



Interprofessional Education Collaborative
Connecting health professions for better care

**Review and Revision of the IPEC Core Competencies
for Interprofessional Collaborative Practice**

**Virtual Town Hall Meetings
Executive Summary:
Community Feedback and Recommendations**

October 2021



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Introduction and Background

In May 2021, the Interprofessional Education Collaborative (IPEC) announced the beginning of a formal process to review and revise the 2016 IPEC Core Competencies. The IPEC Core Competencies 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. Key drivers for the 2021-2023 revision include:

- » Empowering the IPE community with evidence-informed guidance related to IPE for CP;
- » Conducting a cyclical review on the competency framework to ensure it reflects changes in research, policy, and teaching and learning practices;
- » Advancing interprofessional research and scholarship; and
- » Addressing the quadruple aim (as the 2016 framework had included the triple aim).

For Phase II of the update process, the Advisory and Working Groups organized two town hall forums, conducted focus group calls, and collected feedback via a stakeholder survey. 189 IPEC members participated in the September 17 town hall meeting, and 90 participants joined the October 5 special town hall session at the 2021 Nexus Summit. Participants were urged to voice their concerns and suggestions regarding the IPEC Core Competencies.

Advisory and Working Group Members assisted with the guidance of the town hall meetings. Both meetings opened with IPEC Board Members, Drs. Lucinda Maine and Deborah Trautman, introducing IPEC and Phase III Chair Dr. Mark Speicher sharing the background and intent of the revision. During the meetings, many issues emerged as major concerns regarding the 2016 IPEC Core Competencies.

The following are the major topics discussed during the breakout sessions at the town hall meetings:

1. Benefits
2. Challenges
3. Opportunities
4. Threats
5. Use
6. Outcomes
7. Gaps
8. Suggestions

The eight categories listed above comprise an organizing structure for the comments, which are further sorted into sub-categories.

NOTE: An asterisk * designates that a comment was noted more than once. A **bolded statement** indicates that a statement was shared and repeated many times throughout the breakout discussions

1. Benefits

As part of a revised SWOT analysis, participants considered the various benefits of the 2016 IPEC Core Competency framework.

Benefits of the 2016 IPEC Core Competencies are as follows.

- » **Establishes a foundational framework and model for curriculum design**
- » Provides structure for longitudinal curriculum*
- » Sets benchmarks across educational programs nationwide*
- » **Helps achieve compliance criteria with accreditation standards**
- » Stimulates patient-centered or person-centered collaborative care
- » Promotes professional development preceptor training
- » **Adapts to both educational and clinical programs**
- » Enables shared language between programs and their individual needs
- » Endorses consistent assessment, measurement and evaluation

2. Challenges

Some attendees discussed challenges to the current Core Competencies. Feedback centered mostly on the operational aspect of teaching the Core Competencies.

Challenges to the 2016 IPEC Core Competencies are as follows.

Content

- » **Lack of gradation and learning progressions**
- » Need to address the K/S/A for learners
- » Reflective of individual disciplines competencies
- » **Imbalance in assessment weighting across different disciplines**

Usage

- » Complications in implementation across multiple settings
- » **Time limitations and scheduling issues**

- » Pushback by both students and faculty
- » Faculty discomfort with IPECP techniques
- » High faculty workload
- » Lack of faculty development in understanding and teaching IPECP
- » Inconsistent administrative and financial support

3. Opportunities

Most attendees indicated that they are users of the IPEC Core Competencies and referred to varying levels of learners. Participants shared opportunities for expanding the relevance and breadth of the Core Competencies to enhance the development of IPECP initiatives.

Opportunities for future IPEC Core Competencies are as follows.

Format and Organization

- » **Outline competency levels for progression and sequencing**
- » Build a culture of interprofessionalism throughout different levels of learning*
- » **Expand competencies into capabilities of health professionals**
- » **Ensure consistent use of SMART (Specific, Measurable, Attainable, Realistic, and Time-bound) objectives**
- » Provide context and rationale around issues surrounding each competency*
- » Standardize platform selection to increase opportunities for collaboration across departments

Content

- » **Include priorities, including but not limited to: justice, anti-racism, diversity, equity and inclusion, well-being, and community engagement**
- » **Discuss issues of power and hierarchy when addressing inequality**
- » Address building inclusive environments within interprofessional teams*
- » Support social-emotional learning, mental wellness, and resilience*
- » Broaden interprofessional communication to encompass non-verbal skills
- » Consider personality and interpersonal skills
- » Review overall framework at a global health level

