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Critically Appraised Topic: The Use of Interprofessional Practice in Occupational Therapy

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Focused Question

Will an official document for occupational therapy practitioners and other allied health professionals benefit interprofessional collaborative practice in all settings of practice and if so, what would be included in this document?

Clinical Scenario

Theoretical Lens

The theoretical lens of the Ecological of Human Performance model (EHP) (Dunn et al., 1994) was used to understand why interprofessional collaborative practice is essential to occupational therapists and other health sciences across various settings. The EHP model is an occupational therapy theory model that emphasizes the importance of context on an individual's occupational performance and their range to perform in (Dunn et al., 1994). EHP is used to describe the environmental effects on *performance range*, in this case, effective interprofessional practice used by occupational therapists and other healthcare stakeholders, to identify the factors that limit and support quality care. Quality care is safe, effective, patient-centered, timely, efficient, and equitable (Boscart et al., 2019). These environmental factors include the lack of learning in professional programs, cohesiveness in various health science fields, and resources specifically for interprofessional collaborative practice rather than smaller models based off of it. We sought to discover these factors' influence on the care provided by healthcare professionals, occupational therapists specifically, to synthesize the importance of interprofessional collaborative practice in healthcare and what could change to better the care for all patients.

Interprofessional Practice

Several terms have been used to describe the process of interprofessional collaborative practice including interprofessional, multidisciplinary, interdisciplinary, and transdisciplinary. These terms are typically used interchangeably without definition. Interprofessional practice (IP) has been characterized by the focus on the professional's needs, shared goals and objectives, complementary skills and interdependence of professional actions, negotiation among professionals, shared decision making, shared accountability, mutual respect and trust, and acknowledgement of the roles and responsibilities of each professional group (Sangaleti et al., 2017). Multidisciplinary practice is the process in which professionals from different disciplines practice independently, using skills specific to their discipline, creating a team that is not purposefully coordinated or integrated (Pfeiffer et al., 2019). Interdisciplinary practice is the process in which the professionals from different disciplines perform assessments and interventions independently; however, there is more communication and the goals for treatment are developed together (Pfeiffer et al., 2019). Transdisciplinary practice is the process in which professionals from the different disciplines work together throughout the entire treatment process, utilizing interdependence to meet client needs (Pfeiffer et al., 2019).

Medical Errors in Healthcare

Medical errors and preventable adverse events occurring in healthcare are estimated to be the third leading cause of death in the United States, with approximately 400,000 deaths per year

(Institute of Medicine, 2000; Makary & Daniel, 2016). Adverse events are injuries caused by medical management rather than underlying diseases or conditions of the patient; whereas medical error is the failure of a planned action to be completed as intended or the use of the wrong plan to achieve a goal (Institute of Medicine, 2000). There are four categories of errors--diagnostic, treatment, preventative, and a miscellaneous category; the miscellaneous category includes failure of communication, equipment failure, and other system failures, all of which contribute to diagnostic, treatment, and preventative errors (Institute of Medicine, 2000). Medical errors and adverse events cause harm to patients, create distrust in the healthcare system, and cost approximately $20 billion per year (Rodziewicz et al., 2021). IP works to decrease medical errors and preventable adverse events while improving the individual experience of care, improving the health of populations, and decreasing the cost of care (Makary & Daniel, 2016).

Interprofessional Collaborative Practice in relation to Health Science's Curriculum

Occupational therapy is a broad field within the constantly growing healthcare system. Occupational therapy practitioners work closely with a variety of professions including physicians, nurses, social workers, physical therapists, speech pathologists, and teachers (Ogletree & Brady, 2017). With a profession as broad as occupational therapy, there are many different areas and individuals with whom occupational therapists work. The settings in which occupational therapists work include academia, community, early intervention, freestanding outpatient, home health, hospital, skilled nursing facilities, mental health, schools, as well as driving programs and work programs (AOTA, 2020, p. 13). Occupational therapists in different settings will work with different disciplines; school-based occupational therapists will not work with the same disciplines as occupational therapists working in a skilled nursing facility. Despite occupational therapists working with several different healthcare disciplines, the knowledge about the profession is very limited among the interdisciplinary team. Alotaibi et al. (2019) found that the philosophy of occupational therapy is better understood than the profession's areas of practice and domains.

