

COMMENTARY

Leveraging the Interprofessional Education Collaborative (IPEC) Competency Framework to Transform Health Professions Education

Joseph A. Zorek, PharmD,^a Jeff Lacy, MLIS,^b Christine Gaspard, MSLS,^b Ghaidaa Najjar, PharmD, PhD,^c Jens Eickhoff, PhD,^d Kelly R. Ragucci, PharmD^e

^a University of Texas Health Science Center at San Antonio, School of Nursing

^b University of Texas Health Science Center at San Antonio, Briscoe Library

^c University of Michigan Center for Interprofessional Education

^d University of Wisconsin–Madison, School of Medicine and Public Health

^e American Association of Colleges of Pharmacy, Arlington, Virginia

Corresponding Author: Kelly R. Ragucci, American Association of Colleges of Pharmacy, 1400 Crystal Drive, Suite 300, Arlington, VA 22202. Tel: 703-739-2330. Email: kragucci@aacp.org

Submitted February 18, 2021; accepted May 20, 2021; ePublished June 2021

Interprofessional learning experiences prepare future health care professionals for enhanced team-based care of patients and improved population health outcomes. The Interprofessional Education Collaborative's (IPEC) core competencies have become the gold standard for planning, implementation, and assessment of IPE activities. However, the IPEC framework is inconsistently applied across institutions. The IPEC Board of Directors decided to formally address this issue through the development of an institutional assessment instrument. This instrument would leverage IPEC competencies to identify institutional characteristics tied to the successful implementation of programmatic IPE. IPEC partnered with the University of Texas Health Science Center at San Antonio in this effort. A panel of nationally recognized experts in IPE was formed to contribute to the instrument development process. While demonstrating a need for such an instrument, this commentary also encourages institutional IPE leaders across the United States to volunteer as item pilot testers, a critical step in the instrument development process.

Keywords: interprofessional, education, IPEC, core competencies, instrument, assessment

In 1999, the Institute of Medicine (IOM) reported on the deficiencies in interprofessional coordination, communication, and teamwork within the health care delivery system in the United States.¹ Although important progress has occurred since the IOM report was published, interprofessional education (IPE) and teamwork remain inconsistently implemented and assessed across institutions. A national infrastructure now supports a transformation in IPE. Three key organizations have emerged and collaborated over the last decade: (1) the Interprofessional Education Collaborative (IPEC), comprised of 21 professional associations representing most health-related colleges and schools in the US;² (2) the Health Professions Accreditors Collaborative (HPAC), comprised of 25 accrediting bodies in the health professions;³ and (3) the National Center for Interprofessional Practice and Education (the National Center), a public-private partnership dedicated to serving the country as an unbiased, neutral convener, which also serves as the home of the American Interprofessional Health Collaborative.⁴

The mission of IPEC is to promote and encourage interprofessional learning experiences to help prepare future health professionals for enhanced team-based care of patients and improved population health outcomes. IPEC's expert panel report, "Core Competencies for Interprofessional Collaborative Practice," is recognized as the nation's leading framework to guide planning, implementing, and assessment/evaluation of IPE activities and programming. The four IPEC core competencies focus on Interprofessional Teamwork and Team-based Practices, Roles and Responsibilities for Collaborative Practice, Values/Ethics for Interprofessional Practice, and Interprofessional Communication Practices. Each of these four core competencies are supported by 8 to 11 sub-competencies. Academic administrators, educators, and researchers have applied these sub-competencies in myriad ways, including the routine practice of converting select IPEC sub-competencies into learning outcomes based on local needs/interpretations, which has created inconsistencies in utilization. Some institutions have also superimposed categorization systems onto the IPEC framework to structure longitudinal approaches.⁵ Inconsistencies have appeared in research, as well, particularly in the development of student learning outcome measures.⁶ This broad uptake and diversity in utilization reinforces the value and importance of the

framework, but also highlights challenges. Due to the framework's inconsistent application, attempts to get all types of programs, from all types of professions, at all types of institutions moving in the same direction have been delayed.