Use and Engagement

- » Examine interactive learning methods for IPE, including seminar-based learning, observation-based learning, problem-based learning, simulation-based learning, practice-based clinical placement learning, e-learning, and blended learning
- » **Explore sustainability efforts related to financing, funding and remuneration, workforce planning, structures, and policies**
- » Engage faculty in framework design and development of learning objectives

- » Provide compelling incentives for faculty investment and participation
- » Use as a “common language” for other professional organizations and accreditation bodies*
- » **Demonstrate relevance and importance beyond current groups to extend to other professions such as Law, Education, Engineering, Business, Arts, etc.**
- » Partner and connect with other disciplines, for example Criminal Justice, Urban Planning, Ministry, etc.*
- » Highlight IPE’s role in public health and emergency or disaster health*
- » **Develop tools for planning, practicing, and evaluating interprofessional facilitation within the classroom and clinical setting**
- » Emphasize Core Competencies through community-based service learning to address impact of social determinants on health*

Virtual Learning

- » Incorporate telehealth strategies and technologies*
- » Integrate immersive simulation in teamwork learning*
- » Advise creation of interactive experiences for asynchronous online learners

Assessment

- » **Contribute tools and resources for student assessment**
- » **Generate consensus on assessment of interprofessional learning within various disciplines**

4. Threats

During this breakout session, participants identified several potential barriers to future Core Competencies and to achieving IPECP.

Threats of the 2016 IPEC Core Competencies are as follows.

Content

- » **Overwhelming number of sub-competencies**
- » Not representative of all care professions
- » Varying interpretations of equality and equity*

Academic

- » **Lack of dedicated funds and institutional support**
- » Insufficient faculty understanding, experience, and buy-in*
- » Competing academic priorities
- » **Inadequate support for transition of education and clinical practice**
- » **Scheduling difficulties and differences in training program structure**
- » Coordination of authentic, faculty-facilitated IPE experiences

Teaching and Learning

- » Translation of IPE experiences to the practice setting

Environmental

- » **Impact of COVID-19 on higher education and healthcare systems**
- » Overlying complexities of multiple competency sets (programmatic, discipline, national, etc.)*
- » **Classification of IPE in accreditation standards**
- » Implications of changing healthcare landscape
- » Scope of practice boundaries

5. Use

Attendees in this breakout room topic shared their application of the IPEC Core Competencies at their home institutions. Overall, the Core Competencies are used in the planning, implementation, and assessment of IPECP activities.

Uses of the current 2016 IPEC Core Competencies are as follows.

- » **Adopted in core curriculum design**
- » **Embedded in program to meet accreditation requirements**
- » Linked to IPE training and teamwork exercises
- » Developed as part of first didactic exposure
- » **Integrated into assessment tools**
- » Merged into peer mentoring practices and self-evaluation across disciplines
- » Incorporated as part of IPE certificate program

6. Outcomes

To gauge the impact of the Core Competencies, participants were asked to share whether the interprofessional competencies used by their program were connected to assessment of learning or program outcomes.

Many agreed on the use of formative assessment strategies to evaluate student learning in the classroom, experiential, and IPE settings. However, groups also acknowledged the lack and difficulty of implementing summative assessment tools, particularly in clinical environments. Additionally, whereas there are many uni-professional assessment tools, it is difficult to assess the knowledge and competency levels of various team members in a formal assessment setting.

Specific instances where the Core Competencies were used include:

- » In pre- and post-surveys using the Interprofessional Socialization and Valuing Scale (ISVS-21) or the Interprofessional Collaboration Competency Attainment Survey (ICCAS);
- » In a modified masters tool for observation which related to individual and team evaluation; and
- » In university-wide curriculum design.

Although most attendees reported using a mixed methods approach to determine IPE awareness, all believe that more qualitative data is needed to assess experiences with IPE and IPC. Others expressed the need to measure the impact of IPE on person- and community-centered outcomes.

7. Gaps

Attendees acknowledged several limitations of the existing set of interprofessional competencies and performed a gap analysis to improve and optimize the IPEC Competency framework.

Gaps of the 2016 IPEC Core Competencies are as follows.