Interprofessional collaboration is something that is expected of all occupational therapists. With interprofessional collaborative practice being crucial for the client-centered model, it is interesting that there is a lack of teaching professionals how to collaborate interprofessionally (Ogletree & Brady, 2017). Like many other professional health science programs, occupational therapy has a governing body that has set expectations of interprofessional collaborative practice being taught as part of the curricula (Ivey et al., 2018). With a seeming lack of proper education in the area of interprofessional collaborative practice, novice practitioners are graduating without proper knowledge on how to be a practitioner that practices interprofessional collaboration. Graduate and baccalaureate health science programs are working to combat the lack of interprofessional collaborative practice (Liaw et al., 2019).

Interprofessional Collaborative Practice in relation to various Healthcare Professionals and Settings

The use of interprofessional collaborative practice varies across healthcare settings; for example, school-based and other education professionals are required by employers, national

organizations, and federal mandates to collaborate with others (Pfeiffer et al., 2019). In hospital settings, professionals try to implement collaborative practice processes but it is not required by law to follow (Pfieffer et al., 2019). As the profession of occupational therapy has a multitude of settings for practice, it can become difficult to transfer from one specialty to another, especially if the interprofessional collaborative practice changes vastly with it.

In the setting of nursing homes, one main barrier that limits the ability of a care team to support residents' care and quality of life are major skills misaligning so the staff functions independently as opposed to working as a team (Boscart et al., 2019). In a psychiatric hospital, all aspects of the patient's life are affected; the treatment requires participation from a diversity of healthcare professionals working together in specialized teams (Marcussen et al., 2020). However, collaboration among team members is often fraught with problems, affecting the quality of care in terms of poor service delivery, low patient satisfaction, and error in these types of settings (Marcussen et al., 2020). Interprofessional conflict and medical errors in the workplace must be regarded as warning signals of dysfunctional working relationships in medical care (Baldwin & Daugherty, 2008). The lack of communication can be detrimental to the care that patients receive from occupational therapists and other healthcare professions.

An occupational therapist using an interprofessional collaborative practice document from another healthcare care profession would not align with the skills and knowledge that therapists need to be successful in their own area of practice. This can create a lack of understanding between healthcare professionals as well as affecting the overall cohesiveness of care for a patient. Healthcare professionals have different disciplinary roots and organizational attachments associated with distinctive conceptions of clients, their needs and appropriate responses (Notko et al., 2021). Each profession has its own jurisdiction or scope of practice, which influences the delivery of services and can create silo-like decisions of professional responsibilities (Notko et al., 2021). Because there are multiple healthcare professionals on one team, it is crucial for there to be IP to bring in all aspects and understanding of the roles and responsibilities of care team members.

Interprofessional Models

Theoretical models are used in several disciplines to guide practice. The models provide core constructs to the practice of the discipline and key terms used by practitioners. IP has been successfully guided by theory and several models, including an interprofessional education (IPE) model based on the transtheoretical behavior model (TTM), the Interprofessional Model of Practice for Aging and Complex Treatments (IMPACT), and the Midwest Model of Interprofessional Practice, Education, and Research (MMIPERC) (Keshmiri et al., 2017; Medlock et al., 2011; Nagelkerk et al., 2017). The TTM based IPE model is based on the three stages of attitude, intention, and action, and the educational components of the stages and processes of change (Keshmiri et al., 2017). Attitude emphasizes understanding the necessity of IP, intention emphasizes competency in implementing effective IP, and action focuses on putting the stages of attitude and intention into practice (Keshmiri et al., 2017). The IMPACT model encourages each care team member to assume three roles: clinician, educator, and co-creator (Medlock et al., 2011). The clinician role serves the clients and their families; meanwhile, the educator and co-creator roles serve the other clinicians, providing information, support, and

guidance in collaboration to provide the best care (Medlock et al., 2011). A key step in this model is sharing information with all care team members to reduce the client's experience of repetition-- a common occurrence in the traditional model of care (Medlock et al., 2011).

