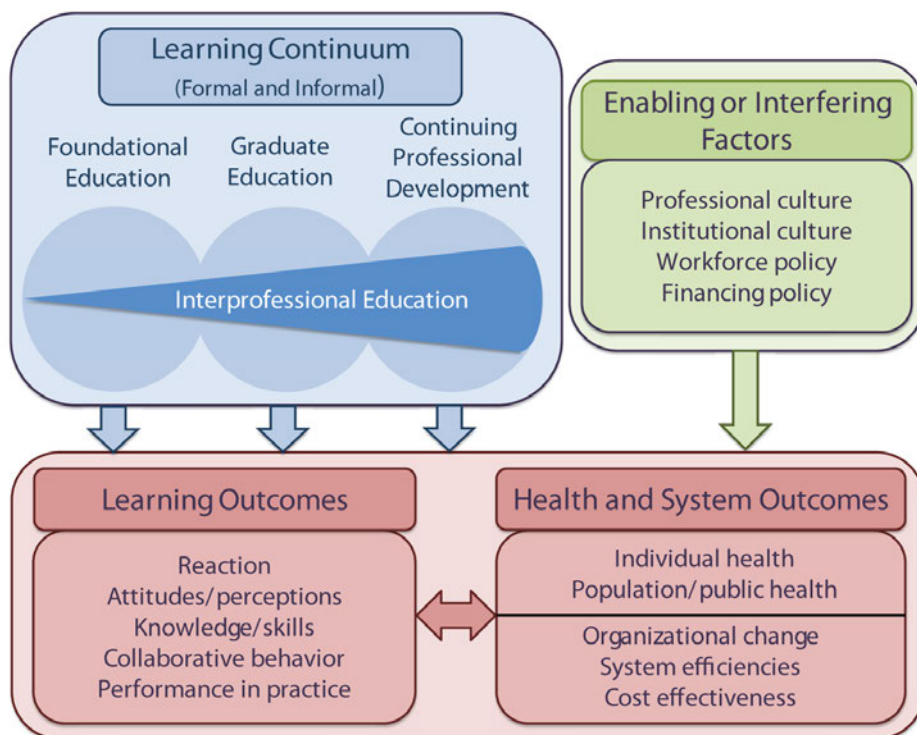
Reprinted with permission from Institute of Medicine. Measuring the impact of interprofessional education on collaborative practice and patient outcomes. Washington, DC: National Academies Press; 2015.

Public Comment and Final Approval

In spring 2023, a draft version of the revision was completed alongside a glossary of terms (see Appendix C) and a guide comparing the 2016 competencies with the 2023 draft competencies (see Appendix D). Prior to its release for public comment, IPEC presented the draft version to a first reactor group comprised of individuals from IPEC member organizations identified as high users of the competencies. Comments and suggestions from the first reactor group were considered by CCR Advisory and Working Group members, resulting in meaningful improvement to the draft competencies released for public comment on April 12, 2023. After incorporating suggestions from the open public comment period, the final version of the 2023 IPEC competencies was approved by the IPEC Executive Board on October 18, 2023.

IPEC CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE: VERSION 3

Overview

The IPEC Core Competencies for Interprofessional Collaborative Practice: Version 3 reflects the vision that interprofessional collaborative practice is key to safe, high-quality, accessible, equitable, person/client-centered care and enhanced population health outcomes desired by all. This competency set is aimed at preparing learners to engage in lifelong learning and collaboration to improve both person/client care and population health outcomes.

A total of 33 sub-competency statements are included in the 2023 version. The sub-competency statements are streamlined to broaden their applicability; in other words, they have been pared down to their essential elements. A glossary of terms is available in Appendix C for all terminology that appears in **bold** font within this section of the report and the accompanying 2016 to 2023 comparison guide in Appendix D.

As depicted in Figure 7, the 2023 IPEC competencies retain the overarching singular domain of "Interprofessional Collaboration" comprised of the following four competency areas:

FIGURE 7. IPEC CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE: VERSION 3 (2023)

▶ **Values and Ethics**

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

▶ **Roles and Responsibilities**

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

▶ **Communication**

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

▶ **Teams and Teamwork**

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

Values and Ethics

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

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

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

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**.

ACKNOWLEDGEMENTS

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Appendix A: Brief History of IPEC

The Interprofessional Education Collaborative: Our History

The Interprofessional Education Collaborative (IPEC)'s mission is to ensure that health professionals are proficient in the competencies essential for person-centered, community- and population-oriented, interprofessional, collaborative practice.

Explore our major milestones, starting with our establishment in 2009 through to the present day.