Content

- » **Structure and organization of competency levels of proficiency**
- » Absence of observable behaviors to indicate competence
- » **Critical topics around health disparities and health equity**
- » **Importance of servant leadership and collaborative followership**
- » Omission of professional and cultural humility training*
- » Issues of gender, ethnicity, class, socioeconomic determinants, age, disability, and race*
- » **Concepts of psychological safety in relation to issues of power, hierarchy, respect, and role dynamics**
- » Building of individual and team resilience
- » Support of positive interdependence and synergistic interaction

Usage

- » **Specificity around program needs to meet sub-competencies**
- » **Guidance on assessment at various stages of the curriculum**
- » Adaptability and awareness of new models of practice
- » Emphasis in practice versus the classroom*
- » Lack of exemplars in outpatient care

Development

- » **Co-design with learners and patients**
- » **Engagement of shared decision-making with patients and families**
- » Development of an interprofessional root cause analysis
- » Training tools and application to practice standards
- » Implications for achieving the Quadruple Aim

Relevance

- » Applicability to other fields such as behavioral health
- » Approach to public and population health*
- » Incorporation of veterinary and agricultural disciplines
- » Improvement of digital literacy and health outcomes

Systems

- » Describe interconnectedness of systems thinking
- » Build capacity for partnership among patients, families, and communities*
- » Creation of change agents for IPE and practice*
- » Reimagining of healthcare innovation

Post-pandemic

- » Widening of experience-complexity gap
- » Increase of simulation, telemedicine, and telehealth training

8. Suggestions

Six of the sixteen breakout group discussions centered on potential changes for the IPEC Core Competencies. The top recurring suggestion was to provide more guidance on how to use the IPEC Core Competencies in one's teaching and for optimal student learning.

Additional recommendations follow.

Format and Organization

The IPEC framework set is large and iterating with other competency sets and priorities is difficult.

Participants recommended that IPEC:

- » **Trim down the number of sub-competencies**
- » Identify which sub-competencies are most relevant to different teaching and learning settings, such as experiential and clinical versus didactic*
- » Operationalize the competencies to help identify learning outcomes*

- » **Scaffold education content, assessment, and faculty development**
- » Define verbiage
- » Apply master adaptive learning model
- » Build stages to competencies based on level of education and clinical experience
- » Consider how these competencies fit into post-graduate education such as residencies and fellowships*
- » Shift the language in the core and sub-competencies to “person” and other stakeholders

Content

As the movement for social accountability and health equity continues to build momentum, the revision of the IPEC Core Competencies provides a window of opportunity to unite health professions educators, students, and practitioners around IPE and collaborative practice.

Participants would like the future Core Competencies to:

- » **Include ADI (Anti-Discrimination, Diversity and Inclusion) issues**
- » **Align with complex care in creative ways to incorporate DEIA (Diversity, Equity, Inclusion and Access)**
- » Contain specific language to recognize bias and microaggressions
- » Address the broader related constructs of patient safety, valuing diversity, team science, and cultural humility
- » Add leadership and followship as its own domain or as an overarching recognition*
- » Challenge common misconceptions of other professions
- » Include the concept of lifelong learning
- » Integrate population health informatics, data analytics, and telemedicine*

Use and Engagement

The coronavirus pandemic has underscored the importance of interprofessional learning as a critical component of health care quality and equity. Innovative approaches and partnerships are needed to further cultivate IPECP.

Attendees hope that the revised IPEC framework will:

- » Communicate value and importance of the Core Competencies
- » Create mechanisms for faculty development and engagement*
- » **Contain the valuable input of patients and families**
- » **Align with curriculum and accreditation standards**
- » Coordinate with oversight processes like licensure, certification, and/or renewal
- » **Incorporate non-traditional health professions to foster interconnectivity with other disciplines**
- » Lead to identification of IPEC Champions to strengthen the IPE community
- » Bridge the gap between educators and preceptors

Support and Resources

Faculty are already struggling with COVID-related stresses and will be challenged to adapt to additional changes, including a revised set of IPEC Core Competencies. Therefore, support and resources are needed.

Users are looking for the competencies to facilitate alignment, integration, and full inclusion of all participating professions in their programming. Ideally, the new IPEC Core Competencies would include materials to help educators and preceptors to deploy and teach IPECP efficiently and correctly and assist health systems operationalize IPECP.

Potential toolkits and guidelines could include:

- » A compilation of validated and reliable assessment tools
- » A list of exemplars of formative and summative IPE assessments
- » A curricular map for all IPEC member professions
- » A linkage map of accreditation standards

Other Comments

Participants offered additional observations and proposals. Attendees encouraged IPEC to:

- » Conduct a literature review to focus research and to provide evidence to strengthen the case for IPE
- » Develop a module or training video that standardizes the foundational knowledge of students prior to starting a health professional school