The focus of the MMIPERC model is patient-centered care and proposes this is achieved through the competencies of interprofessional teams, informatics, quality improvement and evidence-based practice; and the competency domains of interprofessional collaboration, values and ethics, understanding of roles and responsibilities, and teamwork and team-based care (Nagelkerk et al., 2017). The model has six targeted outcomes, including the scope of practice for each discipline, collaboration, communication, interprofessional socialization, organizational behavior, and the Triple Aim of healthcare (Nagelkerk et al., 2017). Despite the three models presented and countless others that have been implemented, there is not one model that has been used across all settings in guiding interprofessional collaboration-- nor is there an official guiding document that may encompass all settings of work.

Purpose Statement

The purpose of this critically appraised topic paper is to synthesize information pertaining to the advantages and disadvantages of IP and determine if there is a need for an official document to guide occupational therapy practitioners on interprofessional collaborative practice across all settings of the medical workplace.

Methodology

Articles Reviewed

An initial literature search was conducted from March 3rd, 2021 - March 24th, 2021. The academic databases utilized in the search were PubMed and CINAHL Complete. The total number of articles that were researched was 32 based on the search terms, from the Boolean search method, *interprofessional practice, interdisciplinary, education, models, health sciences, occupational therapy, barriers, collaboration, medical errors, advanced medicine, official document*. These articles were then narrowed down to 18 because of limitations, including articles outside of the United States, non-healthcare related, and scholarly articles only.

The type of articles used in this critically appraised topic is a mixture of qualitative and quantitative designs to ensure the levels of evidence varied among studies. The qualitative studies provided insight into experiences of healthcare professionals and clients using IP, where quantitative showed facts in numbers from studies. The articles were grouped into three categories for research and data analysis: education, health sciences, and models. Specific designs used from the education grouped articles were pretest-posttest, case reports and series, and cross-sectional studies. The designs used from the health sciences articles were a spread of surveys, systematic reviews, mixed design, exploratory case study, and meta-analysis. Lastly, the designs used from the model grouped articles included pretest-posttest, narrative reviews, systematic reviews, and surveys. A layout of the types of articles and level of evidence can be shown in Table 1. Articles were not used if they were older than five years unless the information fit the area searched and the level of evidence was high.

Table 1
Types of Studies Used for Critically Appraised Topic

Study Design	**Number of articles used**	**Citations**
Case Reports and Series	2	(Notko et al., 2021; Ogletree et al., 2017)
Cross-sectional Study	1	(Alotaibi et al., 2019)
Mixed Methods	2	(Boscart et al., 2019; Prast et al., 2015)
Narrative Review	2	(Medlock et al., 2011; Nagelkerk et al.,2017)
Non-randomized control trial	1	(Marcussen et al., 2020)
Pre-test post-test	4	(Ivey et al., 2018; Keshmiri et al., 2017; Liaw et al., 2019; Weiner et al., 2020)
Survey	3	(Baldwin & Daugherty, 2008; Moilanen et al., 2020; Pfeiffer et al., 2019)
Systematic review	3	(Guraya & Barr, 2018; Reeves et al., 2013; Sangaleti et al., 2017)
Level of Evidence		
I	3	
II	1	
III	4	
IV	3	
NA	7	

Quality of Evidence

The population within the articles ranged between various interdisciplinary teams other than occupational therapy, which were nursing (Liaw et al., 2019), physical therapy (Weiner et al., 2019), speech pathology (Liaw et al., 2019), education (Pfeiffer et al., 2019), etc., to ensure a

wide range of data around the effects of IP in healthcare (Liaw et al., 2019). Limitations found are the lack of knowledge on IP, studies on occupational therapy use of IP specifically, and the use of IP in all professional settings. We did not participate in any of these studies for this critically appraised topic, and we are unable to conclude definitely on actual behavior in the interprofessional collaboration process.