The IPEC Board of Directors decided to formally address this issue through the development of an assessment instrument that would leverage IPEC competencies to identify institutional characteristics tied to successful implementation of programmatic IPE, including the capacity for students to engage meaningfully on teams in interprofessional clinical learning environments. Member institutions have expressed a need for such a tool, developed by IPEC and anchored in the IPEC framework, to assess the maturity level of institutional IPE efforts. Individual administrators, educators, and researchers have developed IPEC-based solutions based on local needs. However, to transform the health professions education enterprise on a larger scale, a consistent mechanism to implement IPEC competencies in a longitudinal manner is needed. To address this problem, IPEC sought partnership with the University of Texas Health Science Center at San Antonio (UT Health San Antonio) based upon their commitment to transform IPE using IPEC's competencies as a shared framework. This commitment is demonstrated through the university's Quality Enhancement Plan, Linking Interprofessional Networks for Collaboration (LINC), which seeks to integrate IPEC-focused IPE activities into all programs' curricula across five schools using recommendations from the HPAC-National Center guideline as a roadmap.^{7,8}

Demonstrating the Need for and Process of Instrument Development

Development of the IPEC institutional assessment instrument began with a scoping review to identify similar instruments in the peer-reviewed literature. The research investigators developed a search strategy around the question: "In higher education for the health professions, how do institutional leaders use IPEC core competencies to assess the quality and effectiveness of IPE programs?" The following inclusion criteria were applied: 1) set in higher education for health professions, 2) topically relevant to the assessment of IPE at the institutional level, 3) based on the IPEC core competencies, and 4) published in a peer-reviewed journal. Two independent reviewers screened the title and abstract of each identified record against inclusion criteria. Of the 469 records identified through our search, no peer-reviewed publications were identified to inform the research question. This finding further reinforced the relevance and importance of the project and for developing such an instrument.

Forming an interprofessional panel of nationally recognized experts in the field of IPE was one of the first steps of the process. Eligibility criteria included formal administrative appointment as a designated university-wide IPE leader and demonstrable IPE expertise via peer-reviewed publication record and letters of support. Panelist selection was also guided by an explicit desire for diversity in terms of geography and professional affiliation, as well as a commitment to spearhead future pilot testing of multiple iterations of the instrument at their institution. An expert panel of 16 individuals was ultimately selected to join our team from a competitive pool of 52 applicants (Table 1).⁹

Using a modified Delphi technique, the experience and wisdom of the expert panel will be leveraged to generate a pool of testable items intended to capture the institutional characteristics, structures, and processes that collectively inform the depth to which IPEC core competencies can be achieved.¹⁰⁻¹⁴ A structured dialogue exploring experts' opinions and perspectives will yield a set of potential items for inclusion into the IPEC institutional assessment instrument. The size and composition of the expert panel were strategically selected to align with evidence-based recommendations to maximize validity of items produced.^{15,16} Once finalized, the pool of items will then be administered to a convenience sample of institutional IPE leaders recruited from across the United States. Responses will be subjected to exploratory factor analysis (EFA) to generate the alpha version of the instrument.¹⁷ A target sample size of 100-200 participants is proposed based on feasibility considerations and sample size guidelines for instrument development.¹⁸

CONCLUSION

Designated IPE leaders at academic institutions throughout the United States represent the targeted end user group of the IPEC institutional assessment instrument. We envision, for example, that Chancellors/Vice Chancellors, Presidents/Vice Presidents, Provosts/Vice Provosts, and Directors of university-wide IPE Centers and Offices will utilize this instrument to understand the maturity of IPE programming on their campuses. This target presents a challenge in terms of instrument development, as the pool of individuals who hold these positions is, relatively speaking, small. As a result, we anticipate a challenge recruiting a sufficient sample size of designated IPE leaders to pilot test the instrument, which we must do to generate a sufficient dataset to perform the psychometric analyses necessary to produce a valid and reliable instrument. We write this commentary to demonstrate both the need for such an instrument, considering the lack of published data in the literature, as well as to implore universities to share this paper with IPE leaders who may be willing to volunteer to participate in the forthcoming validation study. This will be necessary to move IPE assessment forward at the institutional level to transform health professions education.

ACKNOWLEDGMENTS

The authors would like to acknowledge the Josiah Macy Jr. Foundation for supporting this project through Macy President's Grant P21-01.

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Table 1. IPEC Institutional Assessment Instrument Expert Panel^a

CO-CHAIRS

Kelly Ragucci, PharmD, FCCP, BCPS	American Association of Colleges of Pharmacy
Joseph Zorek, PharmD, BCGP, FNAP	University of Texas Health Science Center at San Antonio

MEMBERS

James Ballard, EdD, MS	University of Kentucky
Amy Blue, PhD	University of Florida
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Barret Michalec, PhD	Arizona State University
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Andrea Pfeifle, EdD, PT, FNAP	Ohio State University
Janet Southerland, DDS, MPH, PhD	University of Texas Medical Branch
Frances Vlasses, PhD, RN, ANEF, FAAN	Loyola University Chicago
Veronica Young, PharmD, MPH, FNAP	University of Texas at Austin
Meg Zomorodi, PhD, RN, ANEF, FAAN	University of North Carolina at Chapel Hill

^a Listed in alphabetical order by last name

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