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### **2019 Update: Developing Quality Interprofessional Education for the Health Professions**

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# 2019 Update: Developing and Assessing Interprofessional Education for the Health Professions

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The phrase “**interprofessional practice and education**” (IPE) is a way to create a shared space between interprofessional education, interprofessional practice and collaborative practice. This is the “**new**” definition of IPE.

## The new IPE

Traditionally, IPE has referred to interprofessional education that “occurs when two or more professions (students, residents and health workers) learn with, about, and from each other to enable effective collaboration and improve health outcomes.”

The “new” IPE is not about education for education’s sake. It’s about improving health, creating support systems and trying different models of practice. It intentionally supports people – including health professionals, health workers, students, residents, patients, families and communities – to learn together every day to enhance collaboration and improve health outcomes while reducing costs.

## Quality IPE includes the following 4 characteristics:

1. Rationale: The IPE plan has a vision, framework, and justification
2. Outcome-based Goals: Allows for assessment of students’ achievement of objectives and interprofessional competencies
3. Deliberate Design: Intentionally designed and sequenced series of classroom, extracurricular, and clinical learning activities integrated into the existing professional curriculum
4. Assessment and Evaluation: Methods to assess individual learners’ mastery of interprofessional competencies

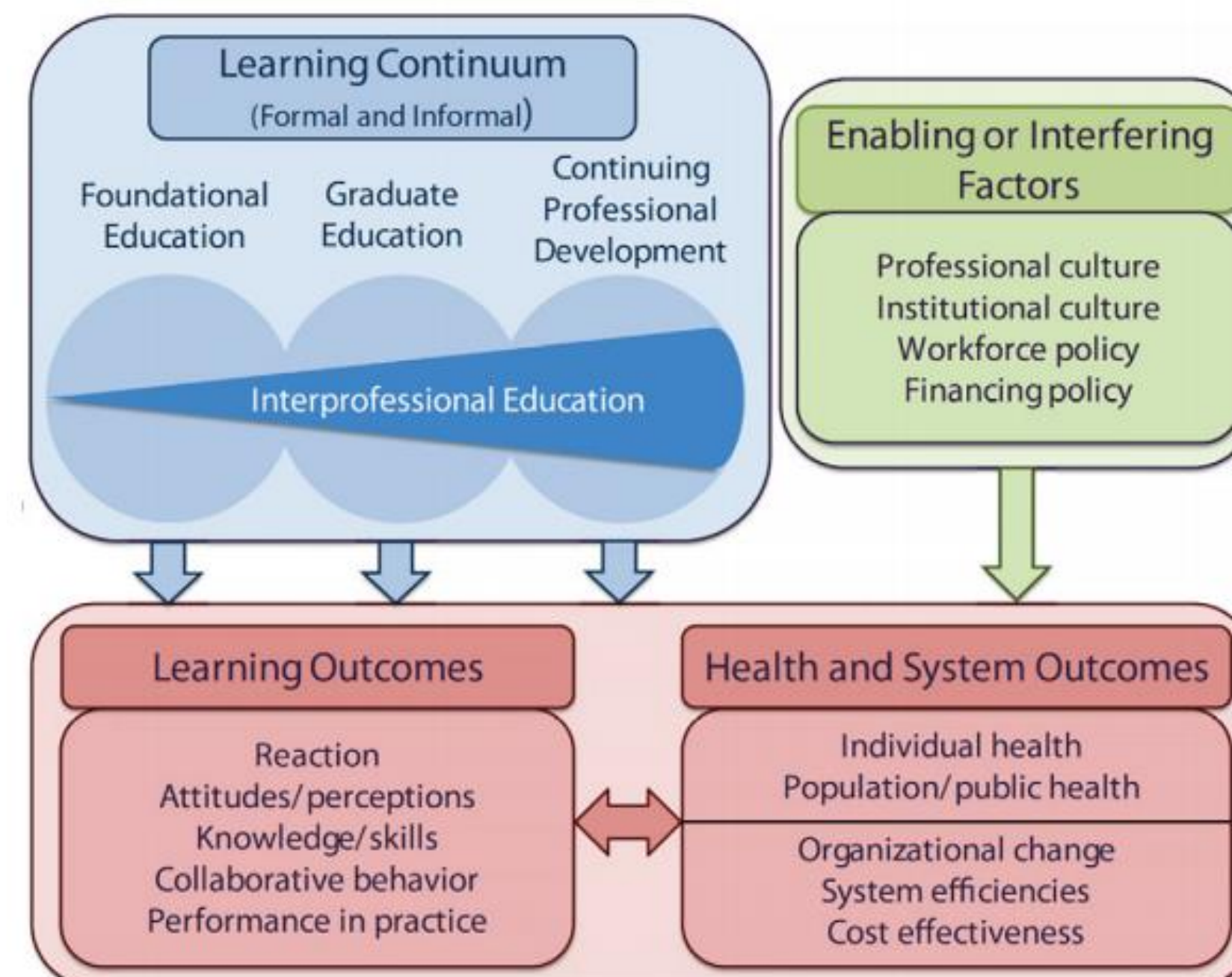
KNOWLEDGE	SKILLS	BEHAVIORS	AFFECTIVE STATES
<b>Knowledge of...(e.g.)</b> <ul style="list-style-type: none"> <li>• Own profession</li> <li>• Other professions</li> <li>• Job duties</li> <li>• Cost-effective care</li> <li>• Patient centered care</li> <li>• IPCP care pathways</li> <li>• Quality measures</li> <li>• Teamwork</li> <li>• Patient safety</li> <li>• Health care systems</li> <li>• Triple Aim</li> </ul>	<b>Skilled in...(e.g.)</b> <ul style="list-style-type: none"> <li>• Pager etiquette</li> <li>• Hand-off transitions</li> <li>• EMR documentation</li> <li>• Patient safety protocols</li> <li>• Leading effective team meetings</li> <li>• Communication</li> <li>• Conflict negotiation</li> <li>• Collaborative practice, leadership</li> </ul>	<b>Demonstrates...(e.g.)</b> <ul style="list-style-type: none"> <li>• Professionalism</li> <li>• Ethical decision making</li> <li>• Timely consults</li> <li>• Collaborative decisions for care transitions</li> <li>• Effective end of life family conferences</li> </ul>	<b>Has...</b> <ul style="list-style-type: none"> <li>• Attitudes</li> <li>• Beliefs</li> <li>• Feelings</li> <li>• Perceptions</li> <li>• Self-confidence</li> <li>• Self-efficacy</li> <li>• Locus of control</li> </ul>

**Lack of assessment tools with relevance to IPE is not the problem. Understanding their reliability, validity, and utility is.**

There are many possible things we may want to assess with IPE. We typically focus on outcomes we wish to change in our learners, i.e.: knowledge, skills, behaviors, and affective states. A majority of IPE assessment tools are designed to measure attitudes, and most are subjective (vs. objective) in nature. As such, there is a lot we are not measuring with IPE.

Many IPE evaluation tools can be found on the Canadian Interprofessional Health Collaborative (CIHC) website (<http://www.cihc.ca>) and on the National Center’s Resource Exchange website [<https://nexusipe.org/measurement-instruments>]

## The Institute of Medicine Interprofessional Learning Continuum Model



## For More Information:



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