Appropriateness for Audience

The content reviewed for this critically appraised paper of IP was within the scope of occupational therapy practice and the other health sciences that therapists would work alongside in various settings. We are occupational therapy doctoral students, but we looked at the use of IP in various health science settings to analyze if an official document would be beneficial specifically for the area of occupational therapy and its practitioners.

Synthesis of Evidence Review

The following evidence review includes a detailed review of the different ways that IP is being used in many areas of occupational therapy, including the graduate school curriculum as well as a plethora of settings in which occupational therapists work. The models that help guide IP are discussed and categorized as beneficial as well as negative for their use and applicability to IP.

Implementing Interprofessional Practice in Education

Occupational therapy graduate schools around the country are working to integrate positive Interprofessional education (IPE) into the curriculum. Different programs are taking different approaches to incorporate IP into the curriculum. With these different approaches come slightly different outcomes; however, the overarching commonality is that IPE is positively benefiting the students involved.

Graduate programs are incorporating IP simulation to mimic what collaboration would be like in practice. The use of simulation, which included occupational therapy and physical therapy programs, was reported to be a positive experience that helped students as novice practitioners find their role on the healthcare team (Weiner et al., 2020). Simulation proves to be a positive addition to occupational therapy student's education. The use of technology to simulate IP was used with students from the school of medicine, nursing, pharmacy, physiotherapy, occupational therapy, and social work. The use of technology among different professions can help create IP knowledge prior to leaving the program and entering the workforce (Liaw et al., 2019). A different approach that programs are attempting to take is to immerse dietetics, medical and occupational therapy students into low-income and impoverished communities. While the study found that the students were driven to work interprofessionally while they were on sight, the mentality soon faded after returning to the typical hospital and school environment. This combination of information is leading to the importance of a standard type of IPE weaved into all doctoral occupational therapy programs. The evidence is clear that there is a positive correlation between the integration of interdisciplinary education into graduate curriculum and the rate of understanding and appreciating the need for interdisciplinary practice once in practice. An

overarching framework to guide occupational therapy practitioners and other allied health clinicians through the process of interprofessional collaboration, is likely to include the ways that curriculum design benefit the students.

Interdisciplinary Professions Using Interprofessional Practice

There is a need for health professionals to work effectively in interprofessional teams to deliver safe, effective and efficient health care. IP has shown to increase patient-reported satisfaction and mental health status at discharge than those who received care from health professionals that did not participate in IP (Marcussen et al., 2020). The effects of professional practice and health care outcomes were researched in a systematic review of 15 studies that indicated that IP produced positive outcomes in diabetes care, emergency department culture, patient satisfaction, collaborative team behavior, reduction of clinical error rates for emergency department teams, collaborative team behavior in operating rooms, management of care delivered in cases of domestic violence, and mental health practitioner competencies related to the delivery of patient care (Reeves et al., 2013). The optimal use of skills of each healthcare team member is impacted by the learner's attitudes, knowledge, and skills of collaboration with various settings (Reeves et al., 2013).

In a cancer care setting, a survey was given to a healthcare team to identify their thoughts and perceptions revolved around interprofessional collaboration and the knowledge they have in support of the development of collaborative practice (Moilanen et al., 2019). The results were perceived as good and the collaboration was well realized in the cancer center (Moilanen et al., 2019). Using descriptive and inferential statistics to analyze the data, the study showed that interprofessional collaboration had improved the comprehensiveness and quality of cancer care by decreasing errors and confusion, and increasing evidence-based treatment decisions (Moilanen et al., 2019). Belonging to interprofessional teams seems to improve understanding and communication between professionals and strengthen collaborative practices; this can be explained by the fact that feelings of respect, openness, and trust have been recognized to improve healthcare professionals' perceptions of interprofessional collaboration (Moilanen et al., 2019). Knowing the perceptions revolved around interprofessional collaboration between health professionals is important when trying to implement a guiding document, because positive perception and knowledge about IP can assist in understanding the type of environment needed for best IP outcomes.