2009 IPEC is formed by 6 national education associations to engage students of different health professions in collaborative learning

2011 IPEC releases the *Core Competencies for Interprofessional Collaborative Practice Report of an Expert Panel* (Version 1) as a curricula development guide for health professions schools

2012 IPEC organizes its first faculty development institute to learn the IPEC competencies and develop an implementation plan for their institution

2014 IPEC conducts its first webinar focused on trends and activities in interprofessional education for collaborative practice (IPECP)

2015 IPEC opens a new institutional membership category, expanding its representation

2016 IPEC publishes updated IPEC Competencies (Version 2) enhancing population health and incorporating the Triple Aim

IPEC assembles its first semiannual membership meeting to discuss top issues facing IPECP

IPEC receives the first-ever National Center for Interprofessional Practice and Education Pioneer Award

2017 IPEC hosts its inaugural leadership development program

IPEC and the U.S. Public Health Service (PHS) announce the Public Health Excellence in IPE Collaboration Award

IPEC hires a full-time staff member

2018 IPEC co-sponsors a summit with the Substance Abuse and Mental Health Services Administration (SAMHSA) to promote addiction education best practices

IPEC embarks on its first strategic planning effort

2020 IPEC conducts a scoping review to assess the impact of IPE on direct patient care

IPEC renames the IPEC COF Excellence in IPE Collaboration Award to reflect an important collaboration with the PHS Commissioned Officers Foundation for the Advancement of Public Health (COF)

IPEC launches its longitudinal certificate program for its first virtual institute, along with communications and learning platforms

IPEC revisits its strategic plans in light of the COVID-19 pandemic

2021 IPEC initiates phase I of the formal process to review and revise the 2016 IPEC Competencies

IPEC holds its inaugural Virtual Poster Fair aimed at sharing the research and scholarship of teams who have implemented IPECP projects

2022 With funding support through Macy President's Grant P21-01, IPEC and partners at the University of Texas Health Science Center at San Antonio publish the IPEC Institutional Assessment Instrument in the *Journal of Interprofessional Education & Practice*

2023 IPEC releases Version 3 of the IPEC competencies and begins phase II to assist with implementation of the new competencies set

IPEC announces a strategic planning initiative to drive progress and change

IPEC publishes the results of the scoping review in the *Journal of Interprofessional Care*

Appendix B: IPEC Programs, Projects and Resources

IPEC Faculty Development Institutes

IPEC's flagship educational program, the IPEC Faculty Development Institute, is open to anyone interested in advancing IPE within their local environment. The goal of the Institutes is for participants to create an implementation plan to advance IPE regardless of whether the participant's college, school, and/or institution is at an early, intermediate, or advanced stage.

The target audience for and design of the Institutes have evolved over time. While initially developed exclusively for interprofessional teams, the Institutes were broadened in 2019 to simultaneously accommodate the educational needs of individuals. Furthermore, to adapt to the COVID-19 pandemic, IPEC delivered four virtual Institutes from 2020 to 2021. IPEC will continue to host both virtual and in-person Institutes to accommodate various learning styles and preferences. Continuing education credits are offered for eligible professions.

To date, IPEC has held 22 Institutes reaching a total of 2,606 individuals—most participating in one of 585 distinct teams. Participants from all 50 US states, the District of Columbia, and Puerto Rico have attended. Individuals from Australia, Canada, Lebanon, South Africa, South Korea, and the United Kingdom have also participated.

Photo: 2019 IPEC Faulty Development Institute, Washington, DC

Participant demographics in terms of professional titles and roles/responsibilities at their colleges, schools, and/or institutions have ranged widely, including:

- assistant/associate professors
- program directors, chairs, and/or department chairs
- clinical professors, instructors, and/or coordinators
- IPE directors, coordinators, and/or managers
- professors and/or lecturers
- deans and/or associate/assistant deans
- clinical directors and/or preceptors
- simulation directors, coordinators, and/or managers
- graduate students, postdoctoral researchers, and/or fellows
- medical education librarians

For more information and to register for an upcoming Institute, please visit IPEC's website at **https://www.ipecollaborative.org/institute**.

IPEC Interprofessional Leadership Development Program

To support and empower those who are responsible for campus-wide IPE, IPEC launched the inaugural Interprofessional Deans Leadership Program (IDLP) in November 2017. Facilitated by faculty from the Academy for Advancing Leadership (AAL), the IPEC IDLP, later renamed the Interprofessional Leadership Development Program (ILDP), supports IPEC's goal to prepare leaders to advance IPE and IPCP efforts within their institutions. Content for the ILDP changes based on current trends and challenges facing institutional leaders. To date, 205 individuals—98 attending as part of a team—have participated in IPEC's four leadership development programs, which were offered in 2017, 2019, 2021, and 2022. Participants from 38 US states, Canada, and Mexico have attended.

Photos (left to right, top to bottom): 2017, 2019, 2022 IPEC Interprofessional Leadership Programs, Washington, DC and Atlanta, GA

Participant demographics in terms of professional titles and roles/responsibilities at their colleges, schools, and/or institutions have ranged widely, including:

- ▶ program directors, chairs, and/or department chairs
- ▶ IPE directors, coordinators, and/or managers
- ▶ deans and/or associate/assistant deans
- ▶ senior academic administrators

For more information and to register for an upcoming program, please visit IPEC'S website at **https://www.ipecollaborative.org/ildp**.