Models to Guide Interprofessional Practice

Several models guiding IP have been proposed and implemented across various settings. The models have been implemented in education curricula and practice. The types of skills that showed to be beneficial in various healthcare settings with the implementation of IP arose from engagement in various models, including multidisciplinary, interdisciplinary, and interprofessional. It is important to make a distinction between collaboration models and service delivery models. Collaboration models describe styles of interaction with others, whereas service delivery models specific "where, when, and with whom an intervention takes place" (Paul & Norbury, 2012).

The benefits of IP models were found among those implemented within education curricula and those within clinical practice. A narrative review of the MMIPERC model engaged students from nursing, physician assistant studies, physical therapy, occupational therapy, speech-language pathology, master's in public health and public administration, allied health, social work, pharmacy, optometry, and medical students in an interactive IP clinic (Nagelkerk et al., 2017). The study indicated benefits of the model in sharing resources, ideas, and the engagement of multiple professions in real-world experiences (Nagelkerk et al., 2017). A narrative review of the IMPACT model found that providers benefited from the model being highly interactive, and providing a guide to sharing information, ideas, and insights with other professionals, patients, and their families in real-time (Medlock et al., 2011). A familiarity of other professions while strengthening professional identities and a deeper understanding of provider roles was developed in both the IMPACT model and the MMIPERC model (Medlock et al., 2011;Nagelkerk et al., 2017).

Models guiding IP face similar barriers as the engagement in IP. A systematic review of 21 research studies found several factors that create barriers to IP that fell into four categories (Sangaleti et al., 2017). The structural and ideological barriers relate to the patients, staff training, hierarchy of responsibility, and a lack of network services; organizational barriers included power struggles, gaps in care, efficiency, organization of practices, regulating the flow of patients, and a lack of professionals; the fourth category was relational barriers, including a provider thinking they own a patient, not sharing information with other providers, lack of common goals, lack of space to exchange ideas and goals, and a lack of team cohesion resulting in team tension (Sangaleti et al., 2017). A quantitative survey of 474 speech-language pathologists examined the engagement in IP in schools, specifically addressing predictive factors and barriers to the implementation of IP models (Pfeiffer et al., 2019). The results demonstrated 48% of providers experience time constraints as the most common barrier, while 23% experience resistance from other disciplines; other barriers included lack of support from employers and administration, teamwork not being a priority of the practice setting, not having enough training to engage in IP, and resistance from providers within the same discipline (Pfeiffer et al., 2019).

Summary Points

Occupational therapists work in a wide variety of settings with multiple interdisciplinary professionals every day. The Ecological Human Performance (EHP) model provides a framework for occupational therapy practitioners to consider context as an influence on occupational performance (Dunn et al., 1994). Using the EHP model to look at the context of IP use in healthcare and its effect on performance and overall client care provided a basis of understanding for what could be within an official document in occupational therapy practice. Studies have shown that IP implementation has increased communication in the workplace by having guidelines to follow to ensure teamwork, respect, and responsibility in all settings (Prast et al., 2015). By increasing education at the master's and doctorate level, students are graduating with an increased appreciation and understanding for IP as well as how to integrate their knowledge as novice practitioners (Liaw et al., 2019). IP has shown to make a difference in multiple interdisciplinary work as shown through improved client health, satisfaction, and overall experience with healthcare professionals (Marcussen et al., 2020). Models have been beneficial to IP by creating a guide for interactive, communicative, and collaborative practice

(Medlock et al., 2011; Nagelkerk et al., 2017). IP models also highlight the barriers of IP that could benefit further from an official guiding document (Sangaleti et al., 2017; Pfeiffer et al., 2019). IP is integral and fundamental to all areas of practice for occupational therapists as well as any clinician that works with clients or patients in a team-based setting. Even with the positive change towards recognizing and identifying IP, many practitioners are still finding barriers to integrating IP properly into their respective areas of practice. Many occupational therapy practitioners would benefit from a document to guide IP within the workplace. In order to fully explore the need and performance effects of an official document, we believe a future study could explore the use of an IP document between occupational therapist and allied health professionals to measure the outcome of performance and patient satisfaction. The limitation of being occupational therapy doctorate students doing this critically appraised topic should be noted, as we do not have clinical expertise in the field with all interdisciplinary teams. The models IMPACT (Medlock et al., 2011) and MMIPERC (Nagelkerk et al., 2017) demonstrate both benefits and barriers that could be directly incorporated into a guiding document. The use of these models to guide a document would provide a delineation of roles and responsibilities, organization of practice, and a guide to sharing information among providers.

Clinical Practice Applicability

Interprofessional practice is the collaboration of individuals of different disciplines to help create the best environment to foster client-centered practice (Liaw et al., 2019). The purpose of this critically appraised topic is to determine if there is a need for an overarching document to help guide occupational therapy practitioners and other allied health professionals in IP. Based on the review aforementioned, occupational therapists in all settings would benefit from an overarching document; this includes graduate programs that would use the document to integrate IP into their curriculum. Research has shown that students in graduate-level health science programs benefit from IP education. After the completion of IP education, most often through simulation, students have a better appreciation for and understanding of IP (Liaw et al., 2019). The healthcare system has multiple settings with various interdisciplinary professionals working in each setting. There is a need for an official document to guide practitioners in IP in order to decrease errors and confusion and increase evidence-based treatment decisions (Moilanen et al., 2019). Having a document for occupational therapy and other allied health professions will allow practitioners to have a basis of understanding of how to interact with their environment in an interprofessional way.

The IMPACT (Medlock et al., 2011) and MMIPERC (Nagelkerk et al., 2017) models demonstrate both benefits and barriers that could be directly incorporated into a guiding document. These may include the delineation of roles and responsibilities, organization of practice, and a guide to sharing information among providers. When multiple healthcare workers from different professional backgrounds provide comprehensive services by working with patients, their families, careers, and communities to deliver the highest quality of care across the settings, the goal is to integrate interprofessional learning through the curricula, identify and implement interprofessional clinical experiences from teams of students to practice and learn about, and implement interprofessional scholarship across disciplines and institutions (Nagelkerk et al., 2017). Using these models, a document can be formed to guide IP in

occupational therapy with other disciplines with emphasis on environment, personal and professional skill contributions, and performance range as a team.

Environment

The environment that an interprofessional team works in has a significant impact on performance. Health professionals' experience of teamwork and interprofessional collaboration process is based on daily practices triggered by user's needs and include integration, trust, respect, and openness to collaboration, a feeling of belonging, humility, and time to listen and talk (Alotaibi et al., 2018). Teamwork and interprofessional collaboration require communication and sharing to ensure frequent contact and sociability, appreciation, and knowledge of different practices and professional roles, especially in complex cases, and shared leadership to deal with conflicts of tension (Alotaibi et al., 2018). These principles can be guided by the IMPACT model, which guides team collaboration by having brainstorming sessions for negotiating goals, sharing creative solutions, reminding of each professional's role in the care, and ensuring no repetition with the client between professions (Medlock et al., 2011). Having a communicative and positive environment enhances opportunities for collaborative work to ensure quality care.