IPEC/COF Excellence in IPE Collaboration Award

Photo: 2017 IPEC COF Excellence in IPE Collaboration Award, Washington, DC

In January 2017, the United States Public Health Service (USPHS) and IPEC formed the Public Health Excellence in IPE Collaboration Award. After five cycles, the award was re-launched with support from the PHS Commissioned Officers Foundation for the Advancement of Public Health (COF) and was renamed the IPEC/COF Excellence in IPE Collaboration Award to reflect this new collaboration. The joint award has recognized IPE initiatives from seven overall winners (listed below) and 31 honorable mentions who have significantly impacted community health through interprofessional teamwork.

TABLE A1. IPEC/COMMISSIONED OFFICERS FOUNDATION FOR THE ADVANCEMENT OF PUBLIC HEALTH EXCELLENCE IN IPE COLLABORATION AWARD RECIPIENTS, 2017-2023

Year	Project Title	Award Recipients
2017	"Harnessing the Strength of Inter-Professional Teams to Provide Comprehensive Care for the Farmworkers of Apopka, Florida"	University of Central Florida (UCF) Heather Peralta, DHSc, MSN, RN Judith S. Simms-Cendan, MD Priya K. Patel, BS, Medical Students Providing Across Continents (MedPACt) Alexander Diaz, BS, MedPACt
2018	"East Tennessee State University Responds to the Opioid Epidemic through Interprofessional Education, Community Engagement, Research, and Clinical Care"	East Tennessee State University (ETSU) Robert P. Pack, PhD, MPH Angela Hagaman, MA, LPCA Alice McCaffrey (Sullivan County Anti-Drug Coalition)
2019	"Crimson Care Collaborative: An Interprofessional Academic-Practice Partnership"	MGH Institute of Health Professions Patricia A. Reidy, DNP, FNP-BC, RN Marya J. Cohen, MD, MPH (Crimson Care Collaborative, Massachusetts General Hospital)
2020	"An Interprofessional Approach to International Outreach Experiences"	University of the Sciences Jennifer N. Smith, PharmD, BCPS John R. Patro Jr., OTD, OTR/L (Monmouth University) Luzan Phillpotts, DO, MPH (Nova Southeastern University)
2021	"The Effectiveness of Patient Navigation using Motivational Interviewing and m-Health Technology on Patient Activation & Engagement for Self-management Practices in Hypertension and Cardiovascular Disease Risk: A Pilot Study"	Kean University Ibtihal Al-Makhzoomy, PhD, MSN, RN, CNE Mahchid Namazi, MS, PhD, CCC-SLP Mariann Moran, OTD
2022	"OspreyPERCH: Prevention, Early Intervention and Resiliency through Counseling & Holistic Health: An Integrative Behavioral Health Clinical Training Program"	University of North Florida (UNF) Carlene Taylor, EdD, LMHC, NCC, ERYT, ESMHL Danielle Free, MS-CMHC, MSPP Jessie Stapleton, PhD, MSEd
2023	"The Rural Interprofessional Health Initiative (RIPHI) and Carolina Student Services Corp"	University of North Carolina at Chapel-Hill (UNC) Meg Zomorodi, PhD, RN, ANEF, FAAN Hugh Tilson, JD, MPH (North Carolina Area Health Education Centers) Amir Barzin, DO, MS (Carolina Together Testing Program) Amanda Gabbard, MS

For more information and/or to explore submitting an application for this award, please visit IPEC'S website at **https://www.ipecollaborative.org/ipe-collaboration-award**.

IPE Collection on MedEdPORTAL

In 2019, IPEC and the Association of American Medical Colleges (AAMC) launched a nationwide search for an associate editor to oversee the MedEdPORTAL® IPE Collection—a curated set of interprofessional education publications available on MedEdPORTAL, a MEDLINE-indexed, open-access journal of the AAMC. This collection aims to foster collaboration and communication among healthcare students and professionals, and currently contains 27 high-quality, peer-reviewed innovations, spanning topics such as opioid education, geriatric health, intellectual and developmental disabilities, LGBT care, clinical skills, and more. Each of these publications represents the collaborative work of three or more health professions and collectively includes representation from medicine, nursing, social work, pharmacy, physician assistants, physical therapy, occupational therapy, rehabilitation therapy, respiratory therapy, emergency medicine services, and psychology. The publications have garnered substantial attention, collectively earning 37,279 page views and 5,261 downloads.

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FOR MORE INFORMATION AND TO EXPLORE THE IPE COLLECTION, PLEASE VISIT

www.mededportal.org/ interprofessional- education

For more information and to explore the IPE Collection, please visit the MedEdPORTAL® website at **https://www.mededportal.org/interprofessional-education**.

Photo: 2017 IPEC Institute Poster Gallery Walk, Washington, DC

IPEC Poster Collection and Virtual Poster Fairs

Committed to encouraging interprofessional scholarship and research since its inception, IPEC invited teams to showcase IPECP initiatives as poster presentations during IPEC Faculty Development Institutes. There were 158 posters presented at in-person institutes between 2014-2019. A Best Poster Award competition was initiated in 2017 to recognize innovation and excellence in IPE:

TABLE A2. IPEC INSTITUTE BEST POSTER AWARD RECIPIENTS, 2017-2019

Year	Project Title	Award Recipients
May 2017	"Embedding Interprofessional Education into a Learning Experience: Creating Twelve Tips"	SUNY Upstate Medical University Office of Interprofessional Education Ann Botash, MD Bambi Carkey, DNP, PMHNP-BC, NPP Darren Carboni, MBA, CAS-HSMP Lynn Cleary, MD Carol Recker-Hughes, PT, PhD
October 2017	"Emergency on Campus: Attitudes of Interprofessional Healthcare Students in a Simulated Patient Care Experience"	University of Indianapolis Briyana Morrell, PhD, RN, CCPN-K, CNE Rebecca Cartledge, APRN, CNM Jennifer Carmack, DNP, MSN, RN Kathleen Hetzler, DNP, APRN, OCN Stephanie Kemery, MSN, RN, CMSRN Shannon Moore, DNP, MSN, BSN Alison Nichols, OTD, OTR Jane Toon, DNP, MSN, BSN Craig Voll Jr., PhD, LAT, ATC Elizabeth Moore, MD
May 2018	"One Donor Connects Them All: An Interprofessional Exploration of Anatomy, Pathology, and One Human Story"	Quinnipiac University Lynn Copes, PhD Maurice Fremont-Smith, MD
October 2018	"Blending Curricular Design, Faculty Development, and Research to Launch a Campus-wide Interprofessional Initiative"	University of Oklahoma Health Sciences Center Denise Bender, PT, JD, MEd, FNAP Margaret Robinson, MEd Christi M. Barbee, AuD, CCC-A, F-AAA Melody Yozzo, DHEd, PA-C Raina Leckie, DSW, LCSW
May 2019	"Enhancing Interprofessional Communication: An Interprofessional Academic Simulation Experience"	Emory University Jennifer Sharp, PT, DPT Kathy Lee Bishop, PT, DPT, CCS, FNAP
May 2019	"Developing Sustainable IPE Partnerships to Improve Health of Vulnerable Populations"	Purdue University Northwest Jodi Allen, DNP, RN, FNP-C Nicole Petsas Blodgett, PhD, RN, CHSE
October 2019	"A Second Life for Interprofessional Education: Using Simulations to Engage Online Learners"	University of Nevada, Reno Lynn Short, RDH, MPH Jacqueline Ferdowsali, DNP, MSN, BSN, AGACNP-BC, ACNPC-AG Leslie Elliott, PhD, MPH

Based on the success of the Institute poster sessions, IPEC began hosting an annual peer-reviewed virtual poster fair in 2021 with a nationwide call for abstracts. Recognition of excellence was expanded across specific groupings/themes. To date, 63 posters have been showcased across 11 themes, and there have been 15 winners.

Poster themes included curriculum design, peer teaching and learning, simulation-based IPE, virtual interprofessional learning, clinical learning and collaborative practice, capacity building, interprofessional leadership, system and statewide IPECP, complex care, patient safety, and health equity, diversity, and inclusion.

TABLE A3. IPEC POSTER FAIR AWARD RECIPIENTS, 2021-2022

2021 POSTER FAIR

Project Title	Award Recipients	Project Title	Award Recipients
"Interactive Virtual Seminars to Prepare Health Professions Students for Interprofessional Collaboration"	Auburn University Jeanna Sewell, PharmD, BCACP Sarah O. Watts, PhD, RN, CCRN Felicia J. Tuggle, PhD, MSW Jennifer Slay, MSW, LICSW Emily Blaine, PharmD	"A College-wide Approach to Interprofessional Education"	University of California Sarah McBane, PharmD, CDE, BCPS, FCCP, FCPhA, APh Julie Youm, PhD Tiffany Nielsen, DNP, FNP-C, ENP-C David S. Timberlake, PhD Warren F. Wiechmann, MD, MBA Robert Edwards, MD, PhD Khanh-Van Le-Bucklin, MD, MEd
"Developing Leadership and Patient Advocacy Skills Utilizing a Virtual Interprofessional Simulation"	Chapman University Amanda Brown, MSN, RN Laressa Bethishou, PharmD, APh, BCPS Reza Taheri, PharmD, MPH Austin Nation, PhD, RN, PHN Richard Beuttler, PsyD, MS	"The Triangulation of IPE, Simulation, and Telehealth in Health Professions Education: A Pilot Study"	University of Maryland, Baltimore Karen Gordes, PhD, PT, DSc Linda B. Horn, PT, DScPT, MHS, GCS, NCS Norman F. Retener, MD Mei Ching W. Lee, PhD, MSRN CHPN
"Interprofessional 'Virtual Medication Rounds' for Nursing and Pharmacy Students"	Johns Hopkins University Nicole Mollenkopf, PharmD, MBA, BCPS, BCPPS Spencer March, RN, BSN Nicole Warren, PhD, MSN, MPH, FAAN, CNM Krysia Hudson, DNP, RN Sujin Weinstein, PharmD, BCCP (Johns Hopkins Hospital)	"From Day 1: Peer Teachers Educate, Role Model, & Immerse Undergraduate First-Years in Interprofessional Competencies"	University of New England Collyn J. Baeder, MPH Karen T. Pardue, PhD, RN, CNE, FNAP, ANEF Bernice Mills, RDH, MS, BS
		"Study of Student Involvement in Interprofessional Work and Impact on Health Professional Preparedness to Collaborate in the Workspace"	University of New England Elisabelle Bocal, MS, LMSW-CC Michaela Myerson, PharmD ENS Katie Santanello, OMS Sean Callagy, DO '24 William Rinaldi, DO '24

2022 POSTER FAIR

Project Title	Award Recipients	Project Title	Award Recipients
"Engaging Faculty in Interprofessional Education at the Nation's Largest Urban Public University System"	City University of New York Patricia Simino Boyce, PhD, RN Victoria Fischer, PhD, MS, RD, CDN (Queens College) Gwendolyn Lancaster, EdD, MSN, CCRN (Lehman College) Mara Lowe, MS, CCC-SLP (Queens College) Margaret Reilly, DNS, APRN, CNE Lesley L. Green Rennis, MPH, EdD (Borough of Manhattan Community College) Susan Riekert, MSN, RN (Queensborough Community College) Nicole Saint-Louis, DSW, LCSW (Lehman College)	"Evaluation of EEG Responses to Sedative and Stimulative Music Using the Muse 2"	Slippery Rock University of Pennsylvania Amber M. Eade, PhD Nicole Hahna, PhD, MT-BC Vern Miller, MMT, MT-BC
		"An Evaluation of IPE Competency Attainment in the Public Library Setting"	Stony Brook University Gabriella Pandolfelli Joann Castiblanco Denise Snow, JD, RN Leah Topek-Walker, LCSW-R Lynn Timko-Swaim, MS, PA-C Carol Della Ratta, PhD, RN, CNE Lisa Benz Scott, PhD
"Evaluating Learning of IPEC Sub-Competencies Through Written Reflections"	Louisiana State University Health Sciences Center at New Orleans Tina Patel Gunaldo, PhD, DPT, MHS Colette D. Baudoin, PhD, MSN, RN, OCN, CNE Scott Edwards, PhD Mina Hogan, MS	"Promoting the IPEC Core Competencies through an Interprofessional Acute Care Patient Simulation Experience"	University of Toledo Erin Mastin Tiffany Hemminger, OTD '24 Maggie Maloney, PhD, OTR/L Michelle Masterson, PT, PhD Jordan Norris, MD '25
"A Novel Approach to Interprofessional Education Using Simulation of the Project ECHO® Model"	Northeast Ohio Medical University Nichole E. Ammon, MSEd, LPCC-S Sara Dugan, PharmD Erica Stovsky, MD	"Changing Curricula to Increase Interprofessional Learning and Collaboration Opportunities: Results from the First Graduating Cohort"	Widener University Robert H. Wellmon, PT, DPT, PhD, NCS, FNAP Jill Black, PT, DPT, EdD, FNAP Wendy Watcher-Schutz, OTD, MS, OTR/L Lori Felker, DHSc Kathleen M. Youse, PhD, CCC-SLP, BC-ANCDS
"Evolution of an IPE Case: An Interprofessional Approach for Large Student Cohorts"	Salus University Radhika Aravamudhan, PhD J. Chad Duncan, PhD, CRC, CPO Cara Orr, PA-C Michelle Fischer, MMS, PA-C Kelly Salmon, SLPD, CCC-SLP, BCS-S, CLT-LANA, NDC James F. Konopack, PhD Robert W. Serianni, MS, CCC-SLP, FNAP Andrea Carr Tyszka, OTD, MS, OTR/L, SIPT Melissa A. Vitek, OD, FAAO		

For more information and to view/download poster presentations, please visit the IPEC website at **https://www.ipecollaborative.org/poster-collection**.

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.

Term	Definition	Statement(s)
Active listening	A way of listening and responding to another person that improves mutual understanding utilizing the principles of physical attention, paraphrasing, reflecting, clarifying, and encouraging.[1]	C5
Assessment	A wide variety of methods or tools that educators use to evaluate, measure, and document the academic readiness, learning progress, skill acquisition, or educational needs of students.[2]	
Caregiver (or **caretaker**)	Broadly defined as family members, friends or neighbors who provide (paid or) unpaid assistance to a person with a chronic illness or disabling condition.[3]	VE7
Collaborative practice	When multiple health workers from different professional backgrounds work together with patients, families, caregivers or caretaker, and communities to deliver the highest quality of care across settings.[4]	
Community (see also "**Population**")	A group of people who have common characteristics defined by location, race, ethnicity, age, occupation, health condition, interest in particular problems or outcomes, or other similar common bonds.[5]	
Competence	The state of proficiency of a person to perform the required practice activities to the defined standard. This incorporates having the requisite competencies to do this in a given context. Competence is multidimensional and dynamic. It changes with time, experience, and setting.[6]	
Competency (or **competencies**)	The abilities of a person to integrate knowledge, skills, and attitudes in their performance of tasks in a given context. Competencies are durable, trainable and, through the expression of behaviors, measurable.[6]	
Competent	Descriptive of a person who has the ability to perform the designated practice activities to the defined standard. This equates to having the requisite competencies.[6]	

Term	Definition	Statement(s)
Cultural humility	The ability to recognize limitations in order to avoid making assumptions about other cultures, admitting that one does not know and is willing to learn from patients/person/client/consumer/community about their experiences, while being aware of one's own embeddedness in culture(s).[7]	RR5 C3
Determinants of health	The range of personal, social, economic, and environmental factors that determine the healthy life expectancy of individuals and populations.[8]	RR3
Diversity	Refers to the identities we carry. There are many kinds of diversity, based on race, gender, sexual orientation, class, age, country of origin, education, religion, geography, physical or cognitive abilities, or other characteristics. Valuing diversity means recognizing differences between people, acknowledging that these differences are a valued asset, and striving for diverse representation as a critical step towards equity.[9]	VE4
Domain	A broad, distinguishable area of content; domains, in aggregate, constitute a general descriptive framework.[6]	
Family	All those who are personally significant to the patient and are concerned with their care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.[10]	
Health equity	The attainment of the highest level of health and well-being by and for all people.[11,12] Health equity implies that no one should be disadvantaged from achieving this potential.[8] Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.[11]	VE2 VE6

Term	Definition	Statement(s)
Health outcomes	A change in the health status of an individual, group, or population that is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.[8]	VE5 VE6 Roles and Responsibilities RR2 RR4 C2 TT8
Health professional (or **clinician** or **provider**)	Health professionals maintain health through the application of the principles and procedures of evidence-based medicine and/or caring. They advise on, apply, or assist with measures, that promote health with the ultimate goal of meeting the health needs and expectations of individuals and populations, and improving population health outcomes.[13]	VE5 VE7
Inclusion	Intentionally designed, active, and ongoing engagement with people that ensures opportunities and pathways for participation in all aspects of group, organization, or community, including decision-making processes. Inclusion is not a natural consequence of diversity. There must be intentional and consistent efforts to create and sustain a participative environment. Inclusion refers to how groups show that people are valued as respected members of the group, team, organization, or community. Inclusion is often created through progressive, consistent, actions to expand, include, and share.[14]	
Interprofessional	Occurring between or involving two or more different professions or professionals.[15]	VE9 RR5 TT5
Interprofessional competencies	Integration of knowledge, skills, and attitudes that define working together across professions to improve equitable health outcomes.	
Interprofessional conflict management	The use of skills and techniques to consider, understand, and respond to anticipated or ongoing causes of tension among interprofessional team members. Managing interprofessional conflict involves responsibility at both individual and systematic levels.[16]	TT5

Term	Definition	Statement(s)
Interprofessional education	Occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.[5]	
Just culture	Balances the need for an open and honest reporting environment with a quality learning environment and culture. All individuals within this environment are held responsible for the quality of their choices. Just culture requires a change in focus from errors and outcomes to system design and management of the behavioral choices of all employees.[17]	VE10
Learner	A person who is trying to gain knowledge or skill in something by studying, practicing, or being taught.[18]	
One Health	A collaborative, multisectoral, and transdisciplinary approach — working at the local, regional, national, and global levels — with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment.[19]	VE1
Person (or **patient** or **client**)	An individual who interacts with a health professional either because of real or perceived illness, for health promotion and disease prevention and/or to meet social needs.[20]	VE1 VE2 VE3 VE7
Person-centered care	The practice of providing care in ways that are respectful of, and responsive to, individual preferences, needs and values, and ensuring that those receiving care, or their advocates participate in decision-making.[21]	RR1
Population (see also **"Community"**)	A group of people who have common characteristics defined by location, race, ethnicity, age, occupation, health condition, interest in particular problems or outcomes, or other similar common bonds.[5]	VE1 VE2 VE7
Quadruple Aim	Optimization of health system performance by enhancing patient experience, improving population health, reducing costs, and improving the work life of health care providers.[22]	

Term	Definition	Statement(s)
Quintuple Aim	Optimization of health system performance by enhancing patient experience, improving population health, reducing costs, improving the work life of health care providers, and advance health equity.[23]	
Resiliency (or **resilience**)	The ability of an individual, team, organization, community, and/or system to withstand, adapt, recover, rebound, or grow from adversity, stress, and/or trauma.[24]	TT9
Safety	Knowing that you are safe from physical and psychological harm at work. Feeling secure enough to take calculated risks and show vulnerability. Free of concern about meeting basic life needs.[25]	TT9
Shared leadership practices	A dynamic, interactive influence process among individuals in teams for which the objective is to lead, follow, and/or support one another to the achievement of team or organizational goals or both.[26]	TT4
Social justice	The virtue which guides us in creating those organized human interactions we call institutions. In turn, social institutions, when justly organized, provide us with access to what is good for the person, both individually and in our associations with others. Social justice also imposes on each of us a personal responsibility to collaborate with others, at whatever level of the "Common Good" in which we participate, to design and continually perfect our institutions as tools for personal and social development.[27]	VE2
Sub-competency (or **sub-competencies**)	Requires the integration of knowledge, skills, and attitudes to perform tasks and demonstrate behavior that contribute to the achievement of competence in a focused area. Achievement of sub-competencies contribute to achievement of overall core competency.[6]	

Term	Definition	Statement(s)
Team	A distinguishable set of two or more individuals, including persons, caregivers, and health professionals, who interact dynamically, interdependently and adaptively towards a common and valued goal/objective/mission.[28]	Values and Ethics VE5 VE10 Roles and Responsibilities RR1 RR4 Communication C2 C5 C6 Teams and Teamwork TT1 TT2 TT4 TT6 TT8 TT10
Team accountability	Being responsible and answerable for commitments made or actions taken as a team.[29]	TT7
Team-based care	The provision of health services to individuals, families, and/or their communities by team members who work collaboratively with persons and their caregivers to accomplish shared goals within and across settings to achieve coordinated, high-quality care.[30]	VE3 VE8
Team reasoning	Intentional cooperation for mutual benefit in which team members aim to achieve common team interests. Team members submit individual member expertise in order to maximize team outcomes.[31]	TT3
Well-being	Judging life positively and feeling good. Includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of interference of negative moods in overall functioning, satisfaction with life, fulfillment, and positive functioning.[32]	VE11 C2 TT9
Workplace	The physical, virtual, or remote location where one or more employees are working or are present as a condition of their employment.[33]	VE11

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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 statements. 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 competencies users to efficiently compare the differences between the second and third versions.

TABLE A4. IPEC SUB-COMPETENCY STATEMENTS COMPARISON: 2016 AND 2023

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

IPEC Core Competencies Comparison: 2016 and 2023
COMPETENCIES WITH DEFINITION STATEMENTS

Version 2 (2016)	**Version 3** (2023)
Values/Ethics for Interprofessional Practice (VE) Work with individuals of other professions to maintain a climate of mutual respect and shared values.	Values and Ethics (VE) Work with **team** members to maintain a climate of shared values, ethical conduct, and mutual respect.
Roles/Responsibilities (RR) Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.	Roles and Responsibilities (RR) Use the knowledge of one's own role and **team** members' expertise to address individual and population **health outcomes**.
Interprofessional Communication (CC) Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.	Communication (C) Communicate in a responsive, responsible, respectful, and compassionate manner with **team** members.
Teams and Teamwork (TT) Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.	Teams and Teamwork (TT) Apply values and principles of the science of teamwork to adapt one's own role in a variety of **team** settings.

IPEC Core Competencies Comparison: 2016 and 2023
VALUES AND ETHICS

Original Code or Information	Version 2 (2016)	Version 3 (2023)
Core Competency Statement	Work with individuals of other professions to maintain a climate of mutual respect and shared values.	Work with **team** members to maintain a climate of shared values, ethical conduct, and mutual respect.
VE1.	Place interests of patients and populations at center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.	**VE1.** Promote the values and interests of **persons** and **populations** in health care delivery, **One Health**, and population health initiatives.
New Sub-Competency Statement	N/A	**VE2.** Advocate for **social justice** and **health equity** of **persons** and **populations** across the life span.
VE2.	Respect the dignity and privacy of patient while maintaining confidentiality in the delivery of team-based care.	**VE3.** Uphold the dignity, privacy, identity, and autonomy of persons while maintaining confidentiality in the delivery of **team-based care**.
VE3.	Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.	**VE4.** Value **diversity**, identities, cultures, and differences.
VE4.	Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.	**VE5.** Value the expertise of **health professionals** and its impacts on **team** functions and **health outcomes**.

IPEC Core Competencies Comparison: 2016 and 2023
VALUES AND ETHICS

Original Code or Information	Version 2 (2016)	Version 3 (2023)
VE5.	Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs.	**VE6.** Collaborate with honesty and integrity while striving for **health equity** and improvements in **health outcomes**.
VE6.	Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).	**VE7.** Practice trust, empathy, respect, and compassion with **persons**, **caregivers**, **health professionals**, and **populations**.
VE7.	Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.	**VE8.** Apply high standards of ethical conduct and quality in contributions to **team-based care**.
VE8.	Manage ethical dilemmas specific to interprofessional patient/ population centered care situations.	*Removed.*
VE9.	Act with honesty and integrity in relationships with patients, families, communities, and other team members.	*Removed.*
VE10.	Maintain competence in one's own profession appropriate to scope of practice.	**VE9.** Maintain competence in one's own profession in order to contribute to **interprofessional** care.

VALUES AND ETHICS

Original Code or Information	Version 2 (2016)	Version 3 (2023)
New Sub-Competency Statement	N/A	**VE10.** Contribute to a **just culture** that fosters self-fulfillment, collegiality, and civility across the **team**.
New Sub-Competency Statement	N/A	**VE11.** Support a **workplace** where differences are respected, career satisfaction is supported, and **well-being** is prioritized.

IPEC Core Competencies Comparison: 2016 and 2023
ROLES AND RESPONSIBILITIES

Original Code or Information	Version 2 (2016)	Version 3 (2023)
Core Competency Statement	Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.	Use the knowledge of one's own role and **team** members' expertise to address individual and population **health outcomes**.
RR1.	Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.	*Removed.*
RR2.	Recognize one's limitations in skills, knowledge, and abilities.	**RR5.** Practice **cultural humility** in **interprofessional** teamwork.
RR3.	Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.	**RR3.** Incorporate complementary expertise to meet health needs including the **determinants of health**.
RR4.	Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.	*Removed.*

IPEC Core Competencies Comparison: 2016 and 2023
ROLES AND RESPONSIBILITIES

Original Code or Information	Version 2 (2016)	Version 3 (2023)
RR5.	Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable.	**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.
RR6.	Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.	**RR4.** Differentiate each **team** member's role, scope of practice, and responsibility in promoting **health outcomes**.
RR7.	Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.	**RR2.** Collaborate with others within and outside of the health system to improve **health outcomes**.
RR8.	Engage in continuous professional and interprofessional development to enhance team performance and collaboration.	*Removed.*
RR9.	Use unique and complementary abilities of all members of the team to optimize health and patient care.	*Removed.*
RR10.	Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.	*Removed.*

IPEC Core Competencies Comparison: 2016 and 2023
COMMUNICATION

Original Code or Information	Version 2 (2016)	Version 3 (2023)
Core Competency Statement	Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.	Communicate in a responsive, responsible, respectful, and compassionate manner with **team** members.
CC1.	Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.	**C2.** Use communication tools, techniques, and technologies to enhance **team** function, **well-being**, and **health outcomes**.
CC2.	Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.	**C3.** Communicate clearly with authenticity and **cultural humility**, avoiding discipline-specific terminology.
CC3.	Express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.	**C4.** Promote common understanding of shared goals.

IPEC Core Competencies Comparison: 2016 and 2023
COMMUNICATION

Original Code or Information	Version 2 (2016)	Version 3 (2023)
CC4.	Listen actively, and encourage ideas and opinions of other team members.	**C5.** Practice **active listening** that encourages ideas and opinions of other **team** members.
CC5.	Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.	**C6.** Use constructive feedback to connect, align, and accomplish **team** goals.
CC6.	Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.	**C7.** Examine one's position, power, role, unique experience, expertise, and culture towards improving communication and managing conflicts.
CC7.	Recognize how one's uniqueness (experience level, expertise, culture, power, and hierarchy within the health team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).	*Removed.*
CC8.	Communicate the importance of teamwork in patient-centered care and population health programs and policies.	*Removed.*
New Sub-Competency Statement	N/A	**C1.** Communicate one's roles and responsibilities clearly.

IPEC Core Competencies Comparison: 2016 and 2023
TEAMS AND TEAMWORK

Original Code or Information	Version 2 (2016)	Version 3 (2023)
Core Competency Statement	Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.	Apply values and principles of the science of teamwork to adapt one's own role in a variety of **team** settings.
TT1.	Describe the process of team development and the roles and practices of effective teams.	**TT1.** Describe evidence-informed processes of **team** development and **team** practices.
TT2.	Develop consensus on the ethical principles to guide all aspects of team work.	*Removed.*
TT3.	Engage health and other professionals in shared patient-centered and population-focused problem-solving.	**TT3.** Practice **team** reasoning, problem-solving, and decision-making.
TT4.	Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.	*Removed.*
TT5.	Apply leadership practices that support collaborative practice and team effectiveness.	**TT4.** Use **shared leadership practices** to support **team** effectiveness.

IPEC Core Competencies Comparison: 2016 and 2023
TEAMS AND TEAMWORK

Original Code or Information	Version 2 (2016)	Version 3 (2023)
TT6.	Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among health and other professionals and with patients, families, and community members.	**TT5.** Apply **interprofessional conflict management** methods, including identifying conflict cause and addressing divergent perspectives.
TT7.	Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.	**TT7.** Share **team accountability** for outcomes.
TT8.	Reflect on individual and team performance for individual, as well as team, performance improvement.	**TT6.** Reflect on self and **team** performance to inform and improve **team** effectiveness.
TT9.	Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.	*Removed.*
TT10.	Use available evidence to inform effective teamwork and team-based practices.	*Removed.*
TT11.	Perform effectively on teams and in different team roles in a variety of settings.	*Removed.*

IPEC Core Competencies Comparison: 2016 and 2023
TEAMS AND TEAMWORK

Original Code or Information	Version 2 (2016)	Version 3 (2023)
New Sub-Competency Statement	N/A	**TT8.** Facilitate **team** coordination to achieve safe, effective care and **health outcomes**.
New Sub-Competency Statement	N/A	**TT9.** Operate from a shared framework that supports **resiliency**, **well-being**, **safety**, and efficacy.
New Sub-Competency Statement	N/A	**TT10.** Discuss organizational structures, policies, practices, resources, access to information, and timing issues that impact the effectiveness of the **team**.
New Sub-Competency Statement	N/A	**TT2.** Appreciate **team** members' diverse experiences, expertise, cultures, positions, power, and roles towards improving **team** function.

IPEC CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE: VERSION 3

INTERPROFESSIONAL COLLABORATION

VALUES AND ETHICS

ROLES AND RESPONSIBILITIES

TEAMS AND TEAMWORK

COMMUNICATION

FOR THE HEALTH OF PERSONS & POPULATIONS ACROSS THE CONTINUUM OF CARE

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