Professional Skills and Education

As healthcare develops more sophisticated and technically advanced methods of care, the need to effectively coordinate data, communicate, and understand the roles and treatment plan contributions of others is critical (Nagelkerk et al., 2017). The skills needed for IP can be guided and developed through the MMIPERC model, which has systematically implemented an IPE and practice community framework with educational workshops to assist healthcare workers in mastering skills needed for IP (Nagelkerk., 2017). MMIPERC emphasized the importance of team care in learning and practice environments rather than in silo models, which are models that follow the separation of different professional fields (Nagelkerk et al., 2017). The MMIPERC model includes learning and health care outcomes. Learning outcomes encompass the knowledge, skills, and attitudes for each profession, which are learned in each discipline's education and are essential for developing professional identity (Nagelkerk et al., 2017). These outcomes can assist in educating professionals in other domains to ensure a collective understanding of each other's roles and responsibilities. IP skills needed include good communication, collaboration in all settings, shared leadership, collective decision making, and effective communication and teamwork, which MMIPERC can build a foundation for implementation (Nagelkerk et al., 2017).

Performance Range

Health professionals' experience of teamwork and interprofessional collaboration is determined by the biomedical paradigm, social division of labor, provision of services in the referral network, and specific training in teamwork through undergraduate study and in the workplace (Alotaibi et al., 2018). Having an educational background that stressed the importance of evidence-based IP can increase the performance range of a practitioner to engage in a team setting (Liaw et al., 2019). This can be a result of having the skills and experience needed to further implement it in practice. The social division of labor can be characterized by the gap of

knowledge about other professional domains that work alongside occupational therapy. Development of a partnership with stakeholders such as occupational therapy, physical therapy, speech-language pathology, nursing, and other healthcare practitioners would help form an IP team that is best suited and adaptable to their environment, skills and knowledge base, and clientele. Having a document that guides occupational therapy practice in various settings, would benefit not only occupational therapists but other stakeholders to ensure quality care and minimize medical errors.

Table 2

Types of Models to Guide Interprofessional Practice Document

Model	Core constructs	Key Terms?	Reference
IPE based on TTM Interprofessional practice education on Transtheoretical model	Proper tool for guiding behavioral changes towards interprofessional collaboration in organizations. Five stages 1. Pre-contemplation 2. Contemplation 3. Preparation 4. Action 5. Maintenance	Identification, readiness, educational, problem-solving, face-to-face interactions, awareness, discussion.	(Keshmiri et al., 2017)
IMPACT Interprofessional Model of Practice for Aging and Complex Treatments	Each individual holds three unique roles: 1. Clinician: providing clinical care for patients in the weekly interprofessional clinic. 2. Educator: providing information, guidance, and support both to new trainees and practicing clinicians. 3. Co-creator: contributing to the ongoing refinement and evaluation of the interprofessional practice model.	Collaboration, creative solutions, patient vulnerability, brainstorming sessions, negotiating goals, no repetition, positive dynamic, satisfaction.	(Medlock et al., 2011)
MMIPERC Midwest Model of Interprofessional Practice,	Provides an infrastructure for the regional healthcare academic and practice community to work collaboratively on the goals and objectives of infusing interprofessional education and practice into curricula and healthcare	Interprofessional teams, communication, competencies, evidence-based practice, quality improvement,	(Nagelkerk et al., 2017)

Education, and Research	services.	values, ethics, roles, responsibilities, teamwork, patient-centered care.	

Recommendations

A document outlining best practice for IP should be created. This overarching document would guide IP among occupational therapists and other members of the client's team. The document should include the following aspects: definition of IP, how to teach IP in graduate programs, how to integrate IP into care settings such as hospital, clinic and private practice, areas where IP is done well so they can be used as a reference point, how to start discussing IP in the workplace, how to handle IP struggles, the benefit of IP for patients and clients as well as the benefit of IP to clinicians and practitioners job satisfaction and overall happiness, clarify roles/responsibilities of OT practitioners, identification of barriers to IP practice, IP leadership theory, provide evidence of IP practice, best practice learning approaches, support development of partnerships with stakeholders, practice cases to address encroachment and advocacy. This document would be for occupational therapists and allied health professions including physical therapists, speech pathologists, teachers, nurses, physicians, social workers, etc. in all settings of practice